



DYNAMIC HEALING

HOMEOPATHY

Hpathy Global Academy
Remedy Roundtable 2026

Reaching the Root

A Case of Ulcerative Colitis and the Miasmatic Thread

Chronic disease, the 6th Edition Organon, and the anti-miasmatic similimum

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San Diego · Online Worldwide



ABOUT THE SPEAKER

Sameer Vermani

MS · C.Hom · Advanced Clinical Studies in Homeopathy

THE UNLIKELY PATH

Gold Medallist, IIT Delhi

Master of Science, UC Berkeley

An engineer who came to homeopathy the way most patients do: through his own illness

THE TURNING POINT

In my mid-20s, a deep-seated autoimmune condition that conventional medicine could not resolve

Homeopathy did not manage it. It resolved it completely.

That experience became the foundation for everything that followed.

THE PRACTICE

15+ years of clinical work in chronic and complex disease

San Diego, California · Online worldwide

Featured practitioner in the documentary *The Invisible Cure*

Rooted in the 5th and 6th Editions of the Organon and Hahnemann's miasmatic framework



Talk Outline

2 hours · including Q&A

Opening

The Question

- Autoimmune disease, and what conventional medicine offers
- Why homeopathy asks a different question
- Patient E's first acute, and its resolution
- The question it left

Part One

Hahnemann's Teaching

- The 6th Edition Organon: Aphorisms 5 and 78
- The Chronic Diseases (1828)
- What a miasm is: the parts, the whole man, the disposition
- Identifying the miasm: inherited and acquired syphilis
- What an anti-miasmatic remedy is

Part Two

The Deeper Layer

- The layers that followed, and remedies that would not hold
- The miasm established in Patient E
- The repertory, and the remedy that met the miasm
- The recovery, and the relapse

Close

Lessons & Q&A

- Six lessons for the homeopath
- Rapid, gentle and permanent: the charge of Aphorism 2
- Open Q&A



Two Questions

THE CONVENTIONAL VIEW

“How do we stop this?”

- The immune system has malfunctioned: it attacks the body’s own tissue
- Cause: largely unknown. Genetic predisposition plus an environmental trigger
- Treatment: suppress the immune response with steroids, immunosuppressants, biologics
- Prognosis: lifelong management

THE HOMEOPATHIC VIEW

“Why did this begin?”

- The immune system is not broken; it is expressing a disturbance in the vital force
- Cause: a chronic miasm, inherited or acquired, awakened by a trigger
- Treatment: the similimum matched to the totality AND the underlying miasm
- Prognosis: genuine resolution is possible when the prescription reaches deep enough

Suppression silences the symptom. The similimum answers the question underneath it.



Brief Background

- 13-year-old girl, otherwise healthy
- Suppressed menses after acupuncture treatment
- Within days: bloody diarrhea worse food/drink, sharp colicky pains, vomiting, 8 lbs lost
- Hospitalized in the U.S. while I drove the Dingle Peninsula in Ireland
- Doctors suspected IBD; MRI and colonoscopy on the table
- Relief from bending double, hot water bottle pressed to belly, irritability when questioned: Colocynthis keynotes
- Colocynthis 30c → 200c over 48 hrs → full acute resolution
- MRI cancelled. Discharged within days.

THE ACUTE SIMILIMUM

Colocynthis

Cramping pain > bending double

Irritability from being questioned

Suppressed menses as etiology

Watery, bloody stool with aggravation from food/drink

Pressure & heat ameliorate

Acute resolution. But was that cure?



The Question That Lingered

“Why did a healthy 13-year-old develop bloody UC-like symptoms, almost overnight, from a single acupuncture treatment?”

- An acupuncture session that suppressed menstrual flow does not, by itself, produce such a severe illness
- Many girls receive similar treatments without bloody stools, hospitalization, or a threatened colonoscopy
- The trigger is not the cause. The trigger acts on something already present.
- Colocynthis answered the acute storm beautifully, but did not address the deeper soil
- Hahnemann taught us: in chronic disease, look beyond the exciting cause to the fundamental cause

I had cured the storm. The constitutional taint that summoned the storm was still waiting to be heard.



PART ONE

Hahnemann's Teaching on Chronic Disease

From the 6th Edition Organon and The Chronic Diseases (1828)



Hahnemann's Discovery: The Chronic Diseases (1828)

After 12 years of careful observation, Hahnemann saw a troubling pattern:

- Patients with chronic illness would respond beautifully to a well-chosen remedy
- Symptoms would recede, sometimes for months
- Then the same complaints, or new and deeper ones, would return
- Symptomatic treatment alone was not enough

His conclusion: chronic conditions spring from a deeper energetic 'taint', inherited or acquired, what he called the chronic miasm.

THE CHRONIC DISEASES,

*Their Peculiar Nature
& Their Homeopathic Cure*

SAMUEL HAHNEMANN, 1828

PSORA

the 'itch'

SYCOSIS

the 'fig-wart'

SYPHILIS

the 'ulcer'



Hahnemann's View in the Organon: The Cause

Hahnemann really wants homeopaths to consider:

- The exciting causes of health problems in acute disease, e.g.
 - Did the cough begin from exposure to cold air?
 - Did the patient get the headache from being in the sun?
- Events that caused a profound impact on the organism in chronic illness
 - This is where traumas come in

His view: the fundamental cause of most chronic disease is even deeper than trauma

- What causes the trauma to stick to a constitution is the miasm
- Repeatedly confirmed in my practice over 15+ years
- Trauma is the trigger. The miasm is what waits inside, ready to be triggered.

“

Useful to the physician in assisting him to cure are the particulars of the *most probable exciting cause of the acute disease*, as also *the most significant points in the whole history of the chronic disease*, to enable him to discover *its fundamental cause, which is generally due to a chronic miasm*. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration.

APHORISM 5 · ORGANON, 6TH EDITION



APHORISM 78

Chronic Disease Does Not Cure Itself

“

The true natural chronic diseases are those which, arising from a chronic miasm, *when left to themselves and unaided by such treatment as is calculated to permanently destroy them*, always continue to grow worse, notwithstanding the best mental and physical regimen, and torment the patient to the end of his life with ever-aggravated sufferings...

the most robust constitution, the best-regulated mode of life, and the most vigorous energy of the vital force are insufficient for their eradication.

APHORISM 78 . ORGANON, 6TH EDITION

WHAT THIS MEANS AT THE BEDSIDE

- A miasm cannot be willed away by clean living, exercise, or even strong vital force
- Acute remedies (like Colocynthis) can quiet a flare, but the soil remains
- Without anti-miasmatic prescribing, chronic disease tends to recur, often deeper, with more pathology each time
- **Do not mistake the relief of a flare for the cure of the disease.**



Miasms: The True Cause of All Chronic Disease

- All chronic diseases have their roots in a chronic (often multigenerational) 'taint' on the energetic plane which Hahnemann called the miasm
 - Leaving aside corporeal diseases due to bad lifestyle or nutritional deficiencies
 - Think of them as energetic / karmic imprints running through a family
- The unresolved effects of these chronic miasms pass to the next generation; one strong parent can hold them back to an extent
- Contagious from one human being to another
- Spread through heredity, sexual contact, or even touch



Categorizing Miasms into Types

PSORA

The 'itch' disease

Functional disturbances only, no structural changes. Forms the basis of all contagion and hence other miasms. The original sin of mankind.

SYCOSIS

The 'fig-wart' disease

Tissue and structural changes. Overgrowths and infiltrations like warts, cysts, fibroids. Inflammatory bowel pathology often seen.

SYPHILIS

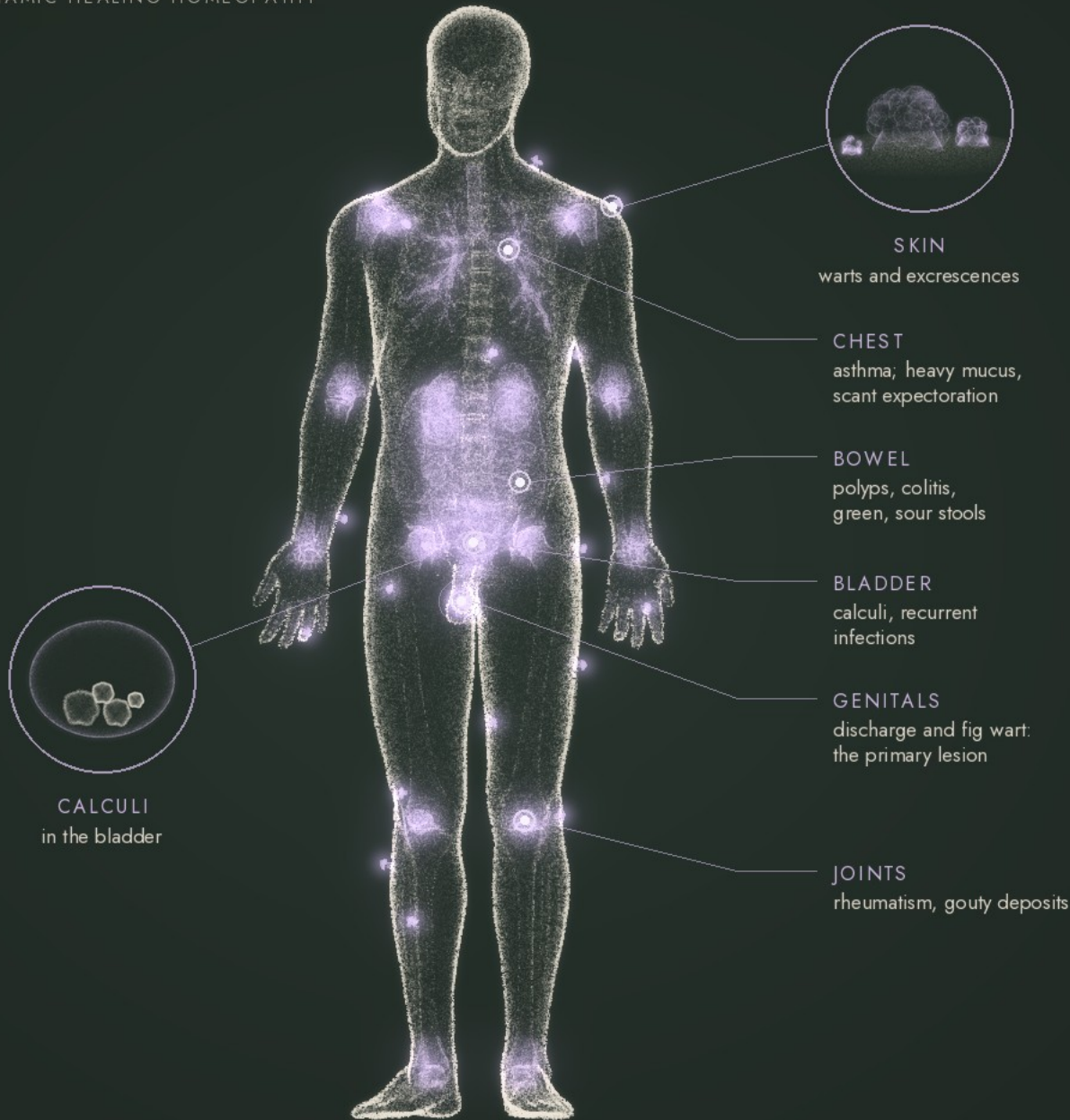
The 'ulcer' disease

Tissue and structural changes. Destructive processes like ulcerations, necrosis, bone inflammation, congenital deformities.

PSEUDO-PSORA

The 'tubercular' disease

Can cause tissue and structural changes. Muscle tone/stamina lacking. May attack lungs and respiratory system.



THE REACH OF A MIASM · THE PARTS

No part lies outside its reach.

A chronic miasm can express itself in every organ and system of the organism. Shown here, sycosis: one taint through the skin, chest, bowel, bladder, genitals and joints.

“every drop of blood, every fiber in that organism is affected”

J. H. ALLEN, THE CHRONIC MIASMS, 1908



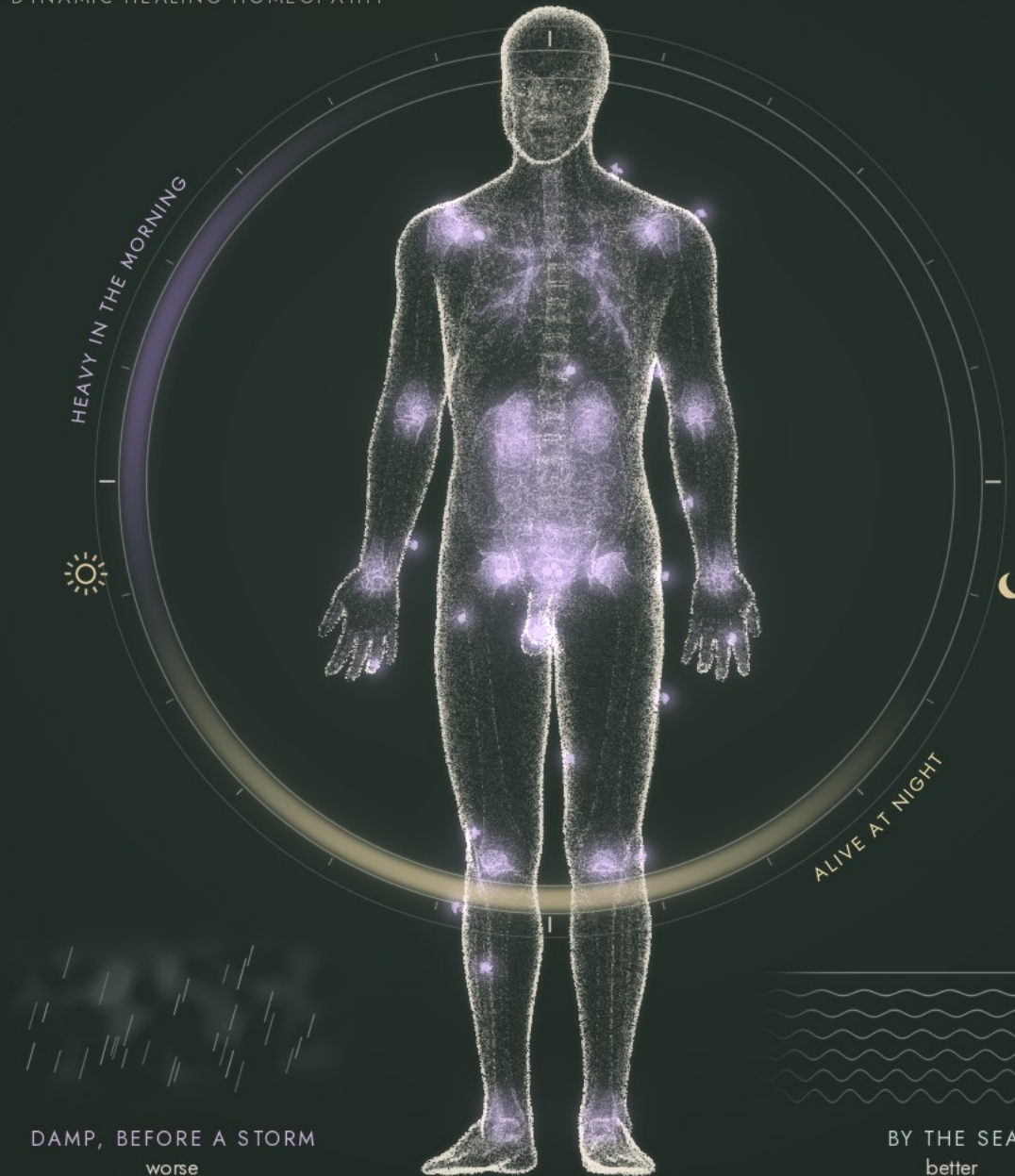
THE REACH OF A MIASM · THE GENERAL STATE

It governs the whole man.

The general state: how he stands in the world, his hours, his weather, what relieves and what oppresses him. In sycosis: heavy in the morning, alive at night; worse in damp and before a storm; better by the sea; relieved by motion and when a discharge flows.

“always relieved by motion as in all sycotic diseases”

J. H. ALLEN, THE CHRONIC MIASMS, 1908





BEHIND IT
shame, a sense of being
tainted; suspicion cast
onto others; fixed ideas;
harshness at home

THE VEIL
little sight of himself;
often cannot describe
his own state



THE PRESENTED SELF
dignified, pleasing,
controlled among strangers

THE REACH OF A MIASM · THE DISPOSITION

It reaches the disposition.

In sycosis the taint shapes a self built for
the gaze of others: a composed surface held
over what is carried within, concealed from
others and often from the patient himself.

“is yet able to control herself
among strangers”

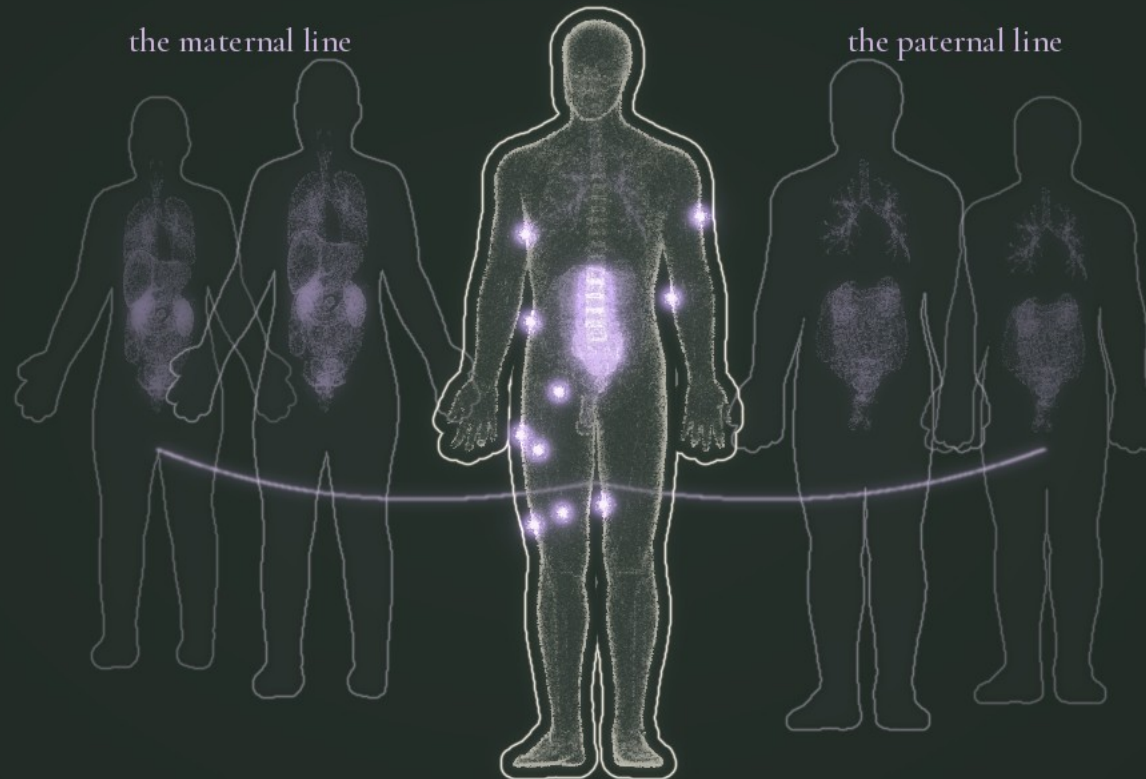
J. T. KENT, MATERIA MEDICA, THUJA, 1905



THE DOCTRINE OF MIASMATIC CORRESPONDENCE

Inherited sycosis

A constitutional taint.



The same taint, received from both sides, present on every plane.

Carried from birth, able to reach every plane: the parts, the generals and the mind. The well-compensated patient conceals the mind beneath a composed surface, so the clear signs may show only in the generals and the parts.

About three clear signs specific to sycosis establish it, on one plane or several, unless the rest of the case stands against it.

LINEAGE

Family history weighs heavily. Where both parental lines carry sycosis, it is all but established. Where one parent carries it and the other is strong, it may be held back, often to the parts, or escaped entirely.

“if in one parent only, then the danger is lessened or minimized to a great extent”

J. H. ALLEN, THE CHRONIC MIASMS, VOL. I



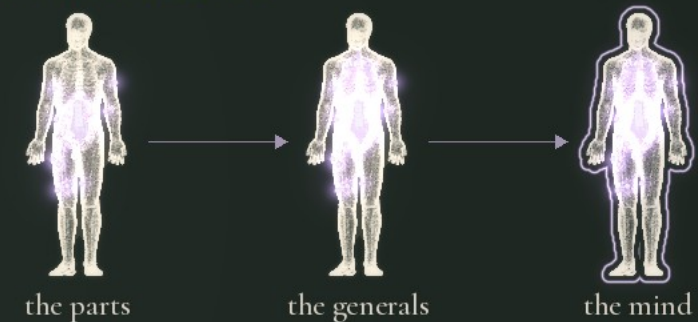
THE DOCTRINE OF MIASMATIC CORRESPONDENCE

Acquired sycosis

An add-on to the constitution.

It enters through contact and begins at the surface. Early on the mind and generals are clear, and that contrast is the clue: look to a partner, present or former.

ITS INWARD COURSE



WEAK CONSTITUTION

within a few years, or sooner

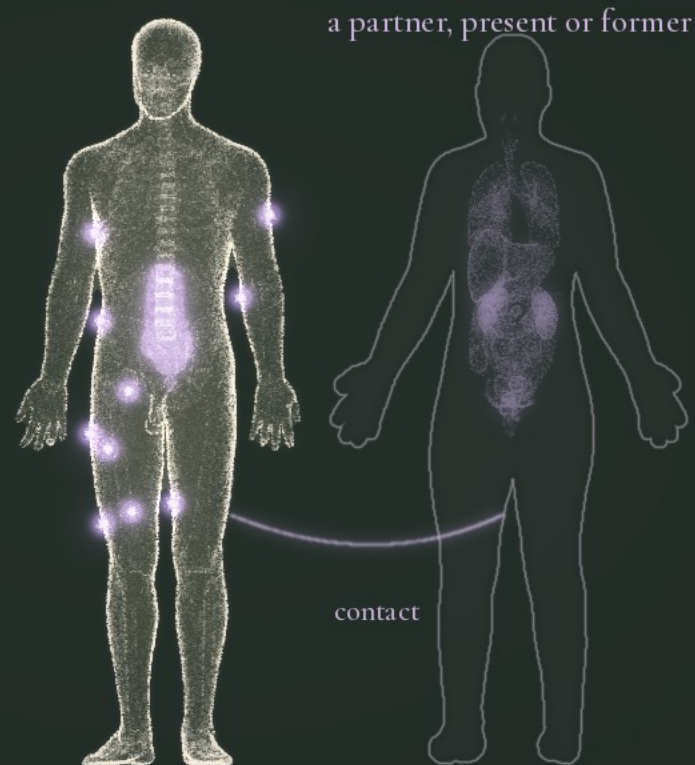
STRONG CONSTITUTION

resisted for decades

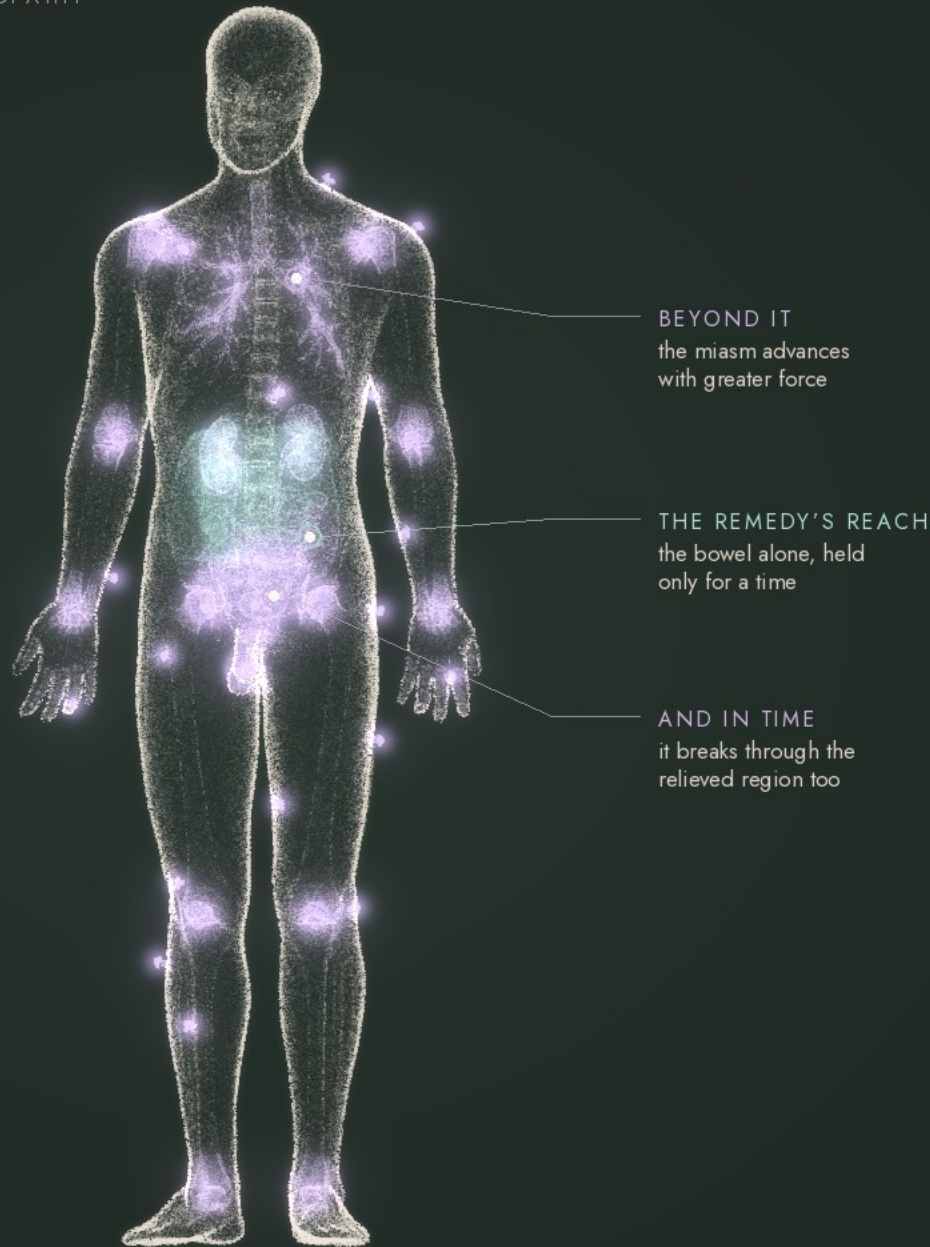
On a weak or tubercular soil it fuses with the patient's own miasm, the hardest case of all:

"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."

J. H. ALLEN, THE CHRONIC MIASMS, VOL. II



When the mind is clear, ask when the sycotic signs in the parts began.
Present since childhood, with one strong parent: an inheritance held back.
Arising after a new partner: acquired.



BEYOND IT
the miasm advances
with greater force

THE REMEDY'S REACH
the bowel alone, held
only for a time

AND IN TIME
it breaks through the
relieved region too

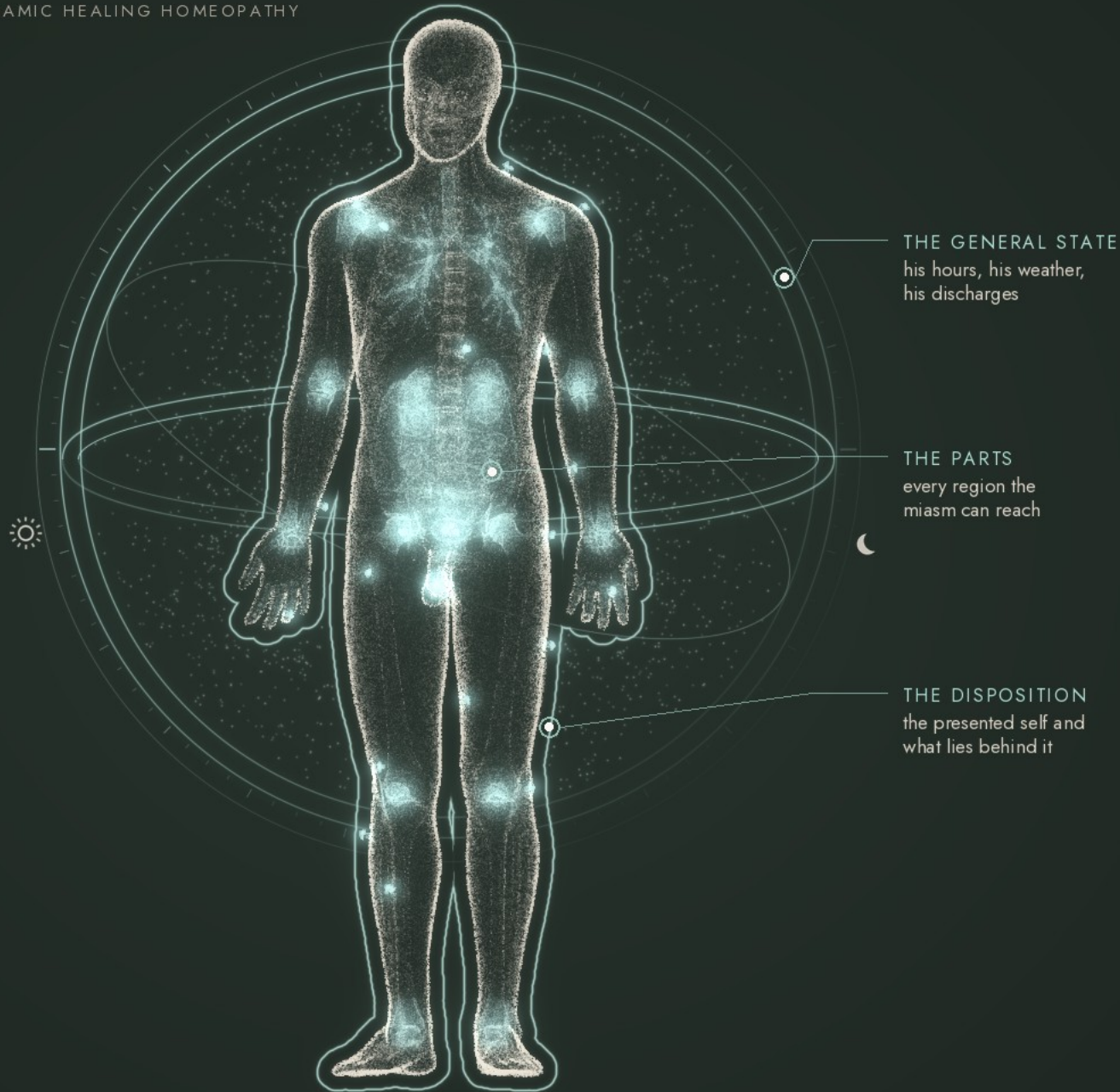
A PARTIAL MATCH IN A MIASMATIC CASE

Held here, it breaks out there.

In a deeply miasmatic case, a remedy that meets only one region may relieve it, but only for a time. Every region beyond its correspondence is left open; there the miasm gathers force, and in time it breaks through the relieved region too.

“Remedies only partly related to the case will change the character of the sickness”

J. T. KENT, MATERIA MEDICA, NATRUM MURIATICUM, 1905



THE GENERAL STATE
his hours, his weather,
his discharges

THE PARTS
every region the
miasm can reach

THE DISPOSITION
the presented self and
what lies behind it

WHAT AN ANTI-MIASMATIC REMEDY IS

It meets the miasm everywhere.

Its correspondence is complete: the parts, the general state and the disposition, and every stage of the miasm from the primary lesion onward. No region is left open, and what lies beneath begins to recede.

“adequate to the whole extent of the endless number of symptoms”

S. HAHNEMANN, THE CHRONIC DISEASES, 1835

The miasm is patient and it is thorough.
The remedy that would cure it must be both.



PART TWO · THE DEEPER LAYER

Patient E's Layered Unfolding

From acute storm · to tubercular cough · to the inherited sycotic core



An Obstinate Cough

- After the May acute, Patient E did well for several weeks
- Then a dry cough emerged that simply would not quit:
 - Worse at night, deep, often spasmodic
 - Persistent, not connected to any cold
 - Energy was somewhat low, weight slightly down
 - Hypersensitivity to environment, sympathetic, very compliant
- **Phosphorus prescribed**
 - Affinity for the chest, the cough, and the hypersensitive constitution
 - Tubercular remedy par excellence (pseudo-psora)
 - Cough fully resolved over 2 weeks after starting the remedy

THE SEMI-ACUTE SIMILIMUM

Phosphorus

Pseudo-psoric / tubercular layer

Sympathetic

Dry deep cough worse at night

Sensitive to external impressions

Emaciation

Several other cough modifiers also pointed to Phos



The Flare Returns, Deeper

- Late October: the bloody stools came back, stronger this time
- Diarrhea, blood, cramping pain, vomiting, exhaustion, irritability
- **Early November: colonoscopy, and a diagnosis of ulcerative colitis**
- The conventional plan offered to the family:
 - A few months of corticosteroids to induce remission
 - Lifelong immunosuppressive medication thereafter

The family was scared. They were asking: can homeopathy hold the line against UC?

CLINICAL PICTURE

- Frequent bloody, diarrheal stools
- Some stools and vomits a deep green
- Extreme irritability
- Hypersensitivity to pain; moaning, distress
- Aversion to being touched
- Cracking the knuckles, restlessly
- Appetite poor
- Generals: better from warmth
- Aggravation after eating



Three Weeks of Well-Indicated Remedies, None Holding

Colocynthis

WHY TRIED

Held in May. Tried again as the acute returned.

No grip this time.

Chamomilla

WHY TRIED

Extreme irritability, hypersensitivity to pain, moaning.

Held 2–3 days, then symptoms returned.

Cuprum

WHY TRIED

Repertorized strongly: bloody stool, cramping, > bending double, vomiting (green), ailments at puberty.

Some benefit for 2–3 days; did not hold.

Calcarea phosphorica

WHY TRIED

Rapid growth, too tall too fast, problems beginning at puberty: a growth-axis fit.

No benefit.

THE COMMON THREAD

Each of these remedies covered the surface picture beautifully: bloody stool, cramping, irritability, growth, puberty. **And none of them held.**



Repertorization: Why Cuprum Looked Right

RadarOpus			cupr.
			1
			8
1. Clipboard 1	x		
1. STOOL - BLOODY	(263) 1	1	
2. ABDOMEN - PAIN - stool - during - agg.	(159) 1	1	
3. STOMACH - APPETITE - wanting	(385) 1	1	
4. ABDOMEN - PAIN - bending double - amel. etc.*	(86) 1	1	
5. MIND - SENSITIVE - pain, moaning from pain etc.*	(95) 1	1	
6. GENERALS - LIE DOWN - desire to	(217) 1	1	
7. MIND - CONSOLATION - agg.	(57) 1	1	
8. STOMACH - NAUSEA - stool - during - agg. etc.*	(64) 1	2	
9. STOMACH - VOMITING; TYPE OF - green	(93) 1	1	
10. RECTUM - DIARRHEA - accompanied by - nausea	(34) 1	1	
11. STOMACH - VOMITING - diarrhea - during	(75) 1	2	
12. GENERALS - PUBERTY - ailments in	(47) 1	1	
13. MIND - CHANGE - aversion to	(28) 1	1	
14. MIND - ANSWERING - aversion to answer etc.*	(100) 1	1	
15. ABDOMEN - PAIN - diarrhea - during	(177) 1	1	
16. ABDOMEN - PAIN - diarrhea - during - cramping	(64) 1	2	
17. MIND - PAIN - abdomen agg.; pain in	(31) 1	1	
18. MIND - PAIN - during	(38) 1	1	
19. STOMACH - APPETITE - diminished	(308) 1	1	
20. MIND - EMOTIONS - suppressed	(26) 1	1	
21. GENERALS - MENSES - after - agg.	(70) 1	1	
22. MIND - AILMENTS FROM - emotions	(84) 1	1	
23. GENERALS - FOOD AND DRINKS - meat - desire	(163) 1	2	
24. ABDOMEN - PAIN - warmth - amel. etc.*	(73) 1	1	

WHAT THE REPERTORY SHOWED

- Twenty-four rubrics matching Patient E's picture
- Bloody stool, abdominal pain during stool, diarrhea + nausea, > bending double, > warmth, ailments in puberty, ailments from suppressed emotions, vomiting green
- **Cuprum covered all 24 rubrics**
- On paper: a strong fit

WHAT HAPPENED

Some benefit for 2–3 days, then Cuprum did not hold.

The repertory pointed to a symptomatic remedy. Patient E's case had moved on. The crisis on the surface was being driven from below.



Remedies That Don't Reach the Miasm

“None of the remedies are holding even though many of them cover the symptoms so well...

the only reason can be that the remedies are not deep enough to touch the underlying miasm.”

THE LOGIC THAT FOLLOWED

- The pattern of failure is itself the case clue. Repeated good-coverage misses point in depth, not breadth.
- Stop hunting for a better surface match. Ask which miasm is driving this case.
- Suspect sycosis: a sycotic family history, joint cracking, hypersensitivity, green discharges, aversion to touch. The fingerprints were there.
- **Then the body added its own sign: a wart appeared on her finger after the colonoscopy**
- Now the search becomes: which deeply anti-sycotic remedy fits Patient E's totality and has profound action on the digestive tract (colon)?



The Family History

I have treated three generations on the maternal side. The same sycotic picture recurs in each.

GRANDMOTHER

- First generation
- *Sycotic picture established*

MOTHER

- Second generation
- *The same picture, carried forward*

PATIENT E

- Third generation
- Ulcerative colitis
- A wart after the colonoscopy
- Cracking of the joints
- *Where the inherited miasm produced an actual pathology*



Patient E's Case, Established

MENTAL AND EMOTIONAL PLANE

Composed and dignified with me and with strangers
Irritable at home
Emotions held in

GENERAL PLANE

Discharges green, in stool and in vomit alike
The suppression pattern across the whole case
(The sycotic patient always feels worse from suppressed discharges)

LOCAL PLANE

Diarrhea with extreme colic
Ulcerative colitis
Wart on the finger after colonoscopy
Cracking of the knuckles

LINEAGE AND ETIOLOGY · THREE GENERATIONS

Three generations on the maternal side, all under my care, show the same miasmatic picture. The family history pointed to sycosis long before Patient E spoke.

ESTABLISHED. All three planes correspond on sycosis, and no remedy that fails to reach the sycotic soil will hold.



Rubric on Ulcerative Colitis

ABDOMEN - INFLAMMATION - Colon - ulcerative

. ulcerative: (16) carc.mlr1 *Chloram.* mtf11 coloc.mtf *Hell.* mrr1 lil-t.tl1 *Mag-s.* mtf merc.mrr1 *Nat-s.* mrr1 nit-ac.mrr1 nux-v.mrr1 podo.mtf11 rhus-t.gk0 *Streptoc.* mtf sulph.mtf ter.tl1 zinc.mtf

Synthesis Repertory · 16 remedies

THE SYCOTIC REMEDIES

- Carc (used a while ago with no effect)
- Mag-s, Merc (mildly sycotic)
- *Nat-s*
- Sulph (medium level sycotic)
- Nit-ac (deeply sycotic but does not cover the totality)

These are the remedies in this rubric with anti-sycotic action.

THE SURFACE REMEDIES TRIED

- Coloc: covers the cramping, better from warmth and bending double
- Cham: covers the irritability
- Cupr: vomiting and diarrhea together, with cramps and suppressed emotions

These cover symptoms but do not reach the sycotic soil.

THE CHOICE

*Natrum
sulphuricum*

The deep anti-sycotic in this rubric that also met her totality.



Why Natrum Sulphuricum

Deeply anti-sycotic, with a marked action on the bowel.

WHAT KENT RECORDS

- Warts and condylomata; wart-like excrescences
- Cracking in the joints
- Morning diarrhea; hepatic engorgement

IN PATIENT E'S CASE

- A wart on the finger after the colonoscopy
- Cracking of the knuckles
- Ulcerative colitis

MIASMATIC FIT

- Grade 3 anti-sycotic remedy
- Deep, slow action, at the pace of a chronic miasm
- Kent: "a profound impression upon the system in a general way like sycosis"



THE TRAP

Why Repertorization Alone Can Mislead

		calc-p.	coloc.	cham.	patr.	lyc.	sulph.
		1	2	3	4	5	6
		4	4	3	3	1	1
1. Clipboard 1							
1. MIND - SENSITIVE - pain, to etc.*	(107) 1	1	2	4		1	
2. STOMACH - APPETITE - wanting etc.*	(514) 1	1	2	3	2	3	3
3. RECTUM - DIARRHEA - drinking - agg.	(26) 1		2			1	1
4. STOOL - BLOODY	(263) 1	1	3	2	1	2	2
5. MIND - COMPANY - aversion to	(297) 1	2	2	3	1	2	2
6. STOOL - GREEN	(150) 1	3	3	3	1	2	3
7. RECTUM - DIARRHEA - eating - after - agg.	(106) 1	1	3	2	2	3	1
8. GENERALS - EATING - after - agg.	(204) 1	3	3	2	2	3	3
9. RECTUM - DIARRHEA - vexation agg.	(8) 1	2	2	1	2	1	1
10. RECTUM - DIARRHEA	(685) 1	2	2	3	2	3	3
11. GENERALS - WARM - amel.	(172) 1	1	2	1	2	1	2

Eleven rubrics. Sulphur runs through ten of them; Nat-s does not appear.

Sulphur strong + deeply sycotic case → think Natrum sulphuricum.

ON PAPER

Sulphur appears strongly across Patient E's symptoms.

Natrum sulphuricum does not show up in this chart at all.

A repertory-only homeopath might prescribe Sulphur, and miss the deeper remedy.

THE CLINICAL TIP

Nat-s is sodium sulphate, the sodium salt of sulphuric acid: sulphur is built into the remedy.

So when Sulphur shows up strongly AND the case is deeply sycotic, Nat-s should come to mind every time.

NOVEMBER 10, 2025



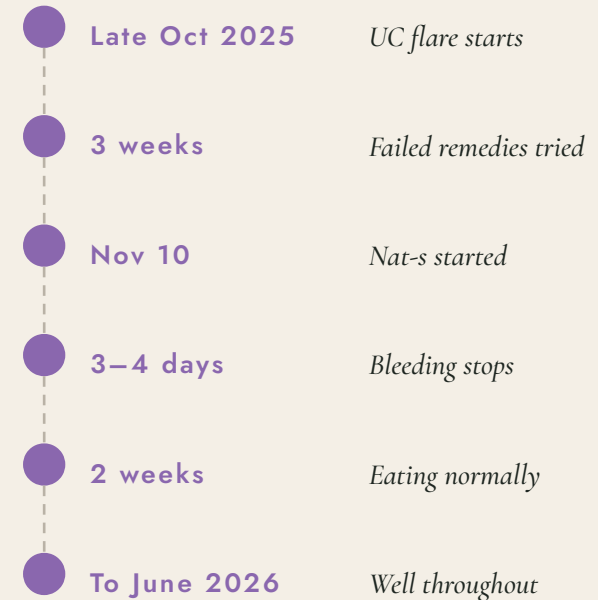
The Prescription & The Turnaround

Natrum sulphuricum, prescribed.

- Dosing in LM potencies tailored to her sensitivity, raising the potency as the case unfolded
- **Within 3 to 4 days: bloody stools gone, pain gone**
- **Within 2 weeks: eating normally again**
- Energy returning, mental benefits beginning to surface
- Well until June 2026

Over the weeks after November, something deeper began to shift.

RECOVERY ARC





The Blossoming

Cure is more than the absence of symptoms. Under the right miasmatic remedy, the whole person opens.

MORE CONFIDENT

Her voice, the same voice that whispered through the May acute, became clear and grounded.

MORE OPEN

The aversion to touch faded. She let people back in.

COMFORTABLE IN HER SKIN

The constant low-grade self-consciousness lifted.
A different girl stood in the room.

APPETITE RESTORED

Real hunger returned. Eating became enjoyable again. Weight stabilized.

DIGESTIVE SYMPTOMS GONE

No more diarrhea, no blood, no cramping. Bowel function fully normalized.

OVER SIX MONTHS IN REMISSION

From November 2025 to June 2026: symptom-free, with no steroids and no immunosuppressants.



The Relapse, and Where Patient E Is Now

WHAT HAPPENED

Well again

- Late June 2026: a relapse, milder than the first
- I was traveling with little network access, so control took longer
- A brief trial of steroids, stopped after a day or two
- July 2026: the family began a biologic as a precaution
- July 8: Colocynthis 200c, as in May 2025
- From August: Natrum sulphuricum again, now on LM8
- Doing well since; very minor symptoms settle promptly with Nat-s

WHAT IT SHOWS

- The same order held a second time: the acute remedy for the storm, the anti-miasmatic for the soil
- Each dip since has lifted promptly with a dose of Nat-s: mood, digestion and energy together
- The biologic, begun as a precaution, cannot be excluded; but a response that follows each dose, in mood as well as digestion, points to the remedy
- The first course stands on its own: over six months in remission, with no steroids or immunosuppressants

The miasm is patient. The treatment of a chronic case must be patient too.



The Three Layers Revealed Through Time

LAYER 1 · ACUTE

May 2025

Colocynthis

Miasm: Acute storm

PRESENTATION

Bloody diarrhea, colicky pain, suppressed menses

OUTCOME

Rapid resolution. Hospitalized → discharged in days.

LAYER 2 · TUBERCULAR

Summer 2025

Phosphorus

Miasm: Pseudo-psora

PRESENTATION

Obstinate cough, worse at night, deep & lingering

OUTCOME

Cough resolved. A deeper layer started surfacing.

LAYER 3 · SYCOTIC

Nov 10, 2025

Natrum sulph.

Miasm: Inherited sycosis

PRESENTATION

UC flare returns: bloody stools, diarrhea, full UC diagnosis

OUTCOME

Remission within weeks. A milder relapse in June 2026, answered the same way.



Lessons for the Homeopath

01

The acute remedy is not the chronic remedy

Colocynthis ended the storm twice; it could not reach the soil.

02

When well-indicated remedies fail, look deeper

The pattern of failure points past the surface, to the miasm driving the recurrence.

03

Anti-miasmatic means meeting the miasm everywhere

Every region, every plane, every stage. A partial match relieves for a time, then loses the case.

04

Identify the miasm by clear, specific signs

About three, on one plane or several, unless the case stands against it. A shared sign never decides.

05

Read the history twice

The lineage for an inherited sycosis, a partner for an acquired one; and ask when the signs in the parts began.

06

The repertory measures coverage, not depth

Strong Nat-s cases often repertorize as Sulphur, or even Nat-m. Read the chart through the lens of materia medica, miasm and clinical experience.



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The physician's high and only mission is to *restore the sick to health*, to cure, as it is termed.

The highest ideal of cure is *rapid, gentle, and permanent* restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles.

APHORISMS 1 & 2 · ORGANON, 6TH EDITION

Rapid and gentle are within reach of any good prescription. Permanent belongs only to the one that reaches the root.

Thank you.



Further Reading & Contact

Two articles develop the ideas in this talk.

ARTICLE ONE

The Chronic Miasms
Reconsidered: From Definition to
the Anti-Miasmatic Similimum

Hpathy · December 2026

What a miasm is, and what makes a remedy anti-miasmatic

ARTICLE TWO

The Peculiar Symptom
Reconsidered: Repertorization
Within the Miasmatic
Framework

Hpathy · February 2027

Using the repertory once the miasm is known

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Questions are welcome, now or after the session