Correction of chronic miasm

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Here is some material from Wikipedia, the free encyclopedia. "Miasm. IN homeopathy Is a term that defines a set
the predisposition of the body in its response to environmental factors. These predispositions are transmitted hereditary way either acquired throughout life. The totality of predispositions, combined according to certain criteria, give us 3 main types of body regression tostress (emotional, physical, infectious)
- "miasms" by Hahnemann.

S. Hahnemann developed a peculiar concept of miasms. In particular, he divided miasms (infectious diseases or, depending on the context, their causes) into acute and chronic. Acute miasms in homeopathy are epidemic diseases such as chickenpox, mumps (mumps), influenza and others (of course, their causative agents were not known 200 years ago).

Chronic miasms, according to S. Hahnemann, have the ability of infection and inheritance (transmission from generation to generation) and are factors that specifically affect the vital force. "

S. Hahnemann himself admitted that the discovery of homeopathy and its principle was not really great, since all this remained useless and incomplete. The greatest achievement he considered was the discovery of the miasms, the basis of chronic diseases. Without the theory of miasms, homeopathy remains incomplete or imperfect.

How many kinds of miasms can there be? S. Hahnemann, as a result of 12 years of research, came to the conclusion that three: psora (the leading symptom is pruritic dermatosis), sycosis (the leading symptom is tumors) and lues (the leading symptom
- ulcers, tissue destruction). Nowadays, every specialist
applying in his practice work with miasms, depending on his own knowledge and experience, he can expand this list. I completely agree with M.M. Shraibman, that the list of classical chronic miasms should be supplemented only with the oncological miasm. It is clear that at different stages of tumor development, it can show signs of each of the three classic miasms. But from a practical point of view, testing and correction of the oncological miasm is completely justified. For testing, it is advisable to use both the pointers proposed by Shreibman and those recorded in the OTI section of the Large test set.

At present, we see practically no pure chronic miasms. Mostly mixed forms are tested. Therefore, it is imperative to first determine which miasm needs to be corrected. To do this, first, we directly test all the pointers to the miasms in turn and select those that give the arrow to fall. Next, we find the key or key. The main miasms can be identified through the index proposed by Schimmel, "the definition of the dominant miasm." But it is better to test the key miasm through a variant of the KSU (summary index proposed by Yu.N. Orlov),

which includes: Copper met. D400 + Zinc met. D26 + Ferrum Metallicum D60 N. Moreover, it should be noted that testing is carried out at 2–3 diagnostic levels of ART +.

After determining the key (key) miasm, it is necessary to proceed to the next stage: the selection of a medicinal product. The remedy that corrects the miasm must work accurately, powerfully and at the same time systemically. These requirements are best met by chronosemantic preparations. A chronosemantic preparation for miasm correction is created as follows:

1. Testing through the KSU, we determine the key miasms.
2. Using the identified miasms as a pointer, we find all points on the main chiroglyph lines of both hands, which compensate for the miasm.
3. We write off the signal from each point (directly!) using light probe. Inverse drugs are ineffective in this case. The signal from each point is written off to a separate sugar globule.
4. Determine which of the identified points were the main ones, i.e. cause and which ones are secondary, i.e. consequence. To do this, we test all the recorded globules in turn through the pointer to the key miasm. The globules required for the correction of the miasm restore the original measurement level during testing. They will be the main ones and they must be used in the future to create the drug. Usually, of the points written off from the lines, 2–3 points are key.

5. Aim the identified drug at the KMH. We select the dosage.
A single dose removes the indication of the key miasm, but should not cause a decrease in the general reserves of adaptation and the appearance of blockades of the reserves of adaptation. The frequency of taking the drug is usually 1 time in 10-14 days. It is advisable to check the necessity of prescribing it through the KMH before each administration of the drug.

Example

Patient S., 28 years old. Complaints about pronounced weeping eczema of the scalp, various complaints from the gastrointestinal tract, aching pains in the kidneys, dysuria, pain in the groin, leucorrhoea; aching, periodically twisting pain in all large joints. As a result of 4 months of therapy, all complaints, except eczema, disappeared. Eczema has become slightly less pronounced. After the first dose of the miasmatic preparation within a week, the skin became clear. Follow-up - 1.5 years. During this time, the drug was used 12 times (6 times at the beginning of therapy, once a week, then 2 more times a month, then once every 1-2 months). The need to take the drug was checked through the KMH. No deterioration was observed.

In total, the above-described variant of miasm correction was used in 56 patients. The effect is good. Monitoring continues.

Conclusions:

1. In the process of treating a chronic patient, it is necessary to perform correction of chronic miasm.
2. For the correction of the miasm, it is recommended to use chronosemantic drugs.

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