Miasmatic perspective in nutritional deficiency disorders

Dr. P Dastagiri and Dr. Nirmala Pratap

DOI: https://doi.org/10.33545/26164485.2021.v5.i1f.338

Abstract
Through centuries, food has been essential for human beings in health and disease. Nutrition is the science of food and its relationship to health. Poor nutrition leads to poor immunity and susceptibility to different types of infectious diseases, metabolic diseases, etc. Significant advancement has been made during the past 50 years in nutrition and causes of deficiency at cellular levels. A deficiency results from either absolute lack of required food nutrients or defect in assimilation at internal milieu, resulting in Malnutrition. The causes of Malnutrition are multifactorial, particularly in Homoeopathy, the causes of disease or deficiency by the fundamental causes, i.e., Miasm. A thorough understanding of miasms makes it easier to treat the innumerable type of chronic diseases, especially Nutritional deficiency disorders. It is necessary to diagnose these deficiency disorders with clinical tools, assess the underlying Miasm, and prescribe the remedy based on the totality of the patient's symptoms.

Keywords: Nutritional deficiency disorders, homoeopathy, miasm

Introduction
Food is requisite to stay healthy. The pure ailments of food and drink satisfy our hunger and thirst and support our strength by replacing the parts (tissues) lost in the vital process without disturbing the functions of organs or impairing health.
Nutrition is defined as the science of food and its relationship to health. It is concerned primarily with the part played by nutrients in body growth, development, and maintenance. Nutrient or food factor is used for specific dietary constituents such as proteins, vitamins, and minerals. Good nutrition means maintaining a nutritional status that enables us to grow well and enjoy good health.
Nutrition disorders occur when a person's dietary intake does not contain the proper nutrients for healthy functioning or cannot correctly absorb food nutrients. An incorrect balance of nutrients, undernutrition and overnutrition may cause various nutrition disorders. Deficiencies can lead to various health problems, such as digestion problems, skin problems, stunted or defective bone growth, and dementia. However, unless we are seriously deficient for some time, we may notice no symptoms at all, leading us to believe (falsely) that our body is getting all the nutrition we need. However, such deficiencies cause symptoms ranging from minor to severe [1].
The World Health Organization (WHO) accords to Malnutrition refers to deficiencies, excesses, or imbalances in a person's energy and nutrient intake [2]. Malnutrition was one of the leading risk factors for death in younger children below five years of age in India in 2017. This condition's prevalence is 68.2% of the under-five deaths, and 17.3% is responsible for total Disability Adjusted Life Years (DALYs). Among these were the low birth weight 21.4%, child stunting 39.3%, child wasting 15.7%, child underweight 32.7%, anaemia in children 59.7%, and women 54.4% reported in 2017 [3].
The fundamental principle of Homoeopathy, a unique scientific system of medicine discovered by Dr Samuel Hahemann, is that "Similia Similibus Curentur". It means "like is cured by like", i.e., a disease may be cured by something that can cause similar symptoms. This system is concerned with treating the whole person rather than disease alone. The remedy selection will depend on all the patient's symptoms, including mental and emotional state physical generals, including the miasmatic background from their family history, past history, and treatment history. Along with indicated remedy or simillimum, the diet and regimen play a pivotal role in treating acute or chronic diseases. Nutritional disorders are caused by an insufficient intake of food or the inability to absorb.
certain nutrients and result from a dependent deficiency of one or more essential nutrients and manifested in various forms of physical or mental illness. Homoeopathy promotes that when there is an imbalance in nutritional requirement and its source, the deficient nutrients should be corrected by providing a balanced diet and assimilating and absorbing the same. If the body is too weak to absorb the nutrients or unable to assimilate, consider the miasmatic predominance. Thus, the objective of this article is to give a miasmatic perspective to nutritional disorders.

**Materials and Methods**

The clinical signs and symptoms of nutritional deficiency disorders are correlated with the existing Homoeopathic literature, particularly for Miasmatic diagnosis and are represented in Table 1. The nutritional conditions clinical assessment is mentioned in Table 2. Commonly indicated, therapeutics are also mentioned in Table 3.

### Table 1: Nutritional disorders and miasmatic correlation

| S.no | Deficiency | Signs and symptoms | Miasm |
|------|------------|--------------------|-------|
| 1.   | Vitamin-A | Night blindness    | Psora + Syphilitic |
|      |            | Conjunctival xerosis- “Emerging like sandbanks at receding tide”. | Psora |
|      |            | Corneal ulceration, vision lost | Syphilitic |
|      |            | Bitot's spots       | Not mentioned |
|      |            | Follicular hyperkeratosis | Psora |
|      |            | Anorexia and Growth retardation | Psora |
|      |            | Pigeon chest        | Tubercular |
|      |            | Irregular depression in the chest cavity | Syphilitic |
|      |            | Curves and lines in the chest wall are imperfect, and certain areas may be sunken and depression | Tubercular |
|      |            | Osteomalacia        | Syphilitic |
| 2.   | Vitamin-D | Rickets, soft and curved bones | Tubercular |
|      |            | Curves and lines in the chest wall are imperfect, and certain areas may be sunken and depression | Tubercular |
| 3.   | Vitamin-E | Ataxia, dysarthria, male infertility, nerve damage. | Tubercular |
| 4.   | Vitamin-K | Bleeding disorders | Tubercular |
| 5.   | Vitamin-B1| Wernick's Encephalopathy- ophthalmoplegia, polyneuritis, ataxia, and mental deterioration. | Tubercular |
| 6.   | Vitamin-B2| Angular stomatitis, cheilosis, glossitis, poor wound healing | Psora |
| 7.   | Vitamin-B3| Diarrhoea, Dermatitis, Dementia | Psora |
| 8.   | Vitamin-B6| Peripheral neuritis | Tubercular |
| 9.   | Folate | Megaloblastic anemia, Glossitis, cheilosis. | Psora |
|      |            | Gastrointestinal disturbances like flatulence and diarrhoea. | Psora + Syctic |
|      |            | and Severe folate deficiency may lead to infertility or sterility | Psora + Syctic |
| 10.  | Vitamin-B12| Megaloblastic anemia (Fernicious anemia), a demyelinating neurological lesion in the spinal cord | Psora + Syctic |
| 11.  | Vitamin-C | Scurvy, anaemia, and weakness. Bleeding into the joints | Tubercular |
|      |            | Oral symptoms associated with gum bleeding | Tubercular |
| 12.  | Calcium | Teeth decay, brittle teeth, cataract, osteomalacia, rickets, and osteoporosis. | Tubercular |
| 13.  | Phosphorus | bones and teeth disorders | Tubercular |
| 14.  | Sodium | Leg cramps | Tubercular |
| 15.  | Potassium | Hypertension | Psora + Syctic |
| 16.  | Magnesium | Irritability, tetany, hyperreflexia. | Tubercular |
| 17.  | Iron | Anaemia- RBC is destroyed through imperfect oxidation of food. This can lead to the anaemic condition, which may be evidenced by a lack of stamina in the muscles and a pallor, drowsy, puffy appearance | Syptic |
| 18.  | Iodine | Glandular disorders, nervous system, endocrine system. | Psora |
| 19.  | Fluorine | Dental caries and Fluorosis | Tubercular or Syphilitic |
| 20.  | Zinc | Skin and Nervous system | Tubercular |
| 21.  | Copper | Anaemia and Nervous disorders | Psora + Syctos + Syphilitic |
| 22.  | Cobalt | Cardiomyopathy, congestive cardiac failure, pericardial effusion, polycythemia, and thyromegaly. | Psora + Syctic |
| 23.  | Chromium | Hyperinsulinemia, increase in haematological parameters and total protein concentrations | Psora |
| 24.  | Manganese | Bleeding disorders, Anorexia, Impotence, cramps in the legs, speech difficulties, encephalitis like | Tubercular or |
Discourse

Hahnemann has given instructions in § 4 and § 5 that the physician is a preserver of health, and he must know the cause of the disease, and the cure will be obtained only after removing the cause. This statement is very similar to what Thomas Edison was concerned about in 1903, his time's healthcare and stated: "The doctor of the future will give no medicine but will interest his patient in the care of the human frame, diet and the cause and prevention of disease" [20].

Nutrition and Susceptibility

Dr Stuart Close defines susceptibility as the general quality or capability of the living organism of receiving impression: the power to react to stimuli. It is primarily the reaction of the organism to external and internal influences [21]. Dr H.A. Roberts explained that the importance of nutrition and relation to susceptibility proves that the power of assimilation and nutrition is one of the phases of susceptibility [6]. Furthermore, Dr Dhawle M.L. mentioned in his Principles and Practice of Homoeopathy under chapter Susceptibility that "normal susceptibility leads to a state of good health characterized by good nutrition and a healthy outlook on life. On the other hand, abnormal susceptibility affects them in the first instance and interferes with adaption, thereby leading to the disease's development [22]. Poor nutrition leads to infectious diseases, immunological dysfunction and metabolic disorders. The experimental studies proved the relationship between diet and different types of infections scientifically [23, 24].

Causation of the Nutrition Deficiency Disorders

Dr Hahnemann has divided the disease based on the causation of the diseases. These causes are the exciting cause, maintaining and fundamental. Indeed, the fundamental cause or cause of all chronic diseases are Chronic miasms. § 72 explicitly defined that Chronic miasms cause chronic diseases, and these diseases will begin with a small, imperceptible origin, deranged the vital force, but it does not extinguish these miasms until leads to the organism are destroyed. In § 88, he mentioned that the Psora is the only authentic, fundamental cause and producer of all the other numerous diseases [8].

Dr Kent emphasized under the Chronic disease that the ‘congenital debility and marasmus, and varying types of chronic diseases are due to the cause of chronic Miasm. Further, he reaffirmed that Hahnemann's cause of all chronic diseases is Psora- 'a hydra-headed, oldest, most universal and most pernicious chronic miasmatic illness' [7].

Dr H.A. Roberts explicated under chapter Disease Classification, concerning complete cure removal of the cause is the first step. Now and then, surgical procedures, the refinement of diet, the removal of irritating substances, change of environment, anything and everything take itself when the cause is removed. He further emphasized that Psora causes all nutritional disorders. He clearly defined that about deficiency disorders, aroused due to lack of certain elements in our system, or the inability to assimilate nutrients from foods, it the standard measure of almost all so-called Psoric conditions, and above a lack of balance in the equilibrium of health that manifests through a hypersensitivity of impressions-functional disturbances and that contrasts from consciousness to neuroses [6].

Nutritional Assessment [28]

Unfortunately, there is no single clinical or laboratory indicator to assess the comprehensive nutritional status. Therefore, it requires the systematic integration of patient history and physical examination information.

Table 2: summarizes the physical findings of the characteristics of nutrient deficiencies

| S. No | Element | Notes & findings |
|-------|---------|------------------|
| 1.    | History of The Patient | Weight loss of >10% of usual body weight prognoses clinical outcomes. |
|       |         | Look for any medical or surgical conditions or chronic diseases. |
|       |         | Any medications can poorly affect nutrient intake or assimilation. |
|       |         | Enquire about dietary intake supplements. |
|       |         | Ask about socio-demographic data, habits, and lifestyles. |
| 2.    | Body Mass Index (BMI) | **BMI= weight in kg/ (height in meters)**² |
|       |         | BMI< 18.5 kg/m² wished-for screen for Malnutrition. |
| 3.    | Weight Loss | Assess the loss of muscle mass and subcutaneous fat: temporal and neck muscle wasting, anthropometrics including skin-folds and circumferences. |
| 4.    | Weakness/ loss of strength | Decreased hand-grip and leg extensor strength. Lower extremity weakness may be detected in thiamine deficiency. |
| 5.    | Peripheral oedema | It may mistake weight measurements and is often observed with reduced visceral proteins and inflammatory states. It's also be observed in Thiamine deficiency. |
| 6.    | Hair examination | Hair findings and specific nutrient deficiencies are as follows. |
|       |         | **Loss: Protein, B12, Folate** |
|       |         | **Brittle: Biotin** |
7. **Skin Findings**

- Colour change: Zinc
- Dry: vitamin A and E
- Easy pluck ability: Protein, Biotin, zinc.
- Coiled, corkwise: vitamin A and C
- Alopecia is commonly seen in severely malnourished people.
- Enquire about excessive hair loss on a pillow or when combing the hair.

- Desquamation: riboflavin
- Petechiae: Vitamin A and C
- Perifollicular haemorrhage: Vitamin C
- Ecchymosis: Vitamin C and K
- Xerosis, bran-like desquamation: essential fatty acids
- Pigmentation, cracking, crusting: Niacin
- Acne form lesions, follicular keratosis, xerosis: Vitamin A
- Acro-oro-facial dermatitis, erythematous, vesiculo-bullous, and pustular: zinc.
- Wounds and pressure sores are indicators of compromised nutritional status.

8. **Eye examination**

- Bitot's spots: Vitamin A
- Xerosis: Vitamin A
- Angular palpebritis: Riboflavin
- Night blindness: Vitamin A

9. **Perioral examination**

- Angular stomatitis and cheilosis; B complex, iron and protein
- Glossitis: Niacin, Folate, and Vitamin B12
- Magenta tongue: Riboflavin
- Bleeding Gums, gingivitis, tooth loss: Vitamin C
- Angular stomatitis, cheilosis, glossitis, poor dentition, caries, tooth loss, difficulty swallowing and flatulent dyspepsia are associated with vitamin and mineral deficiencies.

10. **Extremity / Nervous examination**

- Arthralgia: Vitamin C
- Calf pain: thiamine
- Ophthalomoplegia and foot drop: thiamine
- Paresthesia: Thiamine, vitamin B12, and biotin.
- Depressed vibratory and position senses; Vitamin B 12
- Hyporeflexia, loss of lower extremity deep tendon reflexes: thiamine and Vitamin B12.

11. **Mental status examination**

- Anxiety, depression, dementia, and hallucinations: Niacin
- Memory disorders: vitamin B12
- Wernicke-korsakoff syndrome – Severe thiamine deficiency.

| S.No | Clinical Condition | Therapeutics |
|------|-------------------|--------------|
| 1.   | Night blindness   | Argentum. Nitricum., China, Cyclamen, Hyoscyamus, Lycopodium, Rananculus. bulb, stram., Sulphur, Veratrum. album |
| 2.   | Corneal ulcers and scars | Arsenicum album, Calcarea carb, Hepar sulph, Kali. Bich, Lachesis, Merc. sol., Natrum. muriaticum, Silicea, Sulphur |
| 3.   | Rickets           | Calcarea carb, Calcarea Phos, Causticum, FluricAcid, Lycopodium, Merc. sol, Phos, Phos. acid, Silicea, Sulphur, Syphillium, Synpythyum |
| 4.   | Osteomalacia       | Calcarea carb, Calcarea, Flour, Calcarea Phos, Fluoric acid, Merc. sol, Phos, Silicea |
| 5.   | Bleeding disorders | Aconite napellus, Arsenicum. album., Causticum., Lac. caninum, Merc. solubulis, Nux. vomica, Phosphorus, Silicea, Sulphur, |
| 6.   | Neuritis          | Aconite napellus, Arsenicum. album., Causticum., Lac. caninum, Merc. solubulis, Nux. vomica, Phosphorus, Silicea, Sulphur, |
| 7.   | Stomatitis-Glossitis | Baptisia tinctoria, Borax, Hydrastis, Muriaetic. acid |
| 8.   | Anaemia           | Arsenicum. album., Benzoic. acid, Cantharis, Lachesis Merc. sol, Sulph. acid. |
| 9.   | Gingivitis        | Alumina, Cina, Hydrastasis, Ferrum. met, Natrum. mur., Nux.Vomica, Pulsatilla, Silicea, Sulphur, |
| 10.  | Marasmus          | Bovista, Calcarea. carb, Carbo vegetabilis, Crotaulus. horridus, Lachesis, Merc. sol, Natrum. mur, Nitric. Acid, Phosphorus. |
| 11.  | Dental caries and Fluorosis | Abrotanum, Calcarea Phos, Iodium, Lycopodium, Muriaetic. acid, Natrum. Mur, Oleum Jec., Silicea, Sulphur, |
| 12.  | Ataxia            | Antimonium. Crud, Belladona, Borax, Fluoric acid. Merc. sol., Mezereum, Plumbum met., Staphysagria. |
| 13.  | Anaemia           | Agaricus, Alumina, Causticum, Conium maculatum, Cuprum met, Gelsinium sempervirens, Helleborus, Nux.Vomica, Onosmodium, Phosphoric acid, Picric acid, Plumbum meet, Stramumion., Zincum met. |

**Conclusion**

Homoeopathy is a holistic system of medicine, and it considers man as a whole. Miasms are the fundamental cause of alteration in healthy human beings. In aphorism 261, Dr Hahnemann gave directions about diet and regimen, treating nutritional disorders like "The most appropriate
regimen during the employ of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying the necessary nutritious food where necessary, innocent moral and intellectual recreation, an active, regular exercise in the open air in all kinds of weather, unmedicinal food and drink, etc. Understanding the miasmatic perspective of various nutritional deficiencies is necessary for every Homoeopath. Apart from Psoric Miasm, Tubercular Miasm also plays a vital role in most nutritional deficiencies. Sycosis, Syphilitic trait, and some deficiencies like vitamin A, copper deficiency disorders mixed Miasm causes the diseases. This type of miasmatic manifestations will develop because of the inability to assimilation; the results present various clinical presentations and will continue to be corrected through a healthier diet and natural way of living like active exercise and exposure to sunlight., and so forth.

The indicated ultra-dilution of the miasmatic remedy would alleviate the signs and symptoms of the nutritional disorders. Even after giving nutrients that are deficient through diet or directly, the respective miasmatic treatment is necessary to remove the fundamental cause of illnesses, the Miasm, to establish the cure. Dr J. H. Allen concluded that "we cannot select the most similar remedy possible unless we understand the phenomenon of the acting and basic miasms. The actual similarity is always based upon the basic Miasm, whether conscious or unconscious of the fact."

Acknowledgement

I sincerely thank Dr K.C. Muraleedharn, Officer in Charge, and Dr Sitharthan. R. Principal, National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam, encouraged writing academic articles to guide the students. I also thank Dr Greeshma I.K, P.G. scholar Department of Practice of Medicine, who helped in searching the relevant literature to justify the aims and objectives of this article.

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