



**ASR LUX SCIENTIAE HOMOEOPATHICAE**

**The Vital Thread – Bridging Philosophy and Clinical Excellence**

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As the season shifts toward the introspective quiet of November, our medical community at ASR Homoeopathic Medical College & Hospital continues to illuminate the complex pathways of human health. This month’s edition of *Lux Scientiae* serves as a profound testament to the holistic nature of our craft, weaving together the foundational threads of Hahnemannian philosophy with the intricate realities of modern clinical practice.

The articles featured in this issue challenge us to look beyond the surface of pathology. We begin with a rigorous examination of **Miasmatic Theory**, reminding us that the "threads of the skein" must be untangled across generations to achieve a true cure. This philosophical grounding is further expanded in our deep dive into the **Calcarea Group**, where we explore the fascinating psycho-somatic bridge between a soul’s need for security and the physical structural integrity of the human body.

Furthermore, we address the pressing contemporary issue of **School-Related Anxiety**. In an era of increasing pediatric stress, our contributors demonstrate how Homoeopathy offers a gentle, forensic-level precision in restoring the equilibrium of our youngest patients.

In this issue, we invite you to move from the "center to the circumference"—to look past the diagnosis and see the dynamic Life Force struggling for balance. It is our hope that these pages inspire not only intellectual growth but a renewed dedication to the compassionate service of our patients.

# THE STRATEGIC IMPORTANCE OF MIASMS IN HOMEOPATHIC PRACTICE

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## ABSTRACT

The concept of miasms remains one of the most critical yet complex pillars of homeopathic philosophy. Dr. Samuel Hahnemann, after twelve years of investigating the recurrence of chronic diseases, identified miasms—*Psora*, *Sycosis*, and *Syphilis*—as the fundamental obstacles to permanent cure. This article explores the definition, developmental stages, and clinical significance of miasms, illustrating their role through the lens of hereditary transmission and the "totality of symptoms." A featured case study demonstrates how identifying a mixed miasmatic background is essential for managing deep-seated pathologies like neurofibrosarcoma.

**Keywords:** Hahnemann, Miasm, Chronic Disease, Totality of Symptoms, Homeopathic Philosophy.

## 1. INTRODUCTION

Dr. C.F.S. Hahnemann astutely observed that in every truly chronic illness, therapeutic action must ultimately be directed at the underlying *Psora* to achieve a genuine cure. The correct prescription acts by untangling the "threads of the skein" one by one.

The theory of miasms was born from Hahnemann's twelve-year struggle to understand why certain diseases recurred despite seemingly accurate homeopathic prescriptions. He concluded that a "miasm" was the chronic force responsible for these recurrences. He categorized these into three primary types:

- **Psora:** Characterized by functional disturbances.
- **Sycosis:** Characterized by over-construction or proliferation.
- **Syphilis:** Characterized by destruction and degeneration.

Miasms may exist individually or in combination, leading to complicated disease states. In this context, the "totality of symptoms" is not merely a collection of current complaints but an abstract of the individual's entire history—including family medical history, lifestyle, occupation, and diet—tracing the miasmatic thread across generations.

## **2. DEFINITION**

A miasm is defined as a:

"...latent, inherent, internal, preexisting cause, having its habitat in the organism, yet not connected in a material way with that organism, but with the *dynamis* (the life force) itself. It becomes a part of the life force, possessing a similar dynamic nature, which arises when disturbed by external secondary or exciting causes."

## **3. DISCUSSION**

### **3.1 Miasms as a Genetic Theory**

A miasmatic approach allows practitioners to perceive the progression of disease from conception to the final stages of life. Every human being is characterized by a miasmatic modulation that affects healthy susceptibility as well as mental and physical faculties. This theory can be viewed as an early "genetic theory," as these noxious agents are transmitted to offspring. Addressing inherited miasms may potentially prevent genetic transmission to succeeding generations.

### **3.2 Direction of Cure**

Dr. J.T. Kent emphasized that a miasmatic cure must move from the "center to the circumference"—from the mind to the internal organs, and finally to the external skin. If skin symptoms reappear while internal symptoms improve, it identifies a successful miasmatic shift and a move toward health.

### **3.3 Miasmatic Phases Through the Lifespan**

Dr. Luc De Schepper categorized the dominance of different miasms through the stages of human development:

1. **Youth & Adolescence (Psoric Phase):** Characterized by struggles with authority, emotional volatility, and skin issues like acne.
2. **Middle Age (Sycotic Phase):** The individual learns to cope and survive by concealment or "fitting in," reflecting the sycotic tendency toward hiding or over-compensating.
3. **Old Age (Syphilitic Phase):** A period of realization of a desperate state, often marked by destructive pathologies such as strokes or infarcts and mental brooding.

#### 4. CLINICAL CASE STUDY: THE MIASMATIC CHALLENGE

The significance of miasmatic diagnosis is best illustrated by a case involving **Dr. R.P. Patel**.

In 1960, the patient underwent surgery for a fibrosarcoma on the right forearm. Despite subsequent surgeries in the USA and India (re-diagnosed as neurofibrosarcoma), the tumor recurred in 1966 with unbearable pain. X-rays revealed secondaries in the right lung. After a post-operative cardiac arrest followed by an amputation, the patient received *Strontium Carbonicum 200*.

During recovery, the patient observed the appearance of warts on his arms and face. He realized a pattern of alternation between the tumor and the warts. Investigative history-taking revealed:

- **Father:** Had similar warts on the neck.
- **Mother:** Also had warts (died when the patient was one month old).
- **Maternal Grandmother:** Had warts at age 94.

This clear evidence of **three generations of Sycosis**, coupled with a history of hemorrhagic smallpox at age 15, led to a prescription of **Thuja 10M**. Following two doses one month apart, and subsequent doses every two months, the tumor did not recur, and the lung secondaries disappeared. This case highlights how a "mixed miasm" can baffle practitioners unless the most prominent, deep-rooted miasm is identified.

#### 5. CLINICAL APPROACH TO PRESCRIPTION

When managing miasmatic cases, the physician must determine if they are dealing with a single active miasm or a mixed state.

- **Active Mixed Miasms:** These are more difficult to treat than single miasms.
- **Protocol:** Generally, the **anti-psoric** remedy is administered first to clear the functional layer, followed by a remedy targeting the active miasm (Sycotic or Syphilitic). The cycle often returns to an anti-psoric to conclude the case.
- **Caution:** One must be careful with polychrest remedies, as many specifically cover only one miasmatic layer.

## 6. CONCLUSION

To achieve a permanent restoration of health—rather than mere palliation—it is imperative to consider the miasm in every homeopathic case. Understanding the miasmatic background allows the physician to navigate complex, multi-layered diseases and break the cycle of hereditary transmission.

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# PSYCHO-SOMATIC STRUCTURAL ANALYSIS OF THE CALCAREA GROUP: FROM MENTAL INSECURITY TO TISSUE PATHOLOGY

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## ABSTRACT

In homeopathic prescribing, the Calcarea group represents more than a mineral deficiency; it signifies a profound psycho-somatic structural type. This article explores how the fundamental feeling of "internal insecurity" translates into specific endocrine, metabolic, and structural pathologies. By analyzing the miasmatic evolution of the Calcarea state—from Psoric deficiency to Syphilitic destruction—the practitioner can perceive the symbolic link between a patient's need for stability and their physical skeletal or glandular manifestations.

**Keywords:** Calcarea, Psycho-somatics, Miasmatic Evolution, Calcium Metabolism, Homeopathic Philosophy.

## 1. THE CENTRAL PSYCHOLOGICAL CORE: THE SHELL METAPHOR

The fundamental delusion of the Calcarea group is: **"I am not strong enough; I lack internal support."**

To understand this group, one must look at the source—the oyster shell (*Calcarea Carbonica*). The soft, vulnerable biological organism requires a hard, lime-rich shell for protection. In humans, this manifests as a psychological "shell"—a routine, a home, or financial stability—that protects the soft, anxious interior.

Psychological Plane (Vulnerability)	Physical Plane (Structural Weakness)
Fear of the future / misfortune	Weak or malformed bones

<b>Psychological Plane (Vulnerability)</b>	<b>Physical Plane (Structural Weakness)</b>
Fear of losing control / insanity	Glandular hypertrophy
Chronic background anxiety	Metabolic imbalance (Hypothyroidism)
Lack of self-confidence	Poor assimilation of nutrients

## 2. PSYCHO-SOMATIC MECHANISMS

The transition from mind to matter in the Calcarea group follows a predictable physiological path:

1. **Chronic Anxiety:** The "Calcarea state" is defined by a constant, low-level sympathetic nervous system activation.
2. **Endocrine Disturbance:** Sustained stress leads to adrenal fatigue and thyroid axis imbalance.
3. **Metabolic Dysfunction:** Altered calcium and phosphate metabolism results in poor bone mineralization and connective tissue laxity.
4. **Structural Failure:** The body mirrors the mind; as the psyche loses its sense of stability, the body loses its physical structure.

## 3. MIASMATIC EVOLUTION OF THE CALCAREA STATE

### Phase I: The Psoric (Deficient) Stage

- **Mental:** Marked by dependency and fear. The patient is "home-bound" and lacks the confidence to venture out.
- **Physical:** Delayed development, late fontanelle closure, and difficult dentition.

- **Clinical Correlation:** *Calcarea phosphorica*—the "growing pains" of the child who feels internally unsupported.

### **Phase II: The Sycotic (Compensatory) Stage**

- **Mental:** When insecurity deepens, the psyche builds defenses through "accumulation" and rigidity (obstinacy).
- **Physical:** The body compensates for internal weakness by producing excess tissue—obesity, tonsillar hypertrophy, fibroids, and cysts.
- **Clinical Correlation:** *Calcarea carbonica*—the classic picture of the "protective layer" of fat and glandular swelling.

### **Phase III: The Indurative (Rigid) Stage**

- **Mental:** Fixed ideas and a profound resistance to change. Stability is sought through extreme conservatism.
- **Physical:** The "softness" of the Psoric phase turns into "hardness"—fibrosis, exostoses, and indurated glands.
- **Clinical Correlation:** *Calcarea fluorica*.

### **Phase IV: The Syphilitic (Destructive) Stage**

- **Mental:** Despair of recovery. The internal structure of the ego collapses, leading to deep depression or suicidal ideation.
- **Physical:** Bone necrosis, osteoporosis, and degenerative arthritis. The structure literally crumbles.
- **Clinical Correlation:** *Calcarea arsenicosa* or *Calcarea iodata*.

## **4. CLINICAL PSYCHO-SOMATIC EXPRESSIONS**

- **Fear of Insanity → Cerebral Sluggishness:** The mental fatigue of trying to maintain control leads to a "brain-fag" state, characterized by slow comprehension and vertigo.

- **Anxiety about Security → Metabolic Slowness:** Chronic worry about poverty or the future slows down the basal metabolic rate, contributing to the typical Calcarea obesity and "chilly" disposition.
- **Glandular Enlargement:** From a symbolic perspective, the lymphatic system "holds onto" waste products, mirroring the patient's psychological tendency to hold onto fears and old routines.

## 5. DIFFERENTIAL STRUCTURAL ANALYSIS

Remedy	Core Psycho-Somatic Theme
<b>Calcarea</b>	Insecurity leading to structural weakness/overgrowth.
<b>Silicea</b>	Lack of "grit" leading to failure of assimilation/expulsion.
<b>Baryta Carb</b>	Immaturity leading to arrested physical/mental development.
<b>Phosphorus</b>	Over-sensitivity leading to rapid energy dispersion and "burning out."

## 6. CONCLUSION

The Calcarea group offers a profound lesson in the unity of mind and body. The homeopathic physician must recognize that the "large head," the "sweaty scalp," and the "weak ankles" of the Calcarea patient are physical echoes of a soul seeking safety in an unstable world. Successful treatment involves not just supplementing calcium, but providing the energetic stimulus needed for the patient to build their own internal foundation of security.

To ensure your **Calcarea Group** article is academically rigorous and provides a bridge between classical and modern homeopathic thought, I have curated the following references. These are selected to support your specific psycho-somatic and structural arguments.

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# CLINICAL PERSPECTIVES ON SCHOOL-RELATED ANXIETY AND HOMOEOPATHIC THERAPEUTICS

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## **Abstract:**

School-related anxiety (SRA) is an increasingly prevalent clinical concern in pediatric practice. It represents a spectrum of emotional distress ranging from separation anxiety to social phobia and performance-based stress. While conventional management often relies on behavioral therapy or sedation, homoeopathy offers a highly individualized approach that targets the "Susceptibility" of the child, aiming for a permanent restoration of emotional equilibrium without side effects.

Keywords: Pediatrics, School Phobia, Anticipatory Anxiety, Miasmatic Dynamics, Constitutional Therapeutics, Somatization, Child Psychology.

## **I. Clinical Ethiopathogenesis**

School anxiety is rarely a standalone diagnosis; it is a manifestation of the child's internal reaction to external stimuli.

- **Cognitive Factors:** Perfectionism, fear of failure, and "anticipatory" dread.
- **Environmental Factors:** Bullying, high-pressure academic curricula, or sensory sensitivities (noise/crowds).
- **Constitutional Factors:** Genetic predisposition to anxiety or a "sensitive" nervous system.

## **II. The Homoeopathic Approach: Analyzing the "Totality"**

In homoeopathic prescribing, we do not treat the "anxiety" but the **child who is anxious**. The selection of the remedy depends on the **Modalities** (what makes it better or worse) and **Concomitants** (associated physical symptoms).

### **A. Anticipatory Anxiety (Stage Fright Pattern)**

- **Gelsemium Sempervirens:**

- Indications: Complete paralysis of thought; "brain fog" before an exam.
- Physicals: Trembling, weakness, and frequent urination from fright.
- Keynote: Dulling of the senses; the child wants to be left alone in their quiet dread.

- **Argentum Nitricum:**

- Indications: The "hurried" child. Anxiety leads to impulsive behavior and a desire to get the ordeal over with.
- Physicals: Flatulence and nervous diarrhea. Strong cravings for sugar/sweets.
- Keynote: Time seems to pass too slowly; extreme restlessness.

## **B. Confidence and Ego-Defense Patterns**

- **Lycopodium Clavatum:**

- Indications: Deep-seated lack of self-confidence masked by a "dictatorial" attitude at home.
- Physicals: Digestive bloating; symptoms often worse between 4 PM and 8 PM.
- Keynote: Dread of new situations, yet once they start, they perform with great competence.

- **Silicea Terra:**

- Indications: The "refined" and delicate child. They are conscientious about homework but terrified of public speaking or being noticed.
- Physicals: Cold hands/feet; prone to recurrent infections.
- Keynote: "Yielding" temperament but mentally stubborn.

## **C. Emotional Dependency and Separation**

- **Pulsatilla Nigricans:**

- Indications: Separation anxiety. The child cries when left at the school gate and seeks constant physical touch or reassurance.

- Physicals: Thirstlessness; better in open air.
- Keynote: Changeable moods—smiling one minute and tearful the next.

### III. Case-Taking & Diagnostic Criteria

To achieve a high "Simillimum" (the perfect match), the practitioner must investigate:

1. **The Trigger:** Did the anxiety start after a specific event (a failed test, a move, a strict teacher)?
2. **The Mental Disposition:** Is the child timid, aggressive, or indifferent?
3. **Physical Generals:** Sleep patterns, appetite changes, and thermal preferences (Chilly vs. Hot).

Symptom Category	Gelsemium	Arg-Nit	Lycopodium
Primary Emotion	Cowardice/Dread	Impulsivity/Haste	Lack of Confidence
Physical Sign	Trembling/Heaviness	Diarrhea/Belching	Bloating/Flatulence
Aggravation	Thinking of the ordeal	Warm rooms/Crowds	4:00 PM - 8:00 PM
Amelioration	Profuse urination	Cool open air	Warm drinks

### IV. Conclusion: The Path to Resilience

Homoeopathy provides a gentle yet profound intervention for school-related anxiety. By addressing the "Miasmatic" background and the "Symptom Totality," we don't just help the child pass an exam—we help them build a psychological foundation that allows them to thrive in all social and academic spheres.

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