Experiences of registered homoeopaths regarding the clinical application of the Cancerinic miasm in KwaZulu-Natal, South Africa

By Sarah Louise Tandy

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Supervisor: Dr T. Wulfsohn

Co-supervisor: Dr M. Maharaj

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DECLARATION

I, Sarah Tandy, do declare that this dissertation is representative of my own work, both in conception and execution, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Signature of student Date

Approved for Final Submission

04/05/2021

Dr M. Maharaj Date

M. Tech Homoeopathy

04/05/2021

Dr T. Wulfsohn Date

M. Tech Homoeopathy

DEDICATION

I dedicate this work to God, the father, for giving me the strength and endurance within that got me through all my doubts, tough moments and stressful times. The God who gave me joy in learning and wisdom in understanding my work in a deep and meaningful way that has impacted my life.

I also dedicate this work to my family: Mom, Dad, Robert and Bradley. You have loved and guided me through my whole life. Through every milestone and memory, you have been there holding my hand or encouraging me from a distance and I cannot wait to go through this next stage of my life and career with you by my side. Thank you for everything you have done to make me who I am and a special thank you to my mom, for sitting with me for hours and editing through all of this work.

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ABSTRACT

Introduction

The theory of miasms as expressed by Hahnemann has separated views amongst homoeopaths and is still a topic which has not been fully explored, especially in today's time (Mathur 2009:177). The Cancerinic miasm is focused around the disease of cancer. Cancer as a disease is the second leading cause of death globally and continues to grow rapidly and uncontrollably. Homoeopathy looks at miasms from a holistic viewpoint, incorporating the mind, body and emotions. This study aims to link this clinical view of disease with the practice of miasmatic prescription in homoeopathy. The Cancerinic miasm is a very complex theory that needs to be explored in a fully descriptive way and this has not been done in a national context before.

Aim

The aim of this study was to explore the Cancerinic miasm and its clinical application in the KwaZulu-Natal (KZN) context using the experiences of registered homoeopaths that are currently practicing in KZN, South Africa. The study focused on gaining information from the participants based on the three main objectives: the knowledge of miasmatic prescribing; the knowledge of the Cancerinic miasm and the clinical application of the Cancerinic miasm in the context of KZN, South Africa.

Methodology

This study followed a qualitative methodology which was based on an exploratory and descriptive design. This study was conducted throughout KZN, where 12 homoeopathic practitioners were purposefully sampled through the expert purposive sampling method, according to their knowledge and experience on the topic. The participants were selected based on a set of inclusion criteria. A semi-structured interview was set up at their place of practice and was audio-recorded under confidential ethical standards. The data collected was analysed through the Thematic Analysis approach, to observe patterns and develop themes from the information.

Results

The results gathered produced three major themes, each having a number of subthemes attached. Considering Theme 1, the participants gave a rich understanding of miasmatic theory

and saw it as valuable to use in practice. Theme 2 focused on the Cancerinic miasm where various themes, contributions and symptoms emerged and the prevalence of the miasm in South Africa was discussed. A few of the key areas of focus within the data was surrounding cancer, apartheid and gender roles. Theme 3 discussed the clinical application of the Cancerinic miasm in the context of KZN, South Africa. The participants viewed the miasm as being highly prevalent in their practices. There were dynamic methods used based on the experiences of the participants with regard to their case taking, prescription and treatment of patients. The participants gave detailed examples of Cancerinic cases in their private practices and discussed their treatment process and outcomes of these cases.

Conclusion

Overall, the study produced rich data regarding the Cancerinic miasm in the context of KZN, South Africa, where unique viewpoints and clinical applications were discussed. Further studies like this are recommended by the researcher to be conducted throughout South Africa. This will broaden the understanding of the miasm and gain a holistic and uniquely South African viewpoint, which incorporates more diversity regarding age, race, gender and socioeconomic factors. These can then be compared and analysed with international studies to create a complete and rich data source of the Cancerinic miasm.

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DEFINITION OF TERMS

Homoeopathy

The birth of homoeopathy, "homoios" meaning similar and "pathos" meaning disease, came to theory in 1796 by Samuel Hahnemann. Homoeopathy is a natural system of healing which looks at the patient in a holistic manner and uses energetic remedies to help the body restore itself back to a state of health. The main law that homoeopathy follows is that ‘like cures like’, which makes it different to other medical practices (De Schepper 2001).

Aggravation

An aggravation occurs when the original symptoms of a patient temporarily increase or worsen at the beginning of treatment. This is a sign that the remedy is correct but the posology needs to be changed (Schuett 2013).

Suppression

Suppression is anything that drives disease deeper into the body, causing more serious and complex conditions. A strong vital force will express symptoms toward the external and superficial areas of the body. As the vital force becomes weaker through suppression, diseases move towards the deeper, internal areas of the body. The main type of suppression identified in homoeopathy is through conventional medical treatments (Malerba 2013).

Proving

A *proving* in homoeopathy is the way in which a homoeopathic remedy is clinically tested. Hahnemann was the first to experiment with substances on himself, a healthy individual, as opposed to the conventional method of drug testing done on animals or diseased patients (De Schepper 2001: 322).

Polychrest remedies

These remedies are a group of 20-30 commonly used remedies which have a wide range of indications and applications throughout the body. This makes them valuable and useful in practice, which is why they form the basis of many homoeopath’s prescriptions (Kayne and Kayne 2007).

Succussion

Succussion is the vigorous shaking of a remedy which is necessary during the process of making and diluting a remedy. Succussion increases a remedies strength between dilutions. The number of succussions differ according to each manufacturers method (Kayne and Kayne 2007: 11).

CH, M, LM

These acronyms are used to define the various potencies or strength of a remedy based on the method of dilution used to make them.

Palliate

To palliate is ‘to lessen the severity of (pain, disease, etc) without curing or removing; to alleviate’ (dictionary.com).

Materia medica

The materia medica is a book that homoeopaths use in practice which contains the information regarding each remedy and its uses.

LIST OF ACRONYMS

Acronym	Full term
KZN	KwaZulu-Natal
DUT	The Durban University of Technology
UJ	The University of Johannesburg
TB	Tuberculosis
PQRS	Peculiar, Queer, Rare and Strange
ADHD	Attention Deficit and Hyperactivity Disorder
ADD	Attention Deficit Disorder
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
CFS	Chronic Fatigue Syndrome
AHPCSA	Allied Health Professions Council of South Africa
HPV	Human papillomavirus
BP	Blood Pressure
SLE	Systemic Lupus Erythematosus
PCOS	Polycystic Ovarian Syndrome
BPH	Benign Prostatic Hypertrophy
RP	Research participant

CHAPTER ONE - INTRODUCTION

1.1 Context of the study

Hahnemann explained in the 6th edition of the Organon of Medicine, that a miasm is a predisposition or a 'distorted' hereditary trait that a person is inclined to develop and because of that, they tend to follow specific disease patterns of that miasm (Kunzli, Naude and Pendleton 1982 :46-48).

The theory of miasms as expressed by Hahnemann has separated views amongst homoeopaths and is still a topic which has not been fully explored, especially in today's time (Mathur 2009:177). Miasmatic prescribing is a complementary and useful method used by many homoeopaths, however, many also regard this method as irrelevant (Bellavite and Pettigrew 2004: 66).

The Cancerinic miasm is focused around the disease of cancer. Homoeopathy looks at miasms from a holistic viewpoint, incorporating the mind, body and emotions creating a set of characteristic traits within the Cancerinic miasm that fall under each of these areas. Cancer as a disease is the second leading cause of death globally and continues to grow rapidly and uncontrollably. The statistics for South Africa show that the number of new cases of cancer for both sexes of all ages in 2018 were estimated at 107 467 (World Health Organisation 2019). This illustrates the need for better care of cancer cases and illustrates the importance of studying the Cancerinic miasm further in South Africa, KZN. Cancer is known to be caused by abnormal cell proliferation and division resulting in a neoplastic growth development. Cancer follows the universal law of cause and effect, the cause being cellular dysfunction and the effect being a tumour. The causes of cancer continue to prevail throughout treatment and despite removal of the tumour (Smalpage 1996:19-21). Miasmatic prescription looks at dealing with the deepest root cause of any disease pattern that is linked to a specific miasm. In the case of the Cancerinic miasm, this is mainly cancer, however, it also includes autoimmune disease, diabetes, tuberculosis (TB), glandular fever, chronic fatigue syndrome, recurring flu and inflammatory diseases (Choudhury 1997: 119). All of which are highly prevalent diseases of our modern world and are continuing to increase in incidence and complexity leaving many patients on chronic medication with little relief. This makes the study of the Cancerinic miasm

extremely important and valuable in treating these disease states in a holistic and long-lasting natural way that stems back to their family and past medical history.

This study aims to link this clinical view of disease with the practice of miasmatic prescription in homoeopathy. The Cancerinic miasm is a very complex theory that needs to be explored in a fully descriptive way and this has not been done in a national context before.

1.2 Research problem

The purpose of the study is to understand the experiences of registered homoeopaths regarding the clinical application of the Cancerinic miasm in KZN. There is not enough documented information in KZN and other countries with regards to the clinical application of the Cancerinic miasm. In KZN homoeopaths are trained at The Durban University of Technology (DUT) and therefore, the sample population will have a good understanding and experience of the application of the miasm which will provide a rich data source. The Cancerinic miasm is well indicated in various common conditions such as cancer etc. as previously mentioned, however, this has not yet been formally explored, especially in a South African context. Allowing experienced registered homoeopaths to share their clinical application of the miasm will assist in further teaching and prescribing for these conditions in order to increase the quality of life for patients with these complex chronic diseases.

1.3 Research aim

This study aims to explore the Cancerinic miasm and its clinical application in the KZN context using the experiences of registered homoeopaths that are currently practicing in KZN, South Africa.

1.4 Research objectives

1.4.1 To determine the knowledge of miasmatic prescribing through a semi-structured interview with registered homoeopaths.

1.4.2 To determine the knowledge of registered homoeopaths' regarding the Cancerinic miasm.

1.4.3 To explore the clinical application of the Cancerinic miasm by registered homoeopaths in KZN.

1.5 Research question

What are the experiences of registered homoeopaths regarding the clinical application of the Cancerinic miasm in KZN, South Africa?

1.5.1 Research Questions:

1.5.1.1 What is the knowledge of registered homoeopaths' regarding miasmatic prescribing?

1.5.1.2 What is the knowledge of registered homoeopaths' regarding the Cancerinic miasm?

1.5.1.3 What is the knowledge of registered homoeopaths' regarding the clinical application of the Cancerinic miasm in the context of KZN?

1.6 Limitations of the study

- The study was limited to the area of KZN
- The study was limited to practitioners that have a minimum of 5 years' experience
- The study was limited to the Cancerinic miasm.

1.7 Significance of the study

The insight into the experiences of qualified practitioners regarding the Cancerinic miasm in KZN will assist in the understanding of how homoeopaths view and use miasms in their prescription. Although KZN is a small representative of the entire country, it has a rich information source with regards to homoeopathic practitioners due to the proximity of DUT, which is one of two institutes that teaches homoeopathy and thus half of the practitioners that move to other locations within the country have had their basic training done in KZN. It will enhance the quality of treatment being used by homoeopaths in South Africa as well as internationally as the principles of homoeopathy are universal. It can enhance the teaching of

miasmatic prescribing at DUT and The University of Johannesburg (UJ) to focus on the useful aspects of the Cancerinic miasm in particular as seen by practitioners with many years of experience. It will enable the institutional teaching of homoeopathy and miasms to focus on learning to recognize and use the Cancerinic miasm within the context of KZN, which can be useful to all of South Africa practitioners. Miasmatic prescribing is still widely controversial amongst homoeopaths. This study will provide more clarity to how South African homoeopaths, in particular those in KZN, view miasmatic prescribing with the Cancerinic miasm to add to the relevant literature surrounding this topic. The data found in this study can be incorporated into the integrative (complimentary) medicine systems in South Africa.

1.8 Overview of study design

This study aims to explore the Cancerinic miasm and its clinical application in the context of KZN using experienced homoeopaths that are currently practicing. Thus, a detailed view into the method of homoeopathic prescribing using this miasm as well as the remedies that fall under it were covered and patterns and themes were developed.

This study followed a qualitative plan with an exploratory and descriptive design. This study was conducted throughout KZN where a minimum of 12 homoeopathic practitioners were purposefully sampled through the expert purposive sampling method, according to their knowledge and experience on the topic. They were selected based on a set of inclusion criteria. A semi-structured interview was set up and audio-recorded in which a guided conversation took place. The study was voluntary and not of sensitive information and strict confidentiality was followed, thus minimal ethical evaluation was necessary. The data collected was analysed through the Thematic Analysis approach, to observe patterns in the information and to develop a common theme within it. The findings were drawn from themes and discussions. Recommendations and conclusions were made based on the findings.

CHAPTER TWO - LITERATURE REVIEW

2.1 Introduction

This chapter will introduce some of the fundamental principles of homoeopathy that relate to this topic. This chapter explores the relevant literature surrounding the history and types of miasms, with specific focus on the Cancerinic miasm. This will include the perceptions of prominent individuals regarding miasms and their use. This chapter will also look at the basic case taking and prescribing practices used by homoeopathy and how that applies to miasms.

2.2 Homoeopathy

The birth of homoeopathy, "homoios" meaning similar and "pathos" meaning disease, as a science and as a holistic healing therapy came to theory in 1796 by Samuel Hahnemann, a German physician. Through Hahnemann's own experience and practice of the contemporary medicine at the time, which is still used today as the Western medical approach, that he called "allopathy" meaning to use medicine 'opposite' to disease. He found that the means to cure being used was harmful to patients and had no regard toward the mental facility of a patient. This concept together with the writings of Hippocrates who termed the phrase " similia similibus curentur", which translates to, "like cures like", gave rise to fundamental theory of homoeopathy (Sankaran 1992: 1-3) (Resch and Gutmann 1987: 16-19).

Homoeopathy is a natural system of healing which looks at the patient in a holistic manner, taking into account their physical, mental, emotional and spiritual states. This is a system of *individualisation,* meaning that a patient is treated uniquely based on their particular symptoms and personality types being expressed at that time. Homoeopathy is interested in the 'why' of a case in order to find the single root cause of any disease experienced by a person (De Schepper 2001: 5-6).

Hahnemann believed that no disease exists by itself, that it is not separate from the human body. He stated that there is a spirit-like force which embodies every human and brings the material body to life (O'Reilly 1996:65). He called this force the 'life force' or 'vital force'. This vital force is responsible for maintaining harmony and health within the body and without it no

man can exist. When a disease enters the body, it first overcomes the vital force causing disharmony to it, resulting in the expression of symptoms onto the material body as a warning sign that the state of health has been altered and needs to be brought back into balance (Hahnemann 1991: 12-15).

Hahnemann stated that, “The highest ideal of cure is the rapid, gentle, permanent restoration of health” (Hahnemann 1921: Aphorism 2). Homoeopathy uses natural plant, mineral and animal substances that are non-toxic and produce no side effects for all ages. Although there are no side effects, a homoeopathic remedy may cause what is known as an ‘aggravation’ which is a slight worsening of the symptoms temporarily while the vital force overcomes the problem. Homoeopathy values the body’s natural ability to heal itself and helps move the vital force back into a state of homeostasis through the gentle energetic influences of remedies (De Schepper 2001: 8-11).

Homoeopathy follows fundamental principles and laws set in place by Samuel Hahnemann which are still valued and used today. According to De Schepper (2001: 26-39) and Gunavante (1998: 4-13), these are:

Law of similars – The most valued law to homoeopathy is that of ‘like cures like’. This is the principle that a substance can cure in a sick person the symptoms that it produces in a healthy person. De Schepper states that, “The remedy thus produces a stronger disease picture, expelling the similar weaker illness according to Nature’s Law: Two similar diseases cure each other”.

Single remedy – This principle states that only one single substance or remedy is to be given to a patient at a time rather than a complex of remedies. There has been no scientific provings of remedies in combination and so a single remedy prevents a distortion of the disease picture and helps the practitioner observe more clearly how the body is responding.

Infinitesimal dose – Allopathy uses highly potent medicines in order to produce a strong physiological response by the body, however, this often produces equally strong side effects and strain on the body. Hahnemann himself saw this trend and experimented scientifically with dosage until he found that the more diluted a medicine was, the stronger its potency or action was and removed harmful side effects.

2.3 Chronic disease and miasmatic theory

Samuel Hahnemann defined disease into two main categories, namely, acute disease and chronic disease. An acute disease usually has a definite starting point and aetiology. The progression of the acute disease can either end in cure, lead to a chronic disease or end in the death of the person. A chronic disease, according to Hahnemann, is one which does not necessarily have a clear starting point but is more gradual in progression and slowly shifts the vital force out of its healthy state and deteriorates or weakens the person over time and if left untreated will lead to death. Hahnemann divided chronic diseases further into two categories, a 'false' chronic disease, which is a chronic disease that develops from lifestyle disturbances such as stress, diet, environmental and socioeconomic factors, which is often self-inflicted and can be managed through lifestyle advice. The other category of chronic disease is the 'true' form, which is out of our control and is innately deep within us through our hereditary and predisposition to disease. This is what is known as the 'miasm' (O'Reilly 1996: 118-123).

The term miasm was first presented in this way by Hippocrates, meaning an 'effluvia' or polluting substance in the air which in high concentrations will 'pollute' the humans in that area over time. Hahnemann explained that a miasm is a hereditary predisposition or 'defilement' of a human being that has evolved through generations and is activated through different triggering factors. Hahnemann took this expression and used it to explain his understanding of where chronic diseases originate from. Throughout Hahnemann's many years of practice, he became dissatisfied with the outcomes he was seeing in his patients' health because he noticed a pattern of recurring acute diseases in each patient. Hahnemann noticed that even the healthiest and strongest constitutions, which have been healed through the most appropriate remedy, were still having relapses or recurrences of certain symptoms that became more fixed over time and less responsive to the correctly chosen homoeopathic remedy, "Their beginning was promising, the continuation less favourable, the outcome hopeless" (Hahnemann 1991: 22-26).

Hahnemann consequently hypothesized that there must be a deeper, chronic underlying 'dis-ease' or distortion in the patient's vital force that expresses itself through various acute or chronic diseases and cure can only be obtained once all the dominant symptoms have been taken and the best suited remedy has been found for the deepest 'miasmatic' disturbance in the person. Hahnemann states that the original source of any chronic disease leads back to the dynamic miasm that lies at the foundation of all human existence (O'Reilly 1996: 120-123).

A miasm is, ‘An invisible, inimical, dynamic principle which permeates into the system of a living creature, creating a groove or stigma in the constitution which can only be eradicated by a suitable anti-miasmatic treatment. If effective anti-miasmatic treatment does not take place, then the miasm will persist throughout the life of the person and will be transmitted to the next generation’ - Banerjea (2006).

2.4 Significance of miasms

Many homoeopaths and theoretical researchers debate against the use of miasms for prescription methods. Bellavite and Pettigrew (2004: 65) argue that the theory of miasms cannot be used in the medicine practices of today because it is ‘outdated and misleading’ due to the fact that Hahnemann was not aware of our latest understanding of disease and molecular biology as it had not yet been explored. They also discuss how the success of homoeopathy is not based on the miasmatic theory but on the therapeutic methods of treatment such as the totality of symptoms and the law of similars. Whereas, the deeper internal mechanisms (miasm) of the disease are not regarded as important compared to the overall symptomatology and experiences of the patient. Bellavite and Pettigrew (2004: 66) state the importance of doing more research into miasmatic theory and its usefulness today.

Banerjea (2008), explains the value of using miasmatic prescribing. Banerjea states that miasmatic prescribing will open up a case, where there has been suppression, or where there is an overlap of remedy pictures. The use of miasms can also help the homoeopath evaluate the psychic essence and nature of the patient where there are no distinguishing symptoms towards a particular remedy, thus aid to surface those particular symptoms. Banerjea states that the miasm is a major part of the total picture of the patient and thus needs to be considered in order for complete cure to occur. The use of miasms can direct whether the indicated remedy should be changed or remain the same by studying the layers of a case which are exposed through miasmatic treatment. Lastly, Banerjea states that the miasm can help a homoeopath to gain a better understanding of the prognosis of the case because treating with a miasmatic remedy clears suppressions and cures the patient from the original cause and prevents future susceptibilities to those diseases (Banerjea 2008).

2.5 Understanding of miasms

There are many homoeopaths that support Hahnemann’s views of miasms and have verified his theories through their own experiences and understanding.

Trousseau was an allopathic doctor who came up with the concept of a 'Diathesis', which can be explained as being the single root cause of a disease which may be inherited or acquired and produces diseases that are equal in essence, but have varying forms of manifestation in the body (Trousseau 1872:3-4). Ortega believes that all practitioners should search for the 'Causa-Causarum' or the cause of causes that will lead them into understanding humans as a whole. He also states that every physician should have knowledge on the miasm within themselves in order to understand what limits him (Ortega 1980:4-5). Kent explained that no disease can be present without a person behind it, "Everything which exists does so because of something prior to it". He too believes in looking at the true cause of disease that stems back into the person's family and medical history. (Kent 2005: 1-10). De Schepper focuses on pregnancy and believes that a homoeopath should go as far back into the history of a patient as a starting point for their disease and miasmatic background (De Schepper 2008:5). Banerjea explains a miasm as a dynamic energy which deranges the vital force, resulting in disease. They believe that the miasm gains access into the body because of a person's predisposing susceptibility to disease (Banerjea 2006: viii).

Other homoeopaths have developed Hahnemann's theories and adapted them to more modern patterns of understanding.

Sankaran has done extensive work considering the different sensations, themes and patterns of remedies under the miasms. Sankaran (1994: 20,25) classifies a miasm as a type of delusion that stems from previous circumstances in either a person's life or in their parent's life and thus is a direct reaction to that, even in new situations. He states that, "disease is a delusion, awareness is cure". Thus, Sankaran views a miasm as a type of behavioural or learned coping mechanism that a person subconsciously expresses through different mental, emotional or physical diseases. Montfort-Cabello (2004: 88-89) believes in using cellular pathology as a way of explaining miasms. He states that a miasm is a consequence of 'dys-repair' by the cells in the body. Montfort-Cabello studied the three cellular repair mechanisms of apoptosis, proliferation and molecular repair and compared them to the miasms, stating that a miasm is a *reactional mode* of the cells to disease. Mukherji and Julian (1980: 2-14) also explored this idea of cellular pathology in relation to the miasms and added: genetics, immunology, toxicology and biochemistry explanations. Milgrom (2004: 157) introduced the concept of using quantum physics in the explanation of miasms saying that they act like solitary waves and can only be equalled through the use of a similar remedy of the same frequency.

Miasms have been studied further by Degroote (2012: 139), who explores the DNA and genetic origins of miasms through epigenetics. Epigenetics, meaning 'upon genetics' is a new form of science which studies the ability of external influences such as the environment around us to

modify DNA by activating and deactivating certain genes, which then get passed on through generations (Morrish 2014). “A particular microbe may infect a susceptible organism and induce a characteristic and recognizable symptom complex. This in turn may induce epigenetic changes that can be passed on to offspring or which may last for one life-time only. These changes may be observable in the way a person feels or reacts to a basic sensation and may in the greater collective, contribute to changes in the susceptibility of the species itself.” (Morrish 2014).

2.6 Clinical application of homoeopathy

2.6.1 Case taking

Homoeopathic case taking uses much detail in questioning and focuses on combining all the senses to examine a patient. Observation of a patient’s mannerisms, tone, demeanour, interaction and their physical appearance are taken into account (De Schepper 2001:112-120). Each person also has a certain level of susceptibility to various diseases and disease patterns which the homoeopath uses to understand how strong the patient’s vital force is (De Schepper 2001: 112-130).

The main complaint is covered in much detail based on its concomitants or extra symptoms, location on the body, aetiology, modalities (what makes it better or worse), sensation, intensity and time of day of the complaint. The patient’s past medical and family history, together with the patient’s mental and emotional state are also taken into account. This forms a ‘totality’ of symptoms that help the homoeopath find the most suited remedy. (De Schepper 2001: 121-129) (Gunavante 1998: 53-57).

The above approach is a ‘classical’ way of case taking which was developed by Hahnemann and it still being used today by the majority of homoeopaths. Some, however, branched away from this classical approach and created a ‘clinical’ or symptomatic method of case taking which focuses more on the main complaint, uses a shorter period of time and is based more on the physical presentation with limited emotional/mental symptoms (Allen 1990:51-54). Sankaran (2012:17) has added a new perspective into case taking which aims to find the fundamental sensation or feeling that the patient is experiencing on a very deep underlying level, the *essence* of the case.

Miasmatic case taking includes the miasmatic diagnosis of the case which takes into account the entire case taking and associates the most similar miasm to the patient. The totality of

symptoms is taken which includes any PQRS symptoms as well as any keynote symptoms. The essence of the case is also taken which includes the behaviours, psyche and nature of the patient. The remedy which covers the totality of symptoms, essence and miasmatic diagnosis is then prescribed (Banerjea 2008).

2.6.2 Classifying symptoms

The hierarchy of symptoms differs amongst homoeopaths as each individual values certain symptoms over others. However, the classification of symptoms remains the same throughout.

"In the search for a homoeopathically specific remedy… the more *striking, strange, unusual, peculiar* (characteristic) signs and symptoms in the case are especially the ones to which close attention should be given…More general and indefinite symptoms…deserve little attention" (Hahnemann 1921: Aphorism 153).

The main aim of a homoeopath is to differentiate the 'common' symptoms to the 'characteristic' ones. The common symptoms are those that are present in all cases of a disease, for example, having a fever in a bacterial infection. These are regarded as the least important in case taking. The characteristic symptoms are regarded as the most important to a homoeopath as they distinguish the individuality of the patient and aid in finding the most appropriate remedy (Kent 2005: 217-230).

According to Kent (2005: 217-230), the classification of symptoms in order of most important to least important are as follows:

Mentals – The mental and emotional symptoms are regarded as the most important because they represent the fundamental nature of a person. This includes their thoughts, desires, feelings, fears, reactions and understanding of themselves and the world around them.

Peculiar, Queer, Rare and Strange (PQRS) – These symptoms are the most uncommon and distinguish one patient from another. They can present themselves in any aspect of the body or mind and are the very unique and infrequent symptoms that are striking to the physician and stand out amongst the rest.

Keynotes – A keynote symptom is one which points straight to a certain remedy. These are also rare or uncommon but are strongly associated with a particular remedy. This helps the homoeopath to distinguish between different remedies based on their peculiar keynote symptoms.

Generals – A general symptom is one which affects the patient's whole body and may be present in the person's healthy state, however, if they change during disease, then this is considered an important symptom. This includes: Food desires and aversions or aggravations, weather preferences and temperature modalities, time of day, reactions to motion and body positions, sleep, menstruation and sexual desires.

Particulars – A particular symptom is one that relates to a part of the body and not the whole and are regarded as the least important. However, these can be regarded as PQRS and are then seen as valuable. This includes the main complaint the patient is presenting with.

2.6.3 Prescribing

Homoeopathic prescription is based on analysing the case, *repertorizing*, finding the *simillimum* and choosing the correct potency and dosage (*posology*) for the patient.

Repertorizing is the process of taking the most important symptoms in the case and using a specialised book, a Repertory, to find all the remedies that match those particular symptoms. This aids in summarising the remedies to those that fit the case most similarly (De Schepper 2001:169) (Gunavante 1998: 89).

A *simillimum* is the remedy which is most similar to the case. It incorporates the totality of symptoms from the physical, mental and emotional aspects of the patient. The simillimum may not cover every symptom exactly but aims to find the most alike remedy to the patient's diseases picture (De Schepper 2001: 170-180).

Once the remedy is chosen, the homoeopath needs to determine the *posology*, i.e. what potency (strength) of the remedy to give as well as the dosage (frequency) it should be prescribed in. This process is influenced by observing the strength of the vital force of the patient and how well suited the remedy is to the patient (Gunavante 1998: 124-133).

The posology of prescribing is individual for each homoeopath based on their experiences. The homoeopathic posology was introduced by Hahnemann who experimented with the potency and dosage of remedies and brought forth the potencies ranging from the 9CH, 30CH, 200CH to 1M, 10M, 50M and the LM which increase in dilution according to a centesimal scale. This scale is used today by the majority of homoeopaths with different methods of dosage. The remedies can be given 'dry' in the form of granules or powders, or 'wet' in a diluted form, also known as a *plussed potency.* A plussed potency uses a dilution of granules in water and alcohol which is then shaken vigorously (succussed) before each dose is taken orally, in order to

gradually increase the potency strength as to avoid aggravations. Hahnemann stated that dissolved and succussed potencies given at intervals will allow for a rapid cure where the potency of each dose differs slightly from the last (Hahnemann 1921) (Verma 2017).

2.6.4 Types of prescription

There are various methods of prescription used by many homoeopaths based on what they view as the most important factors in achieving complete cure in a patient, such as:

Constitutional prescribing - This is the most common and classical way used by most homoeopaths. A constitution is the basic underlying physical, mental and emotional level of a person. Their 'makeup' that is fundamentally who they are. It can be stated that there is no perfect state of health and so this can be viewed as a person's healthiest original state. Thus, a constitutional remedy is the closest reflection of a person. Throughout life a person may go through traumas and illnesses which add a layer on top of their constitution that will require a different therapeutic remedy to remove that layer. According to De Schepper (2001:151), there are five indications for constitutional prescribing: To *protect in childhood* by strengthening the immune system to ensure a healthy life; by *preventing recurrence of disease* by strengthening the vital force of a patient during a stressful time or a period of epidemic diseases; by *ending treatment* to boost the energy and healthy state of the patient after they have received therapeutic remedies; in *acute diseases* if they match the constitution can help prevent relapse and to *avoid aggravations* as some people are constitutionally more sensitive to certain remedies and potencies.

Acute prescribing - This is based on the *clinical* method of prescribing which aims to treat the case presented by focusing on the main complaint with limited information on the constitution or deeper levels to the patient. This method values the general, keynote and physical symptoms more highly than the mental or emotional symptoms, which are used to confirm the remedy choice rather than base it on. This method can include epidemic prescribing which involves finding a single remedy that has been proven to cure a particular disease and using it in the case of an epidemic outbreak of that disease. (De Schepper 2001: 197-201).

Miasmatic prescribing - "So, the miasmatic force dynamically deranges the vital force and that results in disease. There is always a battle going on inside the body between the vital force and the miasmatic force; in health the vital force wins and in disease, the miasmatic force wins." – Banerjea (2006)

Each miasm has certain indications and characteristics which aid the physician in identifying the miasm in a patient. A miasm creates a predisposition and weakness in an individual, which creates a susceptibility towards certain chronic disease processes. Treatment of the miasm is essential to prevent this process from happening and stops the transfer of miasms genetically and/or sexually. Complete cure, according to Hahnemann and his followers, will not be obtained unless the underlying miasm is also treated. In modern times, we see more of an overlap and mixing of miasms that have been left untreated and thus, get passed on to children that are now presenting with far more complex and advanced diseases much earlier on in life. This is why miasmatic prescribing is seen as a valuable treatment during or even before pregnancy in order to treat the unborn child and remove any predispositions they may be exposed to (De Schepper 2001: 355-362).

Miasmatic prescription is based on the dominant or active miasm of the patient, this is found by looking at: the patient's family history, the patient's personal medical history and their current totality of symptoms. The specific indications for each miasm will be discussed in detail further. The method of treatment used to remove the miasmatic influences is based on the 'nosodes' and 'anti-miasmatic' remedies which are specific remedies that have been associated with each miasm based on their similarities to it (Watson 2004: 48-53).

The cure of miasmatic prescribing is seen through Hering's law of cure. Hering's law states that the progression of cure flows from the innermost part of the body to the outermost part, from above downwards and in the reverse order of occurrence of the disease, meaning that the first appearing symptom should be the last to be removed in cure (De Schepper 2001:40-41). This progression of cure takes time with chronic cases and does not follow a direct course but rather an individualised flow based on the patient's unique constitution and personal medical history. This pathway towards cure takes time when the deepest underlying disease state or miasm is not fully removed through a well-indicated remedy, in this case, the vital force produces new symptoms which guide the practitioner to the next required remedy until all the layers of the case are treated. This is also seen with miasmatic prescription whereby multi-miasmatic states are dealt with one miasm at a time based on the most active miasmatic state seen. Often the treatment of one miasm will result in the expression of a new miasmatic layer which then needs to be removed (Allen 1990: 51-72, 106-108, 137-139) (De Schepper 2001:206).

2.6.5 Nosodes and Anti-miasmatic remedies

A nosode is a type of remedy which is made from the pathological tissues or secretions of either plant, animal or human origins. This crude extract is then diluted to make a homoeopathic remedy, which brings out the therapeutic properties and removes any harmful side effects. The prepared remedy is then proven to understand its full range of therapeutic indications (Joshi and Joshi 2011: 10, 198).

Each miasm is derived and compared to a particular disease that has been prevalent in medical history. A nosode of each of these miasmatic diseases has been proven and is used to treat that particular miasm, however, a nosode has a vast indication of uses and can be used for various acute and chronic diseases. In acute cases, nosodes are often used as a prophylactic remedy to strengthen the vital force. A nosode' s indication is greater in chronic cases, where they can be used: as the simillimum itself; as a prophylactic tool for the side effects of vaccination; when well-selected remedies are unsuccessful; when diseases recur or to treat the underlying miasm that may be blocking the healing process of the case (De Schepper 2001: 319-326).

Anti-miasmatic remedies are leading remedies which fall under a particular miasm based on their similar characteristics. These can be used to treat that specific miasm if it covers the totality presented by the patient or if the active miasm is seen (Watson 2004:50). Remedies are classified under each miasm according to how many characteristics they have in similarity, however, a remedy may have certain characteristics which cover different miasms and therefore, can be used to treat more than one miasm according to what the patient is presenting with (De Schepper 2001:367).

Table 2.1 : The five main miasms with their corresponding nosodes and anti-miasmatic remedies according to Sankaran (1997: 228).

Miasm	**Nosode**	**Anti-miasmatic remedy**
Psoric	Psorinum	Sulphur
Sycotic	Medorrhinum	Thuja occidentale
Syphilitic	Syphilinum	Mercurius solublis
Tuberculinic	Tuberculinum	Phosphoricum
Cancerinic	Carcinosin	Nitricum acidum

2.7 Types of miasms

Hahnemann classified the miasms into acute and chronic. The chronic miasms are further divided into three main types, namely, Psora, Sycosis and Syphilis. These were based on the most prevalent diseases of that time era such as scabies, gonorrhoea and syphilis respectively. The two venereal miasms (Sycosis and Syphilis) were attained sexually and thus passed onto generations through previous sexual exposure. Psora is non-venereal and was obtained mainly through skin contact. Each miasm is closely associated with a particular disease from which it originates, this 'taint' in a person's medical history then gets passed on through generations even if they have not directly been in contact with the disease. There is now a susceptibility or vulnerability in their makeup to this particular disease process rather than the disease itself (Hahnemann 1991: 35). A miasm has been defined as "Innate predispositions to certain predictable patterned disease states derived from vestiges of ancient family illnesses." – Morrell (2000).

A miasm resides in the body in a dormant state, meaning that there are no symptoms of it being expressed and the individual is in a healthy state, usually as a child. However, a miasm can express itself in offspring at any point through a 'triggering factor'. A triggering factor is a major life event that happens to an individual such as: Physical or emotional trauma, chronic medications, vaccination, medical procedures, a serious illness or other equivalent experiences. These factors excite a miasm out of its deeper underlying dormant state into an active state, where it produces the various characteristics and symptoms on a physical, emotional and mental level (Allen 1990: 69-73). Hahnemann noticed through his miasmatic treatment that there were often overlaps between two miasms, known as a 'multi-miasmatic state'. This is a phenomenon that can be seen with all miasms and can be explained by considering the evolutionary progression of disease and genetic influences of diseases (Hahnemann 1991: 149-152).

2.7.1 The Acute miasm

The acute miasm is associated with acute diseases involving bacteria, viruses, fungi and other micro-organisms. Hahnemann describes acute diseases to have a rapid progression with a definite aetiology (Hahnemann 1921: 43). Hahnemann saw acute miasms as flare-ups of the deeper chronic underlying miasm that need to be treated with the correct anti-miasmatic remedy in order to treat the miasm and prevent future recurrences (Hahnemann 1921: 43).

The characteristics of the acute miasm are that of a sudden intense life-threatening danger that the patient finds themselves in. This is often a temporary danger and brings out the 'fight or flight' response of the patient. Either the patient uses a violent effort to combat the external threat or they become paralysed by the shock of it. There is often panic and instinctive behaviour towards the situation. Types of acute disease pathologies include fever, an asthmatic attack, shock and any acute infections which result in this type of experience (Choudhury 1997: 18-19) (Sankaran 2005: 6-13).

2.7.2 The Chronic miasms

2.7.2.1 Psoric miasm

Hahnemann describes Psora or the Psoric miasm as being the 'most ancient, most universal, most destructive, and yet most misapprehended chronic miasmatic disease' (Hahnemann 1991: 35). Psora was firstly expressed as the disease of leprosy, one of the first major diseases that man had to face, which was externally presented and highly contagious through skin contact. Hahnemann stated that through the new understanding of hygiene, Psora no longer expressed itself as leprosy did, but rather in the present form of 'the internal itch', similar to the skin disease of scabies. This is due to the medical advances which would use surgery or local ointments to remove these diseases off the surface of the skin. However, the understanding of miasms is such that all symptoms and external expressions are only a small part of the greater whole, because it is the vital force which first becomes overrun by any disease before it produces symptoms in the physical body. In removing the external symptoms from the skin, the medical physicians were only suppressing the Psoric miasm further and deeper into the body until hardly any external expression was seen but the pruritus (itch) remained, being the leading symptom in this miasm. Hahnemann has classified Psora as being the mother of all other miasms and the basic foundation of all disease in humans and thus is often the last miasm that needs to be treated before complete and permanent cure is obtained (Hahnemann 1991: 31-49).

The central theme of the Psoric miasm is "Hypo-", meaning to lack something. This can be seen on the physical, mental and emotional levels of the Psoric person. According to De Schepper (2001: 367-374) and Allen (1990: 164-277) the common keynotes of this miasm used in prescription are as follows:

On a *physical* level, the Psoric miasm tends to manifest in the skin and respiratory systems of the body. The Psoric person has a poor immune system, this causes a hypersensitivity in the

way they react to their environment. The skin eruption of this patient is extremely itchy, red, dry and dirty-looking. Skin conditions such as scabies, eczema, impetigo and urticaria are common in Psora. The respiratory system is also hypersensitive, producing asthma and hay-fever. The Psoric patient lacks the power of assimilation and as a result has malnutrition and deficiencies.

On a *mental and emotional* level, there is also a lack in strength of character seen. The Psoric patient is timid, lacking confidence and anxious with a sense of despair and hopelessness. Their minds are active, however, they lack energy and endurance and thus can be slow learners. They are highly anxious and have fears about the future, failure, finances, diseases and death. This causes them to overcompensate by working hard, worrying over every detail, hoarding many possessions and frequently checking their health.

2.7.2.2 Sycotic miasm

The Sycotic miasm is closely related to the sexually transmitted diseases of genital warts and gonorrhoea which was known as the 'fig-wart disease' by Hahnemann, that became prevalent during the 1800's. Hahnemann developed this miasm through his observation of the conventional treatment for genital warts, which suppressed the disease internally causing inflammation in the deeper internal organs of the genito-urinary, respiratory and musculoskeletal systems. If supressed further, it could affect the brain resulting in psychosis or insanity. The aetiologies that have been established for the Sycotic miasm are: a family history of gonorrhoea, tumours, asthma, arthritis, any form of suppressive treatment such as antibiotics, vaccines, contraceptive pills and steroids as well as certain lifestyle choices such as alcoholism and unsafe sex (Hahnemann 1991: 149-152) (De Schepper 2001: 376-395).

The central theme of the Sycotic miasm is "hyper-" or *excess* on physical, mental and emotional levels. Key words such as hyper-proliferation, incoordination, hyperactivity and impulsivity can be used to describe this miasm. According to De Schepper (2001: 380-395) and Allen (1990: 13-30) the common keynotes of this miasm used in prescription are as follows:

The *physical* manifestation of the Sycotic miasm shows chronic inflammatory patterns which are centred around the genito-urinary tract, causing pelvic inflammatory diseases, chronic discharges and at a further stage there is development of growths such as abscesses, cysts, polyps and warts. This can lead to fertility issues and even cancer. The skin manifests itself with warts, moles, acne, herpes, psoriasis and fungal infections. The joints are also targeted with signs of rheumatism and gout.

On a *mental* and *emotional* level, the Sycotic person has realised that they are innately weak inside, to deal with this weakness they would rather hide it and promote an over-exaggerated idea of themselves. The Sycotic person is thrill-seeking with an impulsiveness: the 'live fast, die young' type of mannerism. They will find this from gambling, sex and partying to fast cars. However, this can become excessive through criminal activity, paedophilia, nymphomania as well as drugs and alcoholism. There is anxiety in the Sycotic patient which causes their restlessness, guilt and paranoia.

2.7.2.3 Syphilitic miasm

The Syphilitic miasm is based off the disease of syphilis which became prevalent in Europe in the 16th century, although its origins are still unknown. The medical doctors of the time used mercury in external applications to remove the superficial skin chancre seen in the primary stage, however, this only supressed the disease deeper and into a more advanced stage in the body. This crude use of mercury as treatment also caused much destruction of tissues and even death in its patients. Hahnemann was able to successfully treat syphilis in the 19th century with homoeopathic dilutions of mercury which prevented the progression of syphilis to its secondary and tertiary stages. The aetiologies of the Syphilitic miasm are a family history of syphilis, early death, mental diseases, deformity and alcoholism with a past medical history of syphilis, neonatal death during pregnancy and trauma or abuse (De Schepper 2001: 397-400) (Hahnemann 1991: 153-166).

The central theme of the Syphilitic miasm is 'dys-' meaning abnormality. Keywords such as dystrophy, dysplasia, deformity, perversion and destruction are used to describe this miasm. According to De Schepper (2001: 400-410) and Choudhury (1997: 36-52) the common keynotes of this miasm used in prescription are as follows:

The *physical* manifestations of the Syphilitic miasm tend to focus around the mucous membranes, bones and nervous system. The Syphilitic patient is faced with serious and chronic diseases where their body responds through destruction or deformity. This can be seen in the mucous membranes through ulceration, haemorrhaging and necrosis. The bones can form caries or osteosarcoma. Infants are born with abnormal or missing organs, teeth deformities, cleft palate or mental retardation. In the nervous system there may be paralysis, autoimmune diseases, dementia and senility.

On a *mental* and *emotional* level, the Syphilitic patient is very aggressive and violent. The psychological family history of the Syphilitic miasm shows depression, bipolar disorder, schizophrenia as well as addictions. The Syphilitic person will commit violent acts towards

themselves or towards others, which is done in a cold-blooded and emotionless manner. They have a malicious and cruel nature that leads to criminal behaviour with suicidal and homicidal tendencies. They can also show perverted sexual behaviours.

Figure 2.1 below shows a timeline of the major diseases in history which resulted in the development of the chronic miasms. As mentioned, each miasm is derived from a particular disease which was prevalent in history and had a major impact on humans. The diseases in figure 2.1 correspond with the chronic miasms such as Psora, Cancerinic, Typhoid, Syphilitic, Sycotic, Malarial, Tubercular and HIV/AIDS respectively.

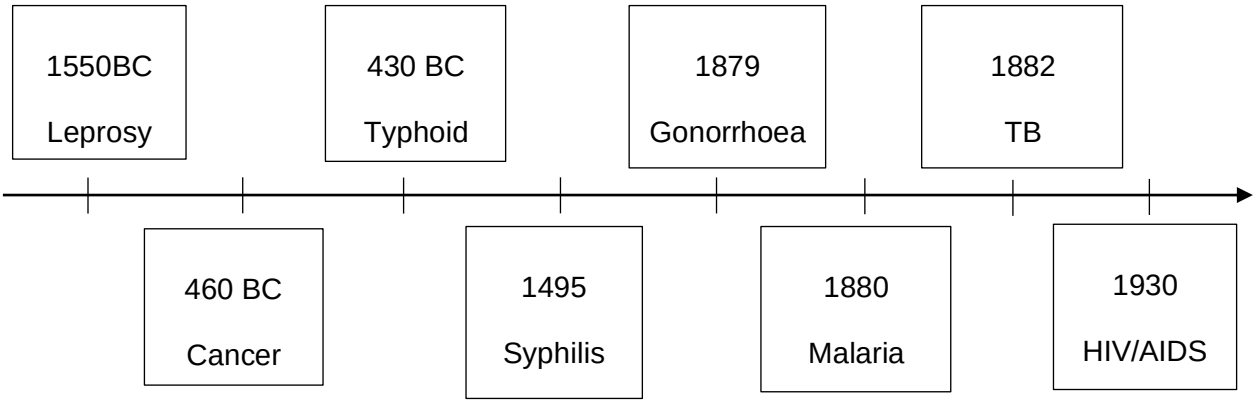

Figure 2.1 Timeline of the appearances of diseases in history that correspond to the miasms according to History.com Editors (2019).

2.7.3 The Modern miasms

From the three fundamental chronic miasms, modern homoeopaths such as Sankaran and Foubister have added new miasms after Hahnemann from their examination and knowledge of current prevalent diseases. Sankaran (1994: 36-52) believes that the three main chronic miasms form a map of diseases and in order to understand them better, he studied different infectious diseases such as leprosy, typhoid, ringworm and malaria and added them to the scope of miasms by finding where they fit according to Hahnemann's main three miasms. Foubister (1967) added the Cancerinic miasm with the remedy proving of Carcinosin based on the disease of cancer.

2.7.3.1 Tubercular miasm

Hahnemann regarded the Tubercular miasm as a combination of Psora and Syphilis. It is often referred to as “pseudo-psora” because it presents itself as Psora, however, it has the destructive progression of Syphilis. TB became a prevalent disease in the 19th century but was referred to as ‘consumption’ or the ‘wasting disease’ with no understanding of its origins. The miasm itself became more dominant after the discovery of the bacterium and the introduction of treatment protocols which supressed the disease into the latent miasm form (De Schepper 2001: 413-414).

The common theme expressed in this miasm revolves around being “stuck”, dissatisfied and trapped with a restlessness to change their situation. This theme can be seen in their *physical* manifestations where they show much activity with a high metabolism, however, they lack stamina as in Psora and thus tire easily and become frail. This presents as hyperthyroidism, anaemia, emaciation and fever. There is poor healing which leads to chronic inflammation and a weakened immune system. Diseases involving micro-organisms tend to affect them along with autoimmune, allergic and respiratory diseases as the chest is naturally weakened as a trait of the deeper TB history. On a *mental* and *emotional* level, the Tubercular patient is highly intelligent with great insight and ideas, however, they tire easily and so do not complete their tasks. Music, art and travelling is something the Tubercular patient loves to do because of their need for changeability. This stems from their dissatisfaction with their life or a situation, which causes a restlessness. The down side of their discontentment is the feeling of being stuck that causes them to be highly impatient to a point of frustration and anger, the Syphilitic side. (De Schepper 2001: 414-416) (Choudhury 1997: 83-99).

2.7.3.2 Typhoid miasm

The Typhoid miasm is characterised as being ‘sub-Acute’ because of its rapid, intense life-threatening aetiology as with the disease of typhoid fever. The patient reacts to this situation with all of their energy and through any effort necessary in order to gain recovery and feel safe again. This results in them being highly industrious, impatient, violent and risk-taking but can leave them in a collapsed energy state of burn out. Aetiologies of this miasm include: loss, business failure, any life threatening disease or crisis, Crohn’s disease and psychological collapse (Sankaran 2005: 2-13).

2.7.3.3 Malarial miasm

The Malarial miasm falls between the Acute and Sycotic miasms because it follows the same periodicity of malaria itself, with moments of recovery before the next acute attack hits. This results in the Malarial patient feeling hopeless, discontent and stuck in their situation where they have outbursts of anger. The reaction they have to this is acceptance, however, they tend to day dream of changing their situation yet lack the will-power to do so. The aetiologies of this miasm follow the same periodic nature, such as: migraines, rheumatism, recurring allergies, haemorrhoids, intermittent fever and worms (Sankaran 2005:2-13).

2.7.3.4 Ringworm miasm

The Ringworm miasm falls between the Psoric and Sycotic miasms. It is characterised like the disease of ringworm or tinea as an irritation, a chronic struggle although it is not fatal to the person. The Ringworm miasm patient has the feeling of a chronic struggle where they alternate between having hope to overcome the situation or accepting their fate and resigning. They often feel inadequate and doubt their capabilities. The aetiologies of this miasm are: tinea, herpes and acne. Thus, recurring non-fatal diseases (Sankaran 2005:2-13).

2.7.3.5 Leprosy miasm

The Leprosy miasm falls near the Syphilitic miasm because of the destructive and oppressive disease process of the leprosy disease. Leprosy was considered as a disgusting and dirty disease which made society isolate and banish the lepers of the time. The Leprosy miasm patient has the same feeling of being dirty and an outcast. This can be expressed as them isolating themselves because of their own internal self-contempt. This can lead them to become suicidal or even homicidal in their despair. The aetiologies of this miasm are: depression, obesity and suicidal thoughts (Sankaran 2005: 2-13).

2.7.3.6 AIDS miasm

HIV/AIDS is a highly prevalent viral disease of the 20th and 21st century which causes much destruction in the body. The disease was studied in detail leading to the development of the AIDS miasm by Fraser (2002). The AIDS miasm is understood to be derived from the suppression of syphilis, which decreases the immunity allowing the AIDS disease to take over the system. The Tubercular miasm also has a close connection to the AIDS miasm due to the similarity of symptoms and because the two diseases often occur in combination because of

the lowered immunity. Fraser (2002) compares the breakdown of boundaries in the AIDS miasm to the Electronic Age that the world is currently in. The keywords used for this miasm are disconnection, indifference, isolation, vulnerability and lack of confidence. The AIDS miasm patient has a passivity in accepting their fate, however, they are able to withstand much suffering. The Syphilitic side of the miasm can be seen in their self-hatred, self-destructive thoughts, anger, hopelessness and a refusal to eat which leads to a wasting away and loss of will to live (Pitt 2015).

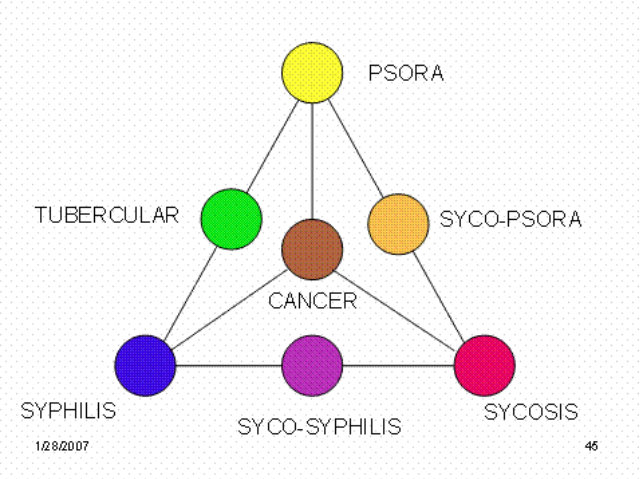

Figure 2.2 Graph representing the miasmatic relationships according to Bentley and Barton (2007).

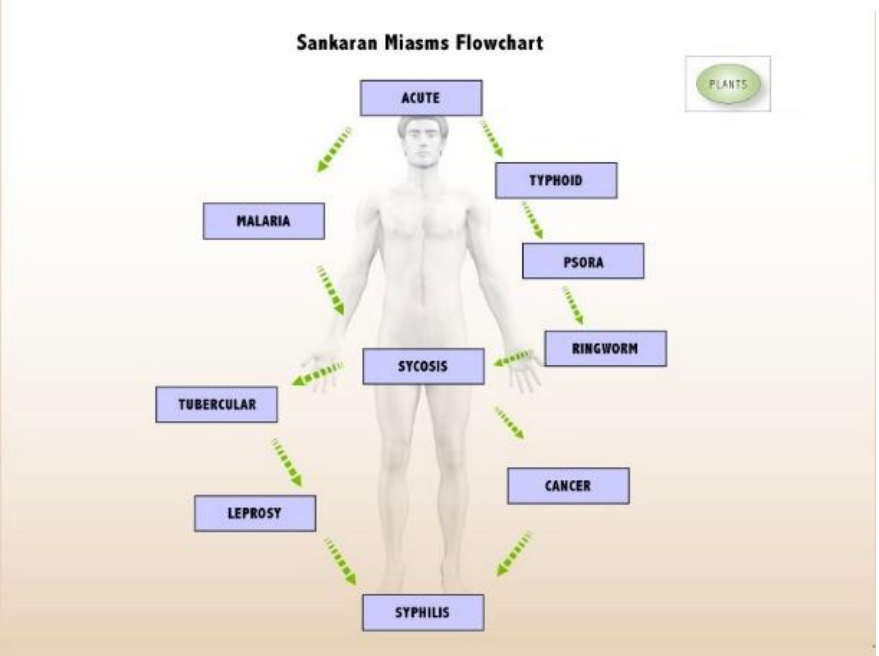

Figure 2.3 Graph representing the miasmatic relationships according to Sankaran (2005:6).

2.8 Cancer

The Cancerinic miasm is derived from the disease of cancer, although this is the miasms main association, it is not the only disease it covers. The miasm also includes autoimmune disease, diabetes, TB, glandular fever, chronic fatigue syndrome (CFS), recurring flu and inflammatory diseases (Choudhury 1997: 119). In the same sense, not every patient with cancer falls under the Cancerinic miasm, this depends on the nature of the cancer and their personal disease histories. As seen in figure 2.1, cancer was first termed by Hippocrates in 460 BC, however, it was found in existence as early as 28 BC in Egyptian fossils. Regardless of this, it is still the second leading cause of death globally to this day in spite of modern medicine and technological advances (World Health Organisation 2019).

The disease process of cancer itself needs to first be observed and understood before the characteristics are related to the Cancerinic miasm picture as a whole.

Cancer is a form of neoplastic disease which involves the multiplication of abnormal cells, resulting in the growth of malignant neoplasms that infiltrate surrounding tissues, causing destruction and degeneration, often with metastases (Goswami 1999: 63-67). The factors that are associated with an increased risk of developing cancer are genetics; old age; certain viruses such as Human Papilloma virus (HPV) or Epstein Barr virus and lifestyle choices including diet, alcohol consumption and smoking. Another risk factor is the exposure to carcinogens, which may be found in foods, certain pharmaceutical drugs, occupational exposure to radiation and other harmful chemicals (Choudhury 1997: 112) (Goswami 1999: 105-180). A cancer cell will differ vastly from its original tissue because of its rapid division, which limits the level of maturity each cell can reach resulting in a collection of immature cells in one area. The cancer cells grow and divide at such a rate as to invade surrounding tissues in a spider-like fashion and cause much destruction and dissemination through the body (Rippey 1994: 217-226).

Orthodox medicine views cancer as a regional or local disease which grows and spreads throughout the body and thus treatment is aimed at the prevention of spread by using aggressive measures to remove the original local cancer. Homoeopathy views cancer as disharmony of the vital force in a generalised manner before producing external local symptoms in the body. Something as prevalent and deep-acting as cancer has a miasmatic influence stemming from hereditary and personal medical history which allows this disharmony to occur in the body. Therefore, homoeopathy aims to remove the original disruption of the vital force, by aiding it through homoeopathic remedies to restore the balance of health once again

(Schuett 2010). Schuett (2010) states that, "…cancer is not a local disease but a localized expression of the dynamic disease that encompasses the whole subject."

2.9 The Cancerinic miasm

The Cancerinic miasm is a multi-miasmatic miasm, having a combination of two or more of the chronic miasms. According to Sankaran (1994:39) and his followers, the Cancerinic miasm is a combination of the Sycotic and Syphilitic miasms as seen in figure 2.3. Bentley and Barton (2007), on the other hand, see the Cancerinic miasm as a combination of all three of the fundamental miasms: Psora, Sycosis and Syphilis as seen in figure 2.2. Homoeopaths such as De Schepper (2001: 417) believe that it is a combination of four miasms including the Tubercular miasm with the three fundamental miasms. Regardless of these differing views, the essential characteristics and theme of the miasm remains the same and the belief is that if any combination of these four miasms are supressed enough, it will result in the Cancerinic miasm and possible cancer formation (De Schepper 2001:418).

The history of the Cancerinic miasm stems from the proving of Carcinosin, also referred to as Carcinosinum, the nosode remedy made from the carcinoma of a breast tissue, by Templeton in 1952-1953 (Templeton 1954: 108). Templeton's proving of Carcinosin had a total of 9 provers and 8 control patients, from this, the main indications of Carcinosin found were: Mental dullness with a right-sided frontal headache, disturbed sleep and constipation (Raeside 1962). This proving of Carcinosin was further established by Foubister (1967) through his clinical observations, as well as his own self-proving of the remedy that is now used today as the main indications of the remedy. Foubister (1967: 181), worked at the Royal London Homoeopathic Hospital where he observed two unrelated cases of children born to mothers who suffered with breast cancer during their pregnancies and noticed a similarity in their appearances. This lead Foubister (1967: 181) to consider the link between a strong family history of cancer for the indication of Carcinosin and he began to observe and note the cases of 200 children that had been given Carcinosin for treatment. This, together with Foubister's self-proving is what has led to the Carcinosin remedy picture and Cancerinic miasm that is used to this day. The main indications that Foubister (1967: 180-185) added to the Carcinosin picture were: A family history of cancer, TB, diabetes or pernicious anaemia; the patient's/children's appearance of blue sclera, *café au lait* spots and many moles; insomnia; children who sleep in the knee-elbow position; a patient that has either an amelioration or aggravation of symptoms when at the seaside; a craving (desire) or aversion (dislike) for salt, milk, eggs, fruit and fatty foods and if well-selected remedies fail to achieve the desired result in the case.

When understanding the Cancerinic miasm at a deeper, thematic, mental and emotional level, there needs to be a comparison and relation back to the disease of cancer itself. Many homoeopaths have studied Foubister's proving further and through their own experiences, have added some essential themes and characteristics which indicate the Cancerinic miasm. Those are:

Suppression - One of the major factors of the Cancerinic miasm is suppression on all levels. The suppression of two or more active miasms can create the Cancerinic miasm as discussed, but suppression on a mental, emotional or physical level can also cause the miasm to develop. Cancer as a disease has a suppressive nature on a person because it overrides their own intrinsic cellular mechanisms and even their own DNA. Suppression can only occur when there is a weakness within to allow such a dominating force to take over. This weakness is observed in the human cell that has thin membranes as boundaries to the external harmful influences that can take over the cell and cause its destruction (Smits 2008: 55-56). The same fragile boundaries are seen in the Cancerinic person who feel innately weak inside and consequently allow external influences to affect them and dominate their character. These influences can be dominating parents, oppressive working environments or abusive and dominating relationships with friends or romantic partners (Watson 2004: 80-82). The medical treatment for cancer includes chemotherapy and radiation which also has a suppressive quality on the body by destroying harmful as well as healthy cells. These treatments also have an impact on the immunity and quality of life of a cancer patient. The same concept applies to vaccination and antibiotics at very young ages which challenge the child's own defence system and indirectly makes the vital force believe that it is too weak to fight these diseases without the help of external therapies. This weakness is seen in the personality of the Cancerinic person who has to rely on others for support rather than on their own strength (Smits 2008: 55-57). Hearing the news of cancer has been perceived to have a greater impact on a patient than the actual disease itself, because there is the understanding that there is no hope when cancer takes over and a fear of death sinks in, which creates a totally suppressed state in response to the dominating disease (De Schepper 2001: 431).

Individuation – This is 'the process of becoming a whole human being, a whole person in your own right' (Watson 2009: 79). According to Maharaj (2017), the suppression in the Cancerinic miasm leads to a lack of reactivity by the patient because of their innate weakness. They are thus unable to set boundaries and have their own sense of self-confidence or self-identity, which leads to an issue of individuation. Cancer cells vary greatly from the cells of their original tissue because of their rapid division and growth and so do not fully mature into their own functioning cell type (Goswami 1999: 82-87). We observe this trait in the Cancerinic person

because they have a lack of identity within themselves, therefore, find difficulty in setting boundaries between who they are and what everyone around them wants them to be. This again shows an association to the suppressive backgrounds that a Cancerinic person has faced, which results in their people-pleasing attitude and conformity to dominating influences. They do this in order to comply with the wishes and opinions of others, rather than cause any upset. One of the biggest suppressive influences at present is that of our society. The pressures that are faced due to societal conformity are causing this 'Cancerinic' state of behaviour, whether it be from immediate family and friends or from the community and world as a whole. The Cancerinic person will always conform to the needs and rule of others before their own and this comes from a place of poor self-esteem. There is a feeling of guilt in putting their own needs above others and so they acquire a subservient behaviour of helping others out of duty, obedience or sympathy. However, this does not come from a healthy and open place and leaves the Cancerinic person feeling resentful and overwhelmed. This attitude can be seen in healthcare workers who continuously care for and serve the needs of their patients whilst neglecting their own health and needs. The lack of reactivity and issue of setting boundaries can be seen on a physical level, where there is poor defence against disease, leading to a weak immune system and a vital force that is unable to react appropriately to any disease it faces. The immune system of the Cancerinic person is either over or under-reactive leading to diseases that have a tendency to recur with poor convalescence (Watson 2009: 77-84) (De Schepper 2001: 419).

Perfection – According to Maharaj (2017), the suppression and lack of reactivity together with the issue of individuality leads to the compensation of the Cancerinic person of trying to achieve perfection through control. The uncontrolled and chaotic state of cell division of cancer that the body's immune system is unable to fight, is the same feeling that the Cancerinic person feels inside. In order to gain control over any difficult situation they are faced with, the Cancerinic person needs to create order and perfection through the chaos. They do this by putting a 'superhuman' effort into the task at hand even if it is beyond their capacity. This causes the Cancerinic person to be highly fastidious, set unrealistic goals to reach and push themselves in a desperate struggle to meet the demands placed onto them. This can occur when parents put unnecessary pressure on their children to perform to their best ability in school or sports, having a demanding job or a dominating relationship, where there are constant demands placed on someone who has to use all their strength and energy to gain control. The result of this type of behaviour on a daily basis is fatigue, mental dullness, overwork and burn out (Sankaran 2005: 10-11).

Therefore, we can see the influence of each miasm in the Cancerinic miasm. Psora is the mother of all chronic miasms according to Hahnemann (1991: 35), therefore cancer would not have developed without the Psoric miasm tainting the human race. Sycosis gives the Cancerinic miasm the overgrowth and excess as seen in the rapidly dividing cancer cells and tumour formation. The Sycotic miasm also brings out the emotional guilt and needing to hide their inner feelings by suppression into the Cancerinic miasm. Syphilis conveys in the destructive side of the Cancerinic miasm as with the very invasive and destructive disease of cancer. The Syphilitic miasm expresses the extreme side of the Cancerinic miasm where there is a loss of hope in a desperate struggle that is beyond their capacity, resulting in their burn out and self-destruction (Sankaran 2005: 6-11). According to Watson (2009: 90), the Tubercular miasm fuels the Cancerinic miasm, that where there is suppression of the Tubercular miasm and its creative energetic activity, there will be the development of the Cancerinic miasm. The Tubercular miasm also has an oppressed and stuck feeling with a desperate desire to change or escape their situation, which can be seen in the Cancerinic miasms suppressed states (Sankaran 2005: 6-11).

In summary, the main aetiologies that contribute to the Cancerinic miasm according to Choudhury (1997: 118-119) and Foubister (1967: 183-184) are:

1. A family history of cancer, diabetes, TB or pernicious anaemia
2. A past medical history of glandular fever, insomnia, cancer, recurring infectious diseases, chronic fatigue syndrome or autoimmune disease.
3. A childhood history of recurring acute infections, whooping cough and insomnia, no fever production in infection, either no childhood illnesses or receiving childhood illnesses as an adult or receiving adult diseases in a child,
4. When well-selected remedies do not help or fail to act.
5. Any form of suppression such as suppressive treatments or a background of suppressive relationships with family, friends, work or romantic partners.
6. The personality traits of perfectionism, overachieving, submission, sacrifice and issues with individuation.

The keywords described by Sankaran (2005: 7) for the Cancerinic miasm are: Control, perfection, fastidious, beyond one’s capacity, superhuman, cancer, chaos, expectation, order, loss of control and self-control.

2.10 Carcinosin

Carcinosin, is the nosode remedy of the Cancerinic miasm that is made from the carcinoma of a breast tissue into a homoeopathic remedy, thus removing the harmful effects of the tissue itself and bringing out the therapeutic energetic properties used to treat a variety of illnesses. This form of Carcinosin is the most widely used, however, homoeopaths such as Smits (2008: 54) use a version of Carcinosin, 15T (Tumour) Carcinosin, which is made out of 15 different tumours from various tissues (Stomach, bowel, colon, ovary, uterus, mammae, lung), thus a more universal form of the remedy which has a more general and essential understanding of Carcinosin than the single tumour remedy. Another combination remedy of Carcinosin is the 58T Carcinosin, which contains extractions from 58 different tumours in the body ranging from the connective tissues, skin and glands to the various cancers found in each system of the body (Homeopathy for Women 2005-2020). Singular Carcinosin sources beyond the breast cancer, such as stomach cancer (Carcinosin adeno stom) still require further studies and provings to gather the specific indications of each. For the purposes of this research, a combination of all the relevant literature has been studied and added to the Carcinosin remedy picture to gain a fuller understanding of the remedy as a whole.

Carcinosin may be used when the active Cancerinic miasm needs to be treated, as a constitutional remedy for the patient or where the simillimum picture is of Carcinosin itself. There has been debate amongst homoeopaths regarding the use of this remedy for cancer patients themselves and whether it is fully safe because of its cancerous origins, even Foubister himself was unsure of this aspect. On the other hand, clinical experience using Carcinosin in cancer patients, when it is properly indicated, has shown great success in the palliation and prognosis for the patient but not necessarily in curing the cancer (Solvey 1975: 7).

The main themes and characteristics of Carcinosin are used in the indications of the Cancerinic miasm which are suppression, individuation and perfection. The indications of the Carcinosin remedy on a mental/emotional, general and physical level have been combined from Foubister (1995: 34-42), Vithoulkas (2008: 1628-1655) and Smits (2008: 53-62) and are presented as follows:

2.10.1 The mental and emotional symptoms

The picture of Carcinosin has both positive and negative sides to it. The positive side of the Carcinosin person comes from their artistic nature, which shows the Tubercular aspect of the

Cancerinic miasm, where there is a love for music and dancing because of their strong sense of rhythm. They also enjoy reading from an early age, especially adventure books because of their love for travelling and seeing beautiful sceneries. The Carcinosin patient also has a love for animals and nature, they especially enjoy observing thunderstorms. This love for art and beauty is reflected in their neat and well-groomed appearance and dressing style. The Carcinosin patient is a hard worker because they are able to persevere and set high standards of achievement on themselves. This workaholic behaviour, together with their ability to create order and perfection through chaos, makes them great at organising and are seen as highly useful in a workplace.

However, the Cancerinic *perfection* theme expresses itself where the Carcinosin patient does not have proper boundaries set in place and so take on more work and responsibility than they are capable of handling. As Sankaran (1994: 40) states, a 'superhuman effort to survive', where they become highly fastidious and place a lot of attention to detail. They feel anticipation anxiety and so strive to be on time. They fear failure and disapproval and so over-extend themselves to achieve well and be faultless, which is one of the negative sides of the remedy picture. In order to maintain perfection, the Carcinosin patient strives to control every aspect of their lives, to create order and stability because, like the cancer cells, they feel an incoordination and chaos inside of them due to their fundamental weakness and poor self-esteem. If a Carcinosin patient loses this control and order, they feel much anxiety and so put in a 'superhuman' effort beyond their capacity to create perfection and gain control again. They have a tendency to suppress their artistic side because of their excessive sense of duty and responsibility to work and those around them, which results in a need to escape to do the things that they love through nature, reading or dance and this can even be expressed through their vivid dreams. The Carcinosin patient is very industrious, they thrive and feel better mentally and physically when they are busy and feel guilty for taking rests. This type of overworking behaviour leads to a total *lack of reactivity* as expressed in the Cancerinic themes with burnout and exhaustion of the Carcinosin patient, causing them to become apathetic, have an aversion to work, lose concentration and have mental dullness. Their lack of reactivity expresses itself on a physical level through their inability to produce a fever due to their weakened and suppressed immune system.

The Carcinosin patient also has the positive attributes of being very caring, amiable and sympathetic which makes them very good listeners and healthcare workers, however, this can also become a problem if they are overly sympathetic towards others, where they feel their anxiety and pain and take their problems onto themselves. The Carcinosin patient gets affected easily by 'horrible things' such as cruelty, murder or any suffering shown on the media or read

somewhere, especially cruelty to animals which is due to their sympathetic and sensitive nature. This is also seen in their fear of the supernatural world of ghosts and the great unknown, fear of disease especially cancer, fear of high places and crowds as well as fear of snakes and spiders.

They are also highly sensitive to criticism or reprimand, due to their poor self-esteem and self-confidence and therefore take offence easily. This is associated with the Cancerinic theme of *individuation*, where they put the needs of others above their own and are unable to refuse anything out of their desire to please everybody and thus get their boundaries taken advantage of. In relationships, the cancerinic patient can easily become involved in a co-dependant relationship with a dominating partner but they have a strong sense of duty to their partners and feel strongly and passionately, so will become attached and loyal to their partners and do everything to receive their love and affection.

(Foubister 1995: 34-42) (Vithoulkas 2008: 1628-1655) (Smits 2008: 53-62).

2.10.2 The Carcinosin child

Besides the description of the 'typical' appearance made by Foubister (1967: 184). The Carcinosin child picture has the same feelings of inner weakness and lack of self-confidence. They are sometimes early developers in learning to walk, talk and go to the toilet. The word precocity has been used to describe them because they seem and act older than they are and they tend to take on responsibility at a young age. Another type of Carcinosin child may be very late in developing where there are issues with mental development as in Down's Syndrome (Vithoulkas 2008: 1643-1645). The Carcinosin child becomes perfectionistic in what they do as well as how they appear in that they are always tidy and will clean their rooms regularly and make sure everything is very neat. They have the same desires to read and dance and be in nature with animals with the same fears expressed in the Carcinosin picture. They are very kind and friendly children due to their need to please everyone, especially their parents because of their need for approval and love (Smits 2008: 67).

According to Smits (2008: 59), the 'father principle' is a big factor in the Carcinosin child picture. The father symbolises confidence and teaches a child where their position in society is and what their possibilities are. The role of the father is to encourage their children to uncover their capabilities, however, if the father figure is too harsh and criticizing of their child and forces them to work hard or they will get punished or be disapproved of, this results in the child pushing themselves to meet the expectations of the father in order to win his approval and

love. This doesn't help their self-esteem and brings out their fear of failure and reprimand which carries through to adulthood. This suppressive treatment can come from any authority figure in the child's life, such as any family member, a teacher or coach. An important keynote of the remedy is the sleeplessness that the patient has which is also seen in children who need their parent around or a book to read in order to sleep and even once they are asleep, become very restless with jerking and can awaken from a fright. There may also be bedwetting and nightmares experienced by the Carcinosin child and they sleep in the particular positions as mentioned before.

The Carcinosin child also has poor boundaries and are very sensitive which can lead to being bullied and teased by other kids, where they are unable to defend themselves and take it very badly, which is another reason why they become people-pleasers to avoid conflict. Their immune system is also weak with a lack of reactivity producing no fevers, having chronic recurring infections which show poor convalescence and they do not contract the normal childhood diseases. They do tend to contract quite serious inflammatory conditions early on which are unusual in a child and they have a tendency to bite their nails and the skin around them (Smits 2008: 67-68).

2.10.3 General symptoms

The general symptoms affecting the Cancerinic patient associated with food are either a desire or aversion to salt, milk, eggs, meat fat and fruit. They desire chocolate, butter, cold drinks, ham, raw potatoes, spices, smoked food, sugar and sweets. With regard to the weather and the environment, they can either feel better or worse at the seaside, worse in hot or cold weather and better during a storm. The general indications for sleep is that there is often insomnia with restless sleep from an overactive mind and they can experience vivid dreams. The children sleep in a knee-to-elbow position or with their arms raised above their heads. They also feel better after a short nap. There is an alternation of symptoms that move from one side of the body to the other with a changeability of symptoms. They have a periodicity of symptoms that feel worse between 1pm and 6 pm. The sensations felt by the Cancerinic patient are tight, throbbing, constricting and they experience much twitching and tics of their muscles. There are also side effects of vaccination and suppressive treatments like antibiotics (Foubister 1995: 34-42) (Vithoulkas 2008: 1628-1655) (Smits 2008: 53-62).

2.10.4 Physical symptoms

The appearance of the general Cancerinic patient as described by Foubister (1967: 184) are based on the children with pale complexions, numerous moles, blue sclera and *café au lait* spots on the body.

The main physical indications of Carcinosin from head to toe are: Vertigo with a fear of high places, a throbbing right-sided headache with a constricting feeling and a heaviness above the eyes making it a useful remedy in migraines. Blue sclera with twitching of the eyelids and facial tics, aching behind the right eye and inflammation of the right earlobe with tinnitus. They also have a feeling of a lump in the throat which is better for cold drinks, ulcers in the mouth and painful gums. They can also experience chronic hay fever with a chronic runny nose and recurring colds. There can be eruptions on the face such as acne, herpes, freckles, moles or a brown discolouration. There is a tendency to produce boils, warts and molluscum contagiosum as well as eczema, which they scratch until it bleeds.

In their *respiratory* system they experience asthma which is better or worse at the seaside, a tickling cough which is worse when undressing and talking, chronic tonsillitis and recurring infections of the respiratory tract such as whooping cough and pneumonia, especially in infants and young children. The Cancerinic patient experiences violent cardiac palpitations with a constricting and oppressive feeling in the chest. There may be cancer of the breast or chronic mastitis with inflamed axillary glands

In their *digestive system*, they feel anxiety in their stomach and have a tendency to indigestion, although there is a strong appetite. There is a tendency for vomiting especially from chemotherapy and cancer. Pain in the abdomen has a constricting and cramping sensation which is ameliorated by bending over and applying pressure. There is a tendency for constipation with inactivity, worm infestations in children and chronic urinary infections in adults. The female Cancerinic patient is disposed to extreme dysmenorrhea with a painful lower back extending to the thighs, swelling of the breasts before menstruation, tumours of the uterus, ovarian cysts especially on the right side and endometriosis. Males may produce growths on their genitalia and have impotency, however, the indications in the male system are not strong in Carcinosin.

In their *extremities*, the Cancerinic patient has cold hands and feet with Raynaud's syndrome, twitching of the muscles with a cramping and aching sensation, sciatica, arthritis, osteoporosis as well as varicose veins of the legs. There is a tendency of Cancerinic patients to bite their nails and the skin around their nails

Other clinical indications of Carcinosin include: cancer, tumours, mental retardation as in Down's Syndrome, facial palsy, hepatitis, mononucleosis, varicose veins, insomnia, allergies, anaemia, autoimmune disorders, chronic fatigue syndrome (CFS), travel sickness, adenitis, coeliac disease, diabetes, Guillain-Barre syndrome, haemorrhages, inflammatory diseases, psoriasis, TB and grief (Micklem 1998: 15-39).

(Foubister 1995: 34-42) (Vithoulkas 2008: 1628-1655) (Smits 2008: 53-62).

2.10.5 Treatment with Carcinosin

Smits (2008: 61), studied cases of Carcinosin he experienced in practice and noted what patients expressed to him before and after the treatment, showing the change in behaviour as well as change in a pattern or thinking process.

Table 2.2 The expressions of patients receiving Carcinosin before and after treatment according to Smits (2008: 61).

Before treatment	After treatment
I feel less worthy than others.	I feel that I am someone
I cannot say no out of guilt so I accept everything.	I can say no and defend myself without guilt and take time for myself
My father said I'm not capable	I am more confident in myself
I agree with everybody to avoid conflict	I feel more clearly what is mine and what is theirs

2.11 Nitricum acidum

As mentioned in table 2.1, the main anti-miasmatic remedy used for the Cancerinic miasm according to Sankaran (1997: 228) is Nitricum acidum (Nit ac) because it also shows characteristics of the Sycotic and Syphilitic miasms.

Nit ac has a theme of ‘threat’, where there is a constant feeling that there is some form of danger or threat against them from their work, health or relationships. This threat that they perceive turns into a chronic desperate struggle which requires all of their energy to overcome. The Nit ac patient puts in a lot of effort to fight this threat which we can see as a Cancerinic trait, however, this effort often makes them very angry and malicious in Nit ac. Examples of threats can be a long court case from their work, a divorce or a battle against a chronic disease such as cancer. There is complete exhaustion and collapse seen in this patient after much activity. Nit ac has a lot of anxiety and fears surrounding their health and believes that they are going to die. They can be very loyal and caring towards their friends and family and are highly sympathetic, one of the keynote symptoms is that they get anxiety from ‘night watching’ or caring and nursing loved ones that are ill. They have a strong link to the Cancerinic miasm because of their need to strive for perfection and are hard workers. Nit ac also has a desire for fatty foods and they have a tendency towards warts, ulcers and cancerous growths (Sankaran 1997: 151-152) (Sankaran 1994: 40).

2.12 Differential remedies

There are many differential remedies which also share very similar indications to Carcinosin and the Cancerinic miasm which often need to be differentiated before prescription takes place. Foubister (1995: 42) states that one of the indications of Carcinosin is that the patient is often covered by two or more related remedies to the Cancerinic miasm that have failed to act in curing the patient fully. Some of these commonly related remedies are:

2.12.1 Carcinosin cum Cuprum

Carcinosin cum cuprum (Carc cum cupr) which is a mixture of Carcinosin and another remedy called Cuprum metallicum. Smits (2008: 78) decided to create a new remedy from these two because he saw an overlap in many cases with indications of both remedies.

The Cuprum metallicum side expresses rigidity on a mental and physical level where there is much cramping and tension in the body and their manner is very fixed and rigid because of their need to plan and have everything under control. They are very hard workers and like to remain active, especially against injustice because of their desire to follow the rules. They are very ambitious and persevere to finish any task at hand. Physically, they are also very active in sports and feel better for exerting themselves. They suppress their inner feeling and are thus very closed, serious and independent. In combination, the remedy Carc cum cupr shows a

mixture of both of the remedy traits with a theme of ‘want of self-confidence’, a family history of cancer or heart disease and keynote symptoms of obstinacy, fastidiousness, tidiness, a strong sense of responsibility, workaholic, easily offended and exhaustion (Smits 2008: 78-81).

2.12.2 Staphysagria

Staphysagria (Staph) is considered Cancerinic because of their sensitivity to what others say about them. They feel insulted and humiliated easily but are unable to express their feelings because of their sense of dignity and honour. This results in a suppression of their emotions, especially anger and grief. There may be a history of sexual or other abuse which is sometimes self-inflicted. They have a want for self-control and a good reputation and feel guilty if they do no maintain that. They are extremely sensitive emotionally and physically which becomes very deep and long lasting. The Staph patient sets themselves unobtainable tasks which they have to live up to due to their sense of dignity. A loss of control in a Staph patient is seen through outbursts of anger, anxiety, fears and egotism. They have a tendency to develop cancer. Physically, Staph is useful in clean-cut wounds as in surgery and for the genito-urinary system (Sankaran 1997: 186-190) (Boericke 2013: 617-618).

2.12.3 Arsenicum album

Arsenicum album (Ars) is considered Cancerinic because of their inner feeling of weakness which causes them much anxiety over their health and those around them. This hypochondriac type of anxiety over their health and life causes the Ars patient to be very cautious, restless, highly fastidious and conscientious to a point of compulsive behaviours to keep order. They are hypersensitive and extend their concerns to others making them sympathetic and caring. Physically, they are prone to destructive diseases like cancer, fever, septic conditions and anaemia. The Carcinosin patient is less concerned about themselves and desires to please others to gain their love and aim to be perfect and have control but not in the same compulsive manner of Ars (Phatak 1999: 82-88) (Sankaran 1997: 19-20).

2.12.4 Phosphorus

Phosphorus (Phos) is the anti-miasmatic remedy for the Tubercular miasm, but is considered Cancerinic because they have a feeling of being unloved and so becomes very affectionate and sympathetic towards others to gain their love in return. Phos patients are hypersensitive emotionally leading to them being excitable, anxious, restless, clairvoyant and fearful of their

health. Phos patients have a very active mind with creative ideas, however, they tend to tire quickly and feel weak. The Carcinosin patient is more grounded and controlled than Phos who has a creative and free-flowing attitude (Phatak 1999: 550-556) (Sankaran 1997: 161-162).

2.12.5 Natrum muriaticum

Natrum muriaticum (Nat-m) is considered Cancerinic because the main focus of the patient is to care and keep their relationships because they believe that they are not good enough if anyone leaves them. Nat-m are also very organised people and are sensitive to music. They have a deep feeling of sadness and disappointment inside them but they will never speak of this and try to cover it up by being externally cheerful. This type of suppression of emotion is very similar to Carcinosin, however, Nat-m is very reserved and awkward with changeable moods from weeping to anger to happiness, whereas Carcinosin is well-spoken, mild and friendly. Nat-m is also a hotter patient than Carcinosin who is generally chilly. Physically, they also experience allergies or hay fever, which have a periodicity (Phatak 1999: 498-502) (Sankaran 1997: 144-145).

2.12.6 Sepia

Sepia (Sep) is considered Cancerinic because of the domination they face where they have been forced to do things opposed to what they want to do. They are very active and enjoy exerting themselves through dance. A common example of a Sep patient is a mother who tries to keep her husband and children happy while trying to maintain a job and go after her goals, she becomes worn out, apathetic and averse to her family. This remedy is indicated when there are issues of the female reproductive system. Carcinosin, on the other hand, is very caring and sympathetic to all those around them and will push themselves to conquer every task at hand, whereas Sep has an indifference and an irritability inside (Phatak 1999: 639-644) (Sankaran 1997: 179-180).

Table 2.3 A summary of the five major miasms according to Sankaran (2005) and De Schepper (2001).

Miasm	**Psora**	**Sycosis**	**Syphilis**	**Tuberculinic**	**Cancerinic**
Theme	Hypo	Hyper	Dys	Stuck	Perfection
Keywords	Struggle Lack Effort Despair Hypersensitivity	Fixed Secretive Excess Stimulus Guilt	Destruction Hopeless Perversion Deformity Violent	Oppressed Activity Change Dissatisfied Restless	Suppressed Individuation Control Superhuman Fastidious
Physicals	Skin Respiratory Immunity	Genital-urinary Skin Joints Growths	Mucous membranes Bones Nerves Heart	Respiratory Immunity Glands Blood Autoimmune	Glands Autoimmune Joints Inflammation Tumours

CHAPTER THREE - METHODOLOGY

3.1 Introduction

This chapter focuses on the design of the research methodology which is based on the qualitative framework. The study used the experiences of professionals in their field of work to gain understanding around the research question at hand. Methods of sampling and data collection were discussed together with ethical considerations that the study faced. Data analysis is explained in detail which makes use of the Thematic analysis approach.

3.2 Qualitative research

People find organisation and consistency in the world once they have attached meaning to it. Understanding why and how things work around us enables us to make sense of life. A qualitative design aims to understand social complexity and interpret it in order to give it meaning. Qualitative research is useful for answering the 'what', 'why' and 'how' questions to a problem (Lacey and Luff 2009:5). Qualitative research looks at 'rich data' in detail to create patterns and themes or theories from that data. The qualitative researcher is often subjective about their views towards the data collected, they explore concepts and reflect on the content being researched (Braun and Clarke 2014:10).

Qualitative research can be Experiential or Critical in the way the data is viewed. This research focused on an Experiential approach which relies on experiences and perspectives of the participants in order to interpret their understanding of the research problem and find meaning in that (Braun and Clarke 2014:21). A qualitative approach was chosen for this study because it is more open-ended and needs to be explored in a complex way to discover the deeper understanding behind the data collected. This study viewed the experiences of registered homoeopaths and took into consideration their personal opinions and practices that they have developed over years of dealing with miasmatic prescribing specifically. Thus, a qualitative framework brought out the richest and most valuable data for this research problem that cannot easily be quantified.

3.3 Study design

This study followed a qualitative design method as mentioned. It was an Exploratory and Descriptive study based on the understanding and perceptions of registered homoeopaths regarding the clinical application of the Cancerinic miasm. Thus, studying a method that has been used for many years in homoeopathic prescription. The research paradigm being used in this study was that of Constructivism. Social Constructivism was the most suited paradigm for this study as it aims to seek understanding from individuals through their own experiences and subjective opinions on a particular subject. This study made use of a semi-structured interview with the participants to discuss the clinical application of the Cancerinic miasm.

An Exploratory study looks at discovering a person's real experiences and how they perceive and interpret them. This is classified as a 'phenomenological' approach which looks at the study of experience according to Braun and Clarke (2014: 181). This encourages participants to reflect on the research question at hand through their background experiences and world-views.

A Descriptive study looks in detail at the information being researched and analyses the data to find key points and relationships within it. It focuses on the facts of the data obtained and aims to create understanding through discussion and comparison to relevant literature (Saldana 2011:27).

Constructivism or Social Constructivism is an approach whereby open-ended questions, discussions and social interactions with individuals are used to gain their knowledge in a specific context. Constructivism holds the belief that individuals use their background experiences, cultural and environmental perspectives to add to their interpretation of a certain topic. The researcher recognises these perspectives and uses them to create meaningful and complex viewpoints towards a particular topic or question (Creswell 2014:37). In this case, the researcher will use the experiences of registered and experienced homoeopathic practitioners to understand their knowledge and clinical applications of the Cancerinic miasm.

Semi-structured interviews involve a list of pre-set questions or guidelines that are unrestricted in nature (Appendix C). This allows a free flow of information and conversation to take place between interviewer and interviewee to produce detailed responses and insight. A semi-structured interview allows the researcher to control the direction of the information being received but still allows open-ended discussions to emerge (DiCicco-Bloom and Crabtree 2006:314-321). The researcher, in this case, is able to ask spontaneous questions throughout the interview based on what the participant (interviewee) has said.

3.4 Data collection

The data was collected in the form of interviews, observations of the participants, audio-recordings and documentation of the processes. The interviews were set up and conducted in a semi-structured manner in order to fully cover the scope of the topic and to develop certain themes and patterns from the information gathered. This process was conducted in English as the participants are qualified professionals that were taught at a tertiary level in English and this will ensure an easy flow of conversation. The participants were audio-recorded to obtain enriched descriptions in their own words. Once the researcher had covered all aspects of the topic with all participants to a point of repetition of data, then a point of 'theoretical saturation' was achieved (Lacey and Luff 2009:10). At this point, data collection was complete and data analysis began.

3.4.1 The interview process

The interview was semi-structured as mentioned above (Appendix C). A semi-structured interview helped to encourage open discussions and descriptions from the participants whilst still covering all relevant information surrounding the topic (DiCicco-Bloom and Crabtree 2006:314-321). This study made use of an interview set up because according to Braun and Clarke (2014:81), "Interviews are ideally suited to experience-type research questions". An interview allowed for a personal interaction to occur between researcher and participant with meaningful discussions and deep insights into the research question.

The limitations to qualitative interviews are that they can be time consuming for both researcher and participant, they contain smaller sample sizes thus limit the diversity of information, the participant does not always think of or remember all of the detail that is required to uncover on that specific day and participants may be closed towards the one-on-one questioning (Braun and Clarke 2014:80).

The participants were made aware of the study through a phone call to their private practices to ask if they were willing to participate in the study. If so, then a letter of information (Appendix A) was sent via email. The first 12 participants to respond were accepted into the study. The interview took place in person in the practitioner's place of practice where the letter of information was explained in person and a letter of consent (Appendix B) was completed prior to the interview. This allowed the participant to feel comfortable in their environment and thus create an open forum for conversation to take place. The interviews took an average of 30 minutes to one hour to complete. The interviews were audio-recorded and then transcribed for

data analysis by the researcher. Full confidentiality in the recordings were used as only the researcher had access to the data collected. The researcher formulated a coding system to capture the participant's details such as name and place of work to maintain anonymity (Saldana 2015: 1-5). It was necessary to audio-record each interview to maintain the validity and reliability of the information attained as per ethical standards, therefore, any objection to being audio-recorded was queried with the participant and information was given as to the necessity of audio-recording. If the participant had still objected to this process, they would have been excluded from the study with no negative implications and no data of theirs would be used. The participant was allowed to leave the interview at any stage should they feel the need to do so without reasoning and with no adverse reactions. The data obtained in that interview would be stored away but not used in the study. However, this was not the case as all participants were willing to participant and be audio-recorded and no objections were given.

3.4.2 Sampling

This study used expert purposive sampling in which the researcher reserved the right to select the best potential participants based on the researcher's knowledge of the topic (Etikan, Musa and Alkassim 2016: 3). This was based on certain variables that benefitted the study by increasing the knowledge base and standard of information received, such as: experience and personal understanding of the topic by the participants (Marshall 1996:523).

The researcher together with the research supervisors created a list of possible participants in KZN that have expertise in the area of miasmatic prescribing and an extensive knowledge in private or institutional (DUT health clinics) application of this method of prescription. This also included the number of years that the potential participant had been in practice for as per the selection criteria.

A minimum sample of 10 participants has been stipulated as per the DUT Faculty Research Committee in 2015. An additional 2 participants were used for data saturation to occur and to accommodate any 'drop-out' participants. The average sample size according to Guest, Bunce and Johnson (2006: 59) should be between 6-12 participants for qualitative interviews.

3.4.3 Selection criteria

3.4.3.1 Inclusion criteria

- Practising homoeopaths that are registered with the Allied Health Professions Council of South Africa (AHPCSA).
- Practitioners that have a minimum experience of 5 years in practice.
- Practitioners that use miasmatic prescribing and have an understanding of the Cancerinic miasm.

3.4.3.2 Exclusion criteria

A participant may have been excluded from the study should they not meet the inclusion criteria.

3.4.4 Study location

The study was conducted throughout KZN, South Africa by the researcher. The study population consisted of practicing homoeopaths that are registered with the AHPCSA. KZN holds one of the two major universities in South Africa that offer the Master's Degree in Homoeopathy, DUT. As a result, there is a concentration of qualified practitioners in the KZN region that have much knowledge and experience regarding the clinical application of the Cancerinic miasm and were consequently valuable sources of information to use in this study.

KZN was also chosen for this study based on the lack of research done on miasmatic prescription, in particular the Cancerinic miasm, in a South African context. The researcher noted through their literature review that the Cancerinic miasm has a strongly European basis and thus saw the need to explore a more local and applicable understanding for the clinical application for South African patients. Data collection occurred in person at the participant's place of practice for their comfort. The researcher arranged beforehand the time and location via email/phone call with the participants.

3.5 Data analysis

“The human mind finds patterns almost intuitively” (Miles, Huberman and Saldana 2014: 278).

Qualitative analysis focuses on data in the form of transcripts, descriptions and words as opposed to numerical values. Qualitative designs tend to follow a similar process of data analysis in the form of documentation of all relevant information, tabulation or diagram use and immersion into the different views and aspects covered in the research question (Majola 2014:10). This includes: familiarisation of the data, transcribing and coding the data, clustering, developing themes and relationships within the data, interpreting it and then reporting on this. The findings are then validated through constant comparison with other relevant literature on the topic (Lacey and Luff 2009: 6-7). This study used the Thematic analysis method. This is based on inductive analysis which involves developing themes for the research question from the data collected rather than proving a theory or hypothesis (Lacey and Luff 2009:39).

3.5.1 Thematic analysis

The method of data analysis that this study followed is the Thematic analysis model. This model was first established by Gerald Holton (1988: 1-2) who wanted to bring about a thematic level of looking at data opposed to an empirical level. This method has later been explained by Braun and Clarke (2014:175) who stated that Thematic analysis is a broad form of analysis which covers many qualitative studies and looks at finding common ‘themes and patterns’ within the data. Thematic analysis can also be explained as ‘a way of seeing’, in other words, taking qualitative data and identifying the common threads within it, in order to ‘encode’ and make sense of the data (Boyatzis 1998: 4-8). This method is thus useful in communication of information to a wide audience, ranging from academics to working persons. It can also be a valuable model for qualitative studies because of its leniency in terms of the types of qualitative study and the research question it surrounds. Thematic analysis offers a simple yet effective method for a novice researcher to use and thus, ultimately allows for a greater range of understanding (Braun and Clarke 2014: 180) (Boyatzis 1998: 4-8).

There are three main varieties of this analysis, namely: Inductive, Theoretical and Experiential (Braun and Clarke 2014: 175). This study made use of Inductive Thematic analysis, thus, looking at the data from its source and linking it back to the research question in order to formulate a conclusion (Lacey and Luff 2009:39).

The data analysis in this study was completed according to Braun and Clarke (2013:122):

Familiarisation – The researcher completed this through transcribing the audio recordings and immersing themselves in the data repetitively until the researcher had fully grasped all of the information available.

Coding – This was completed through selecting valuable information from the transcripts and coding each piece of information according to its relevance to the research question as either a 1, 2 or 3, 3 being the most relevant. This helps to summarise the data and retrieve the most significant passages.

Clustering – This is a process of reducing and 'clumping' the data into categories based on similar patterns or qualities (Miles, Huberman and Saldana 2014:279). The researcher clustered the data based on each question asked in the interview guide and grouped the information according to the participant's responses. The categories were then named and used as headings for themes to fall under.

Developing themes – A theme is a significant pattern that is used to draw similarities together in order to make sense of the data. The researcher actively searched and developed themes within the data by observing any recurring trends in the participant's responses.

Reviewing themes – This involves exploring the developed themes and defining relationships between each theme and creating sub-themes. This creates comparisons of the themes based on their similarity or differences. This was used to simplify and eliminate irrelevant themes and also to develop the stronger themes in the data.

Naming themes – This involves classifying and naming the themes to understand the core message of each theme and writing an in depth analysis of each theme produced.

Write up – This was the final part of the analysis which was completed through forming a comprehensible summary of the themes and their relation to the research question. The results were then interpreted and compared in the context of all the current literature found around the research question.

3.6 Reliability and Validity

3.6.1 Reliability

Reliability is ensuring consistency and the ability to replicate the methods of analysis being used. This includes 'inter-rater reliability', recording the process of Thematic analysis in detail

and comparing the results of data analysis to other studies available (Lacey and Luff 2009:26). The Thematic analysis was used by the researcher for all of the participants following the same procedure of analysis as explained above for each participant.

Inter-rater reliability used to refer to the process of checking the analysis and interpretation of qualitative data by having more than one researcher undertake some or all of the analysis stages (Lacey and Luff 2009:40). The researcher worked together with the researcher's supervisors who have much experience in the research field and are thus highly competent in ensuring consistency and transparency of the data analysis and interpretation methods used.

3.6.2 Validity

Validity is ensuring that the results of the study are an accurate representation of the data collected through the researcher's interpretation. This involves 'inter-rater reliability', representation of all the participant's views and maintaining the use of the original data collected (Lacey and Luff 2009:27). The researcher made use of audio-recordings to capture the participant's own words which was transcribed in a way to ensure a true reflection of the participant's experiences. An audit trail was maintained for each interview to keep the original data safe.

3.7 Data management and storage

Data was stored in a secure location, a specific research archive, in DUT's homoeopathic department where only the researcher and supervisor have access. This data remains in a locked room for 15 years and is then shredded. The researcher set up a system of coding for each participant that only the researcher had access to. Thus, strict confidentiality was maintained throughout the study until the final copy was complete. The participants may request to see their data at any point throughout the study as is their right and this was respected, however, the data is kept in the storage facility for the 15 years even if it is not being utilised in the study. The final dissertation is available in the DUT library and its online database.

3.8 Ethical considerations

Ethical approval for conducting this study was obtained from the Institutional Research and Ethics Committee at DUT. This study does not involve sensitive information and thus did not

require strict ethical analysis. All participants in the study were given a letter of information (Appendix A) and a letter of consent (Appendix B) to participate in the study. Participation in the study was on a volunteer basis with no coercion or any form of remuneration (U.S. Department of Health & Human Services 2012). After obtaining consent, the participants were interviewed using the questions in the interview guide (Appendix C). The researcher requested permission to audiotape the interview. The participants had the right to leave the study at any time without justification and no negative reactions would occur. The researcher also reserved the right to exclude any participant if they found it necessary, with the participant's best interests as well as the integrity of the study, in mind.

The data collected was presented as anonymous and kept under the strict care of the researcher so that full confidentiality and privacy was maintained. The participants' names and details, was only known to the researcher who formulated a coding system for this data (Saldana 2015). However, non-specific demographical data of the patients and cases was used such as age, race, gender and physical characteristics that won't jeopardise the patient's identity in any way. This information was necessary to the study which is centred around prescription methods and the application of the Cancerinic miasm and thus certain personality and physical traits were repeated to produce a pattern of information as a result (Sankaran 2005:9). The researcher analysed the data and reported it objectively.

CHAPTER FOUR – PRESENTATION OF RESULTS

4.1 Introduction

This chapter presents the outcome of the data gathered from 12 participants in the semi-structured interviews and a report was made after the data was analysed.

4.2 Demographical data

Demographical data was obtained from each participant based on their age, gender, race, area of practice in KZN and the number of years they have been in practice.

4.2.1 Race

According to Table 4.1, there were 67% White participants and 33% Indian participants with no Black African or other races that participated in this sample group.

Table 4.1 Race distribution of the participants

Race	Quantity	Percentage
White	8	67.0%
Indian	4	33.0%
Total	12	100%

4.2.2 Age and Gender

As seen in Table 4.2, the gender of the participants was equally distributed with 50% female and 50% male participants out of a total of 12. The distribution of the participants' ages fell

strongly in the age group of 30-40 years with males comprising of 25% and females comprising of 41.7%. Furthermore, 16.7% of males and 8.3% of females were in the age category of 41-50 years and one male participant was in the 61+ age group with a percentage of 8.3%.

Table 4.2 Age and gender distribution of participants

Age and Gender	Quantity	Percentage
Males		
30-40 years	3	25.0%
41-50 years	2	16.7%
51-60 years	0	0%
61+ years	1	8.3%
Total	6	50.0%
Females		
30-40 years	5	41.7%
41-50 years	1	8.3%
51-60 years	0	0%
61+ years	0	0%
Total	6	50.0%

4.2.3 Area

The distribution of participants in KZN was based off their place of practice. Five of the participants had practices around Durban in Berea, Morningside, Bluff, Glenwood and Musgrave areas. The remaining participants were spread out over KZN including Pietermaritzburg, Hillcrest and Ballito.

4.2.4 Number of years in practice

According to Table 4.3, 50% of participants fall between 10-15 years of practice, with 25% in the 5-10-year category, 16.7% in the 20-25-year category and one falling into the 15-20-year category with 8.3%.

Table 4.3 Distribution according to the number of years in practice of each participant

No. of years	Quantity	Percentage
5-10	3	25.0%
10-15	6	50.0%
15-20	1	8.3%
20-25	2	16.7%
Total	12	100%

4.3 Thematic analysis

The data collected was analysed into themes (Table 4.4) in relation to the research question of, 'What are the experiences of registered homoeopaths regarding the clinical application of the Cancerinic miasm'. Relevant quotes were used from the interviewees' own words that were transcribed precisely from the semi-structured interviews to support the themes obtained. Anonymity was ensured by avoiding the use of the interviewees' names or personal details. Randomised coding was used for each person, stated as Research Participant (RP) 1,2,3 etc.

Table 4.4 Themes and subthemes identified from data

Themes	**Subthemes**
1. Knowledge of miasmatic prescribing	A. Understanding of miasmatic prescription B. Use of miasmatic prescription
2. Knowledge of Cancerinic miasm	A. Understanding of the Cancerinic miasm B. Contributions to the Cancerinic miasm C. Main symptoms associated with the Cancerinic miasm D. Prevalence of Cancerinic miasm in South Africa
3. Clinical application of Cancerinic miasm	A. Prevalence of Cancerinic miasm in practice (KZN) B. Understanding of Cancerinic miasm prescription C. Remedies commonly categorised under the Cancerinic miasm D. Effects of the remedies used

4.3.1 Theme 1: Knowledge of miasmatic prescribing

All of the participants that were selected for interviewing had to have had some understanding and knowledge of miasmatic prescribing as per the inclusion criteria. All of the participants were either trained at DUT or UJ in homoeopathy, which includes miasmatic teaching. However, there is still debate amongst homoeopaths regarding the various theories of miasms and their uses.

4.3.1.1 Subtheme 1A: Understanding of miasmatic prescription

The majority of the participants follow the understanding that Hahnemann created of miasms, which is based on the understanding that a miasm is an inherited predisposition or 'defilement' which then gets passed on to generations and becomes the fundamental, deeper underlying cause of all chronic diseases. Which they have expressed in their own words:

> *"I mean in general miasmatic terms, my understanding is that there are certain remedies associated with certain illnesses, with certain conditions, which have historically had an impact on epigenetics. Sort of an impact on the way in which the DNA unfolds or the health unfolds and an understanding that that sort of imprint and impact on individuals now helps if we could track the imprint."*
>
> [RP2]

> *"It's hereditary stuff, far more advanced stuff than the DNA theory."*
>
> [RP4]

> *"So, my understanding of the miasm is, a miasm being a tendency to a set of particular types of symptoms or disease pattern which can be inherited or acquired."*
>
> [RP8]

> "*It's when the patient doesn't get better … we sit and explain to them and say, 'listen, we need to go back to your roots and find out where this came from and what happened.'"*
>
> [RP1]

> *"The way a case is taken is to provide us with information that allows us to view the case from multiple perspectives, of which miasms is one. Family history and all those things are miasmatic information."*
>
> [RP6]

However, two of the participants expressed a different view from the original Hahnemannian understanding of miasms. They considered other aspects that create and influence a miasm beyond that of genetics or family history and rather talk along the lines of acquiring or learning a certain miasmatic pattern. These views were expressed as follows:

"So, my understanding of the miasm is, a miasm being a tendency to a set of particular types of symptoms or disease pattern which can be inherited or acquired."

[RP8]

"So, there's obviously Hahnemann's understanding of a miasm which I don't really think is correct. I have multiple understanding of a miasm actually…I'm a little bit more inclined towards the miasmatic theory in terms of reactional mode... I see the miasmatic response to some extent an innate response, to some extent a learnt response depending on which level of the organism we are talking about, to some extent it's a societally imposed response to life"

[RP6]

The same participant also added an interesting view on miasmatic prescribing as we know it today compared to what Hahnemann's view would have been when he first established it. In their own words, they state:

"When Hahnemann wrote chronic disease and he spoke about the importance of giving an anti-miasmatic remedy, what that meant then would be different to what it means now…

"Hahnemann came to homoeopathy as an Allopath and so the way he understood disease fundamentally would've been Allopathic, the way he approached a patient would've been the Allopathy of the time, the way he took the case and what he would've regarded as important or prioritised at least initially would've been what his education told him…

"There would be no consideration of the broader individual in the grand scheme of things yet. The understanding of miasmatic theory is that, hang on there is something bigger than what is immediately in front of me…

"So, as our view of the patient becomes more holistic now we see that as miasmatic and so then when he says we need to give an anti-miasmatic remedy, is it a specific something or is it a remedy that covers a bigger view? Which is a miasmatic view and that becomes a part of homoeopathic methodology so that now when you teach a

student how to take a case, you're not teaching them how to take a case that excludes the miasmatic view…

"If I want to say it's anti-miasmatic for something, then I can say that but is it just the simillimum? This is something that took me a long time to work out but when we say Cuprum is an anti-Psoric, yes it's an anti-Psoric but aren't all remedies anti- some miasm if they are deep enough. But is that about miasmatic theory or is that about how holistic your case taking is?"

[RP6]

4.3.1.2 Subtheme 1B: Use of miasmatic prescription

The majority of participants viewed the use of miasmatic prescribing as highly valuable and useful in practice. Other participants expressed the need to treat the miasm because it can sometimes block the case where well-indicated remedies fail to work successfully. These views are indicated in the quotes below:

"I think it's an important consideration that homoeopathy methodologically has been infiltrated by that miasmatic thinking, the way we work as homoeopaths, we cannot ignore what we have learnt from miasmatic theory, whether the theory is still applicable or whether it works as Hahnemann describes it is a point of contention but the information or the informational need that miasmatic theory identified is a need we had. That information has become part of our simillimum actually."

[RP6]

"For me personally I always like to look at the miasm so at the back of my head the nosode will be something that I will flag to use."

[RP9]

"To treat them miasmatically will be an absolute great thing to do. Whether we're using the nosode or any other remedy."

[RP4]

"So, for me the whole point of actually diluting the miasmatic hold on them is most important."

[RP10]

"You will think a patient is presenting with Pulsatilla, it's in your face and they have everything that is Pulsatilla but you give 'Puls' and for some reason it doesn't move so that when you have to go further and look at what is really going on. That's when I go deep into the miasmatic things."

[RP4]

One participant spoke about the value of treating children miasmatically as early as possible to prevent major illnesses later in life.

"I think if we get it early enough, if we can pick it up in childhood, I believe that miasmatic treatment of children could definitely prevent us a lot of hardship."

[RP5]

One participant saw the value in treating miasmatically, as it helps to strengthen a person to feel more confident and also deal with past traumatic experiences in their lives which can link back to the family history.

"That's why historical trauma and so on, people don't even know why they are feeling things the way they are but it's probably, if one tracks it back is somewhere in their family tree. It's about helping them to cope and strengthen themselves and get tools for feeling more confident within themselves, and themselves for me is the whole of creation and it is nature in particular."

[RP2]

Another participant mentioned a specific way that they prescribe miasmatically which is different to the norm in that they first treat the miasm before giving the indicated remedy and this have shown positive results.

"Especially in those patients that haven't received homoeopathic care, it's almost our duty to start with that anti-miasmatic. Although anti-miasmatic may not follow the

symptomology that the patient is presenting with right now, if it is in keeping with that patients miasm, then start with the big anti-miasmatic within that miasm and stick to it. I think I tried it and I was so happy with it that I stuck to it."

[RP12]

On the other hand, several interviewees said that they practice more clinically, although they do see the value in treating the miasm and treat it when necessary. They base their prescribing more on the simillimum remedy picture.

"I believe that in practice, your polychrests are your bread and butter."

[RP1]

"I never really bought into miasms as a young homoeopath even though I was taught it in a classical university, you know I practice very clinically, but when you give clinical remedies and it keeps on failing and you get symptomatic relief not the curative part of it, that is when you start looking at miasmatic blocks and when you start giving it and you know how to recognise that it's there, it's amazing the results that you see."

[RP1]

"Weirdly with miasms, I kind of use miasmatic, I only really work with two and that's because of the fact that I do a lot of fertility."

[RP7]

"Although I have basic knowledge of miasms and I do recognise them, I by no means am an expert in miasmatic therapy, I'm very sort of clinical in my approach, I use lower potencies, small remedies and things like that. Where I see a very clear constitutional case, I give the remedies. I am no miasmatic expert."

[RP8]

"I think sometimes what I've seen both in our clinical environments, for example in our community clinics where we do practice very clinically owing to time and the numerous patients etc. it can be overlooked because we are looking at what the state of the patient is, sometimes there is an oversight into the deeper issues."

[RP9]

4.3.2 Theme 2: Knowledge of Cancerinic miasm

Although the Cancerinic miasm is considered to be one of the more modern and 'newer' miasms with inadequate information on it, the participants all knew about the miasm and had a good understanding of it based on the classical teaching conducted in both mentioned universities. One participant mentioned the fact that while they were studying homoeopathy, they were taught the first three main chronic miasms (Psora, Sycosis and Syphilis) with limited study on the modern miasms and this may apply to a few of the participants who fell into the same studying time-frame at university. This did not limit the amount of information on the Cancerinic miasm that was received as the participants produced in-depth and rich data on the subject with regards to their understanding of the Cancerinic miasm, what they feel contributes towards the Cancerinic miasm and the specific manifestations in terms of symptoms and keynotes that present with the Cancerinic miasm.

> *"I'm not sure how it's being taught now for you guys but definitely when I was studying it was, you learn about the miasm and a few of the remedies, the Psoric miasm and then you go learn about Psorinum and Sulphur and those are huge remedies and loads has been written about those remedies and you can find it in different sources and so on, but I find that very little is on Carcinosin."*

[RP5]

> *"I think when we look at miasms, there are the main ones, your Sycosis, Syphilitic, Psoric. When we were on campus we were taught those three mainly and then the Cancerinic miasm, Tubercular miasm and then further from that we had Dysentery and all the different new ones, there is also the AIDS miasm."*

[RP1]

4.3.2.1 Subtheme 2A: Understanding of the Cancerinic miasm

The majority of the participants understood the Cancerinic miasm to be multi-miasmatic, incorporating two or more of the other chronic miasms. There was also a strong association

and comparison made of the Cancerinic miasm to cancer itself as a disease. The interviewees expressed this in their own words:

> *"Obviously the Cancerinic miasm is one of the most predominant miasms we have today, pretty modern miasm. As we know, we have the basic four miasms that Hahnemann presented with so what we are looking at is a combination of all of those. As disease progressed, we are seeing Psoric miasm. Syphilitic miasm, we see the Sycotic miasm and they all come together to form the so-called Cancerinic miasm."*
>
> [RP4]

> *"Cancerinic miasm almost encompasses a multi-miasmatic trend, so you are looking at all your different miasms that are encompassed into the Cancerinic miasm."*
>
> [RP5]

> *"My understanding of the Cancerinic miasm is that it is encompassing of a number of miasms so you would have seen manifestations of predominantly Sycosis and Syphilis but then also Tubercular characteristics coming out over the progression of the treatment with the patient there will definitely be Psoric manifestations as well."*
>
> [RP9]

> *"Cancerinic miasm from an academic perspective is a combination of all your other miasms, obviously key features to look at are family history, patient's history if there is any cancer if not in the patient then in the family, the types of cancer as well."*
>
> [RP11]

> *"Well, if you look at the Cancerinic miasm and look at the basis of how it was proved from the breast tissue itself, breast cancer. Cancer by nature is something that overwhelms the body, it takes over the entire physiological workings and it thrives…If you look at physiologically, if you look at the amount of cancer rates I find there is a very big link between the psychology and the cancer development… it took me more than 5 or 10 years in practice to recognise when we're dealing with the Cancerinic miasm and I think that from my understanding, it can border other miasms you can have mixed miasms in it."*
>
> [RP1]

"So, cancer is interesting because if one thinks about the cancer per say, it is an out of control, it's a component which emerges from within the body or a natural cellular production but then it's out of control and it's a selfish, dominating form of reproduction…it just steals resources, steals information and bends the whole body to its own needs as one desires."

[RP2]

"So with the Cancerinic miasm, we know that the Cancerinic miasm is something that has come out after the Psora and Syphilis and it's one of the more recent or newer ones compared to the main three. So, with the Cancerinic miasm as we can see within our communities, cancer has rocketed sky high."

[RP3]

From the previous theme, two interviewees understood the Cancerinic miasm to be a mental and emotional state that a person is in, a behavioural approach that develops from a person's life circumstances and the society that they are in.

"I see the Cancerinic miasm as a mode of response in disease relative to various morbific stimuli. I see it as a particular response which is particularly predominant now…I think there are certain societal forces or community forces that drive the particular response. So, I recognise the Cancerinic miasm as being an evolution if you like of what Hahnemann described as Sycosis which does have a somewhat more Syphilitic character…What is Cancerinic disease? Cancerinic disease ultimately is an attitude and as I live and work as a homoeopath more and more I see disease less and less physically, I see disease more and more at the level of emotion, mind and dare I say spirit."

[RP6]

"What I understand from the Cancerinic miasm is more of a state that the patient is in."

[RP10]

The understanding of the Cancerinic miasm was also expressed by the participants by mentioning the themes of the miasm such as control, perfectionism, suppression and lack of reactivity. These are quoted as follows:

“Then the Cancerinic miasm, one of the strongest themes as I would think of it, is control. Trying to control their external environment which links back hugely to cancer being in the body out of control, the body not being able to control it.”

[RP7]

“The Cancerinic miasm, if you are looking at the trends of that, one word that I can use is control …and you see that across all the remedies that are and form part of the Cancerinic miasm. The biggest common denominator is control or lack thereof and striving to achieve control on different levels.”

[RP5]

“The state is encompassed by a theme and that theme is that patients have a sense of fundamental weakness or conflict within them that they have to hide or keep buried within them at all costs. In the reaction to that keeping it suppressed they become very driven, perfectionistic and controlled in external activities that cannot be failed at any cost. They generally, according to Sankaran, over-stretch their capacity so they basically perform a task at absolute superhuman effort and basically failure is not an option for them, they have to succeed and succeed well. So, we see themes of perfectionism, of control coming into the picture where they have to control their external environment.”

[RP10]

“So, one of the things that is interesting to me about the Cancerinic miasm in practice and using the remedy (Carcinosin), where there has been a major dominating influence in peoples’ lives.”

[RP2]

“What we find is there are general traits with the Cancerinic miasm involving a lot of suppression... what I’ve noticed is that it’s generally associated with some form of trauma, some form of grief …it’s something more subtle you know like the very dominant father.”

[RP3]

4.3.2.2 Subtheme 2B: Contributions to the Cancerinic miasm

The contributing factors or aetiology that creates the Cancerinic miasm has been stated in the literature review, Chapter Two, according to Choudhury (1997: 118-119) and Foubister (1967: 183-184). These factors are:

1. A family history of cancer, diabetes, TB or pernicious anaemia
2. A past medical history of glandular fever, insomnia, cancer, recurring infectious diseases, chronic fatigue syndrome or autoimmune disease.
3. A childhood history of recurring acute infections, no fever production in infection, having no childhood illnesses or receiving childhood illnesses as an adult or receiving adult diseases in a child, whooping cough and insomnia.
4. When well-selected remedies do not help or fail to act.
5. Any form of suppression such as suppressive treatments or a background of suppressive relationships with family, friends, work or romantic partners.
6. The personality traits of perfectionism, overachieving, submission, sacrifice and issues with individuation.

It is important to understand what the views of the participants regarding this was because the study and current theme aims to find an understanding of the Cancerinic miasm, especially in a South African, Kwa-Zulu Natal context. The participants mentioned these factors that contribute historically to the Cancerinic miasm from their own experiences and understanding. They mentioned them respectively as quoted below:

> *"And obviously you've got the family history that is the biggest, one of the biggest trends of the Cancerinic miasm as reading into the personal as well as the medical, family medical history."*
>
> [RP5]

> *"And in theory there should be a strong family history of cancer"*
>
> [RP7]

> *"The family history in terms of medical conditions, obviously cancer somewhere along the line, either maternal, paternal or grandparents and then the other chronic illnesses, diabetes, TB, autoimmune."*

[RP9]

"Key features to look at are family history, patient's history if there is any cancer if not in the patient then in the family, the types of cancer as well. Besides cancer, also looking at your autoimmune conditions, the patient's personal history but also the family history and I think for me a big thing in practice is that thing of always relapsing, which I think is true for the other miasms as well but I've got a few cases where you sort of get desperate because other remedies that seem so well indicated but either the patient aggravates or there is no response, in the end its Carcinosin as the remedy, although you're not quite sure why you need to prescribe the remedy… chronic diseases especially those that do not respond well and that I think is sort of the whole range of chronic diseases not only the ones that we typically associate with the miasm. So things like a diabetes that is just not responding despite the patient doing everything correctly."

[RP11]

"That child that never had any of the childhood diseases or didn't mount a very good response to it, even with fever, it's not a huge one, it's such a controlled vital force that you won't see the high fevers or you won't see the childhood disease. Then on the opposite end of the spectrum, the childhood disease that manifests in the adult patient."

[RP9]

"We are vaccinated, and we suppressing our own innate immunity to respond how it's supposed to."

[RP5]

"What we find is there are general traits with the Cancerinic miasm involving a lot of suppression… what I've noticed is that it's generally associated with some form of trauma, some form of grief."

[RP3]

"Also, to some extent I find a lot of abuse in people that need the Cancerinic miasm. A lot of times they were emotionally, physically or sexually abused but were made to believe that they were the reason it happened, so they go through life believing that they need to change."

[RP1]

"Where there has been a major dominating influence in peoples' lives, where they have been bent, as it were, toward that agenda…But it's also with young people, teenagers and so on, sometimes small children, the same thing, in other words where I can see there is a controlling influence, and controlling per say is not a problem…boundaries and discipline and frameworks are good but if they are suppressing an individual I have a problem with that…there is a kind of element as well of over- management and over-concern etc., not letting them develop and let the symptoms run its natural course."

[RP2]

"One of the greatest things I've noticed with patients presenting with the Cancerinic miasm, there are ailments from sexual abuse, abuse and not feeling worthy enough."

[RP4]

"If they fulfil the criteria as far as what we've taught about the Cancerinic miasm, personality wise."

[RP11]

The relationship between parents and their children also holds a place as a contributing factor amongst the interviewees, although this can be a form of suppression and dominating influence as mentioned earlier, there was specific mention towards the parent-child relationship and influence of this to the Cancerinic miasm. RP9 referred to the fact that people who become parents later on in life, once they have established themselves, has an impact on the child they bring up.

"I see it quite often because I treat a lot of kiddies that have Cancerinic parents… Their parents brought them up in that environment and they have this underlying ability that they cannot rest, they cannot relax…I always watch out for that, the Cancerinic mom is a very big thing and sometimes I try to draw them in, to treat the child. You know in paediatrics they say treat the parent first to treat the child."

[RP1]

"I find its more children where there is also some form of domination, I find that that is quite a common trend. Where there is a dominant father or a dominant mother causing the child not to flourish as they should."

[RP3]

"I think Cancerinic children are largely manifesting patterns that their parents are imposing on them. As a dramatization of that to some extent."

[RP6]

"They would place huge demands and high expectations on their children to achieve because they want them to get good results and have good education, go to varsity to get a degree and a good job and so on."

[RP10]

"People that become parents later on in life, they already have a self-established standard for what the world should be or how perfect it should be. They are already achievers, highly successful so the standards in their life is very high and even the home environment is run in that manner, very orderly, very controlled, looking to achieve to a certain point. So the kids that come out of that sort of parental environment are the Cancerinic children we see…So this child is having to fit in to this ordered and controlled environment so naturally this child is going to have to subscribe to this order, to the control and this is the way it's done because its already been established by the mother and father…And the overprotection as well, the parents that overprotect their children because it's a sheltering, it can create an insecurity or a lack of self-confidence in some children. I think it's based on parenting styles as well…the OCD parents that wants to protect their child from every bug or germ so they don't get ill, that's a form of control. I have read that it plays a role in the poor immunity that this child may manifest with, so you will see infections and the poor response to it."

[RP9]

However, most of the participants added their own unique understanding for the contributing factors of the Cancerinic miasm based on a more modern, universal approach. Here, the most common contributing factor that the interviewees spoke of was the influence that our modern-day society has on the Cancerinic miasm, with the fast-pace of life, pressure, social media, stress and the environment around us. There were specific references made towards the 'city-life' in comparison to a simpler life, the Western influences versus the Eastern influences. In their own words they discuss this point:

"So, if we look at the beginning of time obviously the first miasm was the Psoric miasm, very basic miasm. Man was very, very simple in that respect. So what has happened now is as we have progressed we have become very advanced. Particularly today with the world that is evolving, people are trying to keep up with the pace… If we look at the theme of the Cancerinic miasm, this fast-paced environment that we are trying to strive for. Everyone these days are trying to strive for perfection… When you look back at the history of that patient, they actually came from a rural part of the world and her manifestations actually started getting worse when she came to town and it was subjected to a different lifestyle altogether, the pressure plays a big role."

[RP4]

"But there are a lot of Cancerinic children that are starting off and I think with the amount of pressure that is put onto kids in terms of school and competition with siblings and stuff like that. We are going to see a lot of Cancerinic adolescence and adults coming up…the shift that is occurring, given this current environment that we have right now in South Africa. There is a lot that is moving, people find that family members are moving overseas or they are immigrating and there is this big like drive to compete to do their best to leave South Africa. There is a lot of pressure that is put onto them. This is the reason we are seeing a very, very high increase in cancer itself. Everyone is trying to better their lives, they are living in fear, they are trying their best, the job situation is not very good, there is a lot of stress and pressure being put on the household."

[RP1]

"Let's not even talk about stress. Cortisol levels that are heightened inflammation, of course, heightened inflammation, that's lowered levels of serotonin, the happy hormones, dopamine. So that's why it's happening, it's life, that's why it's happening."

[RP5]

"We live in the West in a society which makes people feel isolated, it makes people feel that they have no intrinsic value, its makes people feel that if they are not pursuing an idealistic goal that they lack ambition, it is a society where there is no end point and it's a society which promotes a misrepresentation of the true self and so we are more important, we are more interested in how our Facebook page looks and how many likes we get that in our true natures, in our spiritual evolution and in our contribution to humanity in the broader sense. So, the society we live in creates more selfishness and a selflessness and I see both of those being manifest in the Cancerinic miasm…we are

very, very concerned about how others might view us and we spend our entire lives denying our fundamental needs in pursuit of a good reputation which is ultimately quite superficial because it's not based on values but it's based on material possessions...The mind-set that drives cancer is a very Eurocentric mind-set."

[RP6]

"I think it's driven by modern society and the pressures of life and the expectations people have on themselves and of others and there may be other environmental factors as well, I mean we suspect things can influence this but I think it's part of modern lifestyle and pressure and time."

[RP8]

"Most of us are contactable all the time, we stress all the time, we have got to work harder, there is academic inflation so people are working and they are studying and I think it definitely is increasing."

[RP7]

"So, that can maybe bring us back to the causes, maybe the simple life is the better life."

[RP11]

Furthermore, a few participants also spoke of the role that diet plays in the formation of cancer and the Cancerinic miasm through toxins and carcinogens in the more refined and processed foods we eat.

"Our food a lot of it is GMO. If you see in the (Black) African community, you would never see cancer maybe 20 years ago because before the (Black) Africans were living more in the farmlands, they weren't eating boxed cereals and boxed foods, canned foods they were eating fresh farm foods grown themselves."

[RP3]

"I do believe that it is our lifestyle and our diet. The food we consume is pumped with hormones… inflammatory markers that are high because of the inflammatory foods that we consume, one of the triggers, the main problem with cancer is inflammation… But

those are the issues with cancer, what we are eating, what we are consuming, we are consuming foods that we are not designed to consume. What happens to the gut where our immunity is, 70% is in the gut, when we are consuming wrong stuff we are affecting the gut, the microbiome, we are destroying the lining of our gut where all of our immune-regulators are happening."

[RP5]

"So much of it is life and where we are going with it: diet, exercise, but more so diet and what we are putting into our bodies."

[RP7]

"Diet comes into it, other environmental factors like toxins and things like that, it's hard to avoid those things."

[RP8]

"Diet, I definitely think diet plays a role, and not so much diet as I'm trying to eat healthy, yes of course, I'm quite interested, although I don't know so much about it but is maybe an area to look into is your genetically modified foods, I'm sure there is something there."

[RP11]

Another modern outlook into the Cancerinic miasm development is through the impact of electromagnetic radiation through cell phones and technology, which was mentioned by a few interviewees in their own words:

"Well, I think a lot of it is physiological, we have got cell phone beams all around that has radiation."

[RP3]

"Cancers have been increasing massively, cancers in younger people have been increasing massively, our environment is much more carcinogenic with cell phones and everything."

[RP7]

"If you look at how many people get cancer, for example, the influences of electromagnetic radiation, where there is no space where you don't have stimulation, I mean we are bombarded with these things all the time. So whether or not that has an influence I don't know but I suspect that it has some sort of role to play. Whether it's directly in terms of the Cancerinic miasm, but certainly in terms of the frequency of cancer that we see and those sort of malignant type conditions."

[RP8]

4.3.2.3 Subtheme 2C: Main symptoms associated with the Cancerinic miasm

The main symptoms associated with the Cancerinic miasm and the remedy Carcinosin can be grouped according to: Mental and emotional symptoms, physical and general symptoms, typology and the children's characteristics. Many of the keywords described by Sankaran (2005:7) as mentioned in the literature review, Chapter Two of this study, were used by the participants to explain the symptomatology of this miasm such as: Control, perfection, fastidious, superhuman, cancer, order, loss of control. Here, we also see the themes of suppression, individuation and perfection of the Cancerinic miasm coming through.

The mental and emotional symptoms were described by the interviewees in their own words as follows:

"It's that patient that can never relax, nothing is ever good enough, the perfectionism nature … Also, to some extent I find a lot of abuse in people that need the Cancerinic miasm. A lot of times they were emotionally, physically or sexually abused but were made to believe that they were the reason it happened, so they go through life believing that they need to change…So, they are the ones that want to make sure they are in control of every situation and unfortunately they are not, they come to me in a very burnt out state and even that too, they will apologise for telling you everything that they have to do."

[RP1]

"Where there has been a major dominating influence in peoples' lives … Individuals that are in complicated relationships, where there is a controlling relationship, domination… One of the ways that people compensate for having a strong impact in their life is that they are often very sensitive and seek to palliate or not upset strong

influences in their lives, so the general sensitivity thing, empathetic, sympathetic. And fairness inside, I think that in Carcinosin is also an element to palliate the threatening influences to some extent but also to help those that are feeling the effects of those influences, so it's to help people that are suffering."

[RP2]

"" What about me?" Which is exactly the question, is it not? The whole Carcinosin sort of question… Carcinosin is also about what is the firm base and how open do I need to be and how much do I expose myself …That's part of what the journey is, to your own autonomy."

[RP2]

"I also see a lot of anxiety cases in my practice, anxiety and depression and a lot of them are Cancerinic miasm."

[RP3]

"Keynotes I would say there is a lot of fear. There is fear of disease, especially AIDS, especially cancer. You'll find that they have a certain amount of perfectionism as far as life is concerned…They want to get there; they are living in a fast paced environment. There is also an element of care about them ... Cancerinic people often have a kind-heartedness to them… The more intellectual, the more competitive person."

[RP4]

"The biggest common denominator is control or lack thereof and striving to achieve control on different levels. Perfectionism, but I think that goes back into control, the need for control is perfectionism. Wanting to achieve, never satisfied with what is achieved, wanting to strive for more and more… A want to strive for, I'm wanting it right, I'm wanting to do well, I'm wanting to do better for myself. That's beautiful, that's the positive part (of the miasm), but there is the completely depleted part where we are doing it because as a society I'm keeping it all very under control and I'm doing it right but to what degree am I doing it. That self-sacrifice that goes in. So there is a beautiful part of the Cancerinic miasm. They can have fun, they can appreciate beauty, they appreciate detail, but they also love, which is a part of the Tuberculinic miasm, they love to travel and have adventure and everything that is beautiful."

[RP5]

"The word that came through in the case all along was control, control, control. Up to that point, it's just about control and yet our materia medica talks about when it snaps but many of our patients especially the Cancerinic ones will take a very, very long time to snap."

[RP6]

"Control, needing to control, really struggling when they cannot control and with that often I found that they are tending to be much more in the sympathetic nervous system as opposed to the parasympathetic nervous system. So, often people who are very stressed, anxious individuals in my mind keynotes would be on the side of perfectionists that work very hard, take any form of correction or what is viewed as rejection very badly."

[RP7]

"An over-achieving type person, sets themselves very high standards, pushes themselves to the extreme, driven, someone who potentially pushes themselves to the burn out point perhaps… they push themselves, parents don't push them they are self-driven and they set really high standards and they are not really fair or obtainable standards and then trying to get there, they just burn themselves out. That sort of perfectionistic type but also the over sensitive type, the person who is the empathetic type, the one that people come to with their problems, they take on too much of other people's problems, don't know when to say no, no boundaries sort of thing."

[RP8]

"Definitely based on that quality of having to live a very orderly life and striving for that perfection and you know that keynote of fastidiousness that always comes up… but just looking at their lifestyles, overworking, high achievers, very ambitious, juggling many things…it's about beauty and grace and the all-encompassing and how they need that beauty and how they need to look at lovely things and feel lovely as well."

[RP9]

"They become very driven, perfectionistic and controlled in external activities that cannot be failed at any cost. They generally, according to Sankaran, over-stretch their capacity so they basically perform a task at absolute superhuman effort and basically failure is not an option for them, they have to succeed and succeed well... They may have certain fears and anxieties which are not easily revealed… So I don't see them

being sensitive to music or dance or being overly sympathetic unless they are the remedy Carcinosin… With the Cancerinic miasm because of the suppression you get less expression of the words and vocabulary… You have got to read between the lines to be able to suss out that state."

[RP10]

"I mean, personality of always taking care of others from a mental/emotional perspective, that's quite important."

[RP11]

"Mental things basically is the need for control, obstinacy, not being able to let go of things, a lot of them I would say live in the past continuously, harp on the same things, are fixated and unable to move forward in a progressive manner, sometimes principled, overly principled, strong sense of indignation, morally I would say they are quite intact unless they are threatened and in the instance of threat then their moral compass can deviate from where it should be but generally they are quite principled people, very structured, organised, they like to have control of the situation at all times, like to be updated regularly, need to have a fair expectation of any situation before they let themselves enter into a situation."

[RP12]

"So, everything has to be pretty clearly defined for them and that's very easy to pick up on in the first consultation. When they set up that appointment with yourself or your receptionist, the series of questions that they will take you through regarding your approach, your approach to health, medical aid, your pricing, legitimacy of your medications and then when they do present themselves to you they have already done a lot of research, they come with their list of symptoms and degree of symptoms you don't have to ask too much but unfortunately they are a little closed when it comes to the emotional side of the mental aspect."

[RP12]

The Carcinosin child is an important aspect of the Cancerinic miasm that was introduced by Foubister (1967: 184) through his study of the remedy Carcinosin, who explained the physical appearance as well as some characteristics of the Carcinosin child. The Carcinosin child was discussed by the interviewees in their own words:

"From an early age they have to strive and they have to make sure that their parents are on them, you know, what are you going to do when you are finished. If you don't have a degree or you haven't been to tertiary or you haven't become successful it's almost like a stigma, it's like you are not recognised. So, the children from an early age are prompted to be this way, to be at it all the time and to get themselves to that level."

[RP1]

"The simple way I do that is I ask about a child, a parent can sometimes give an answer, if you see on the news a refugee camp of children or an earthquake or floods or whatever, does one's heart go out as it were. I asked that once of a child that was maybe 2.5 – 3 years old, who was the patient, and not very verbal and the mother said, "Wow, yes, if there's something on the tv (television) where somebody else is crying, she will go up to the tv and kiss the tv", but for me that scares me because that's a compensation mechanism, clearly that child is also in a setting where she is having to be a peace maker so there is something going on in that family, with those parents which I'm immediately alerted to and I'm concerned about. That child was full on streaming nose and full on allergy symptoms. So, it's normal to be sensitive, but that level of sensitivity is worrying to me."

[RP2]

"I generally see the kids that are adult like… and as I said in terms of the children as well, I find its more children where there is also some form of domination. I find that that is quite a common trend. Where there is a dominant father or a dominant mother causing the child not to flourish as they should, but the child takes it in whereas the Tuberculinic child will probably start kicking and screaming and making a tantrum, the Carcinosin one sort of bares it and suppresses it."

[RP3]

"I deal with it a lot in children with recurring illness and so on."

[RP8]

"If I think of the child patient, they look a lot like the Phos or the Tub (Tuberculinum) child, in terms of gracefulness and maturity like Nat mur type and you know the typical physicals of blue sclera, skin lesions like your moles and that pigmentation that's

uneven… the degree of difficulty or hardship that they have had to endure through their life younger as a child, that then set up the traits of the Cancerinic miasm."

[RP9]

"It is always a consideration now children that chronically get ill, one illness after another, I also give it (the remedy Carcinosin)."

[RP11]

The physical and general symptoms were described by the interviewees in their own words as follows:

"The physical side, but you'll see those ones with the skin tags, the moles, café au lait. I don't see too much of but amongst the Indian people, lipomas are very common…Be it from a now healing lesion, arthritis or a type of eczema that is not going away…if you look at it on emotional symptoms, you give the Cancerinic miasm and the Cancerinic remedies."

[RP1]

"The other area I use it, is with allergies because the sensitivity thing with allergies is a hypersensitivity of the immune system… another reason I use it is where there is a history of recurrent viral infections or for instance infectious mononucleosis… Fevers, definitely, people with recurrent fevers and so on, I definitely think that Carcinosin is very powerful or of course the opposite, when there is no fever, again it is the suppression thing."

[RP2]

"So, on a physical level I find that it's a lot of those eczema, asthma, allergy sort of."

[RP3]

"As people are progressing we are getting to this stage where there is this overburden on people and hence this overburden which can hit them from a pathology point of view in the form of metastatic or even a benign lesion that can be related to the Cancerinic miasm... If you contract cervical cancer, we have a wart that basically fits into the Sycotic miasm and it's not just the simple HPV (Human papillomavirus) we are getting

anymore, that HPV is manifesting itself into cancers…Allergies are also within the Cancerinic miasm… From a physical point of view, we are getting a lot of this chronic fatigue syndrome or burnout, a lot of these yuppie flus happening."

[RP4]

"You know you have the biggies, the discolouration of the sclera, the long eyelashes which you got in common with the Tuberculinic miasm and moles, the darkened moles and many of them."

[RP5]

"Definitely from that point I do see a lot of autoimmune issues. A lot of the time they are fairly nonspecific, the main indication for autoimmune would be the joints, joint pain and that sort of thing, arthralgia… And its association with chronic fatigue also… that I do a lot of fertility and fertility very strongly links in to the control aspect."

[RP7]

"And then on the physical side, where I prescribe Carcinosin, I find it's quite effective as the actual nosode for the burnout type patient and the post-viral fatigue syndrome type of thing …The other physical thing that comes to mind is migraine sufferers that stands out to me, sleep is definitely an area, autoimmune to a degree as well."

[RP8]

"The other chronic illnesses, diabetes, TB, autoimmune… We see a lot of adrenal fatigue and burn out, I see a lot of that in my practice, the adrenal fatigue because we are overworked and over striving for perfection… Just pain syndromes and I've sent patients for tests for rheumatoid and for SLE (systemic lupus erythematosus) and you start to think that chronic joint pain with a weakened immune system, are we looking at an autoimmune system and a few patients have come with tests negative for that. So it's part of the picture for chronic fatigue syndrome or fibromyalgia."

[RP9]

"Usually it's for anything, it can be someone who had arthritis to kids with allergies to adults with autoimmune diseases but generally chronic complaints, things that have stuck, so hay fever, asthma, eczema, almost anything."

[RP10]

"Besides cancer, also looking at your autoimmune conditions… Chronic diseases especially those that do not respond well and that I think is sort of the whole range of chronic diseases not only the ones that we typically associate with the miasm. So things like a diabetes that is just not responding."

[RP11]

"The main keynotes I associate with the Cancerinic miasm is obviously the excess in terms of pathogenic processes, things like BP (Blood pressure), diabetes, obviously skin tags and those kind of things."

[RP12]

The typology of a Cancerinic patient includes their appearance, character and social or work environment. A few participants made references to these features in their interviews and also stated how easy it is to identify a Cancerinic patient when they walk into their practice:

"You'll identify a Cancerinic patient…They will always have to have this perfectionistic nature, how they look, how they present themselves."

[RP1]

"Also the Cancerinic miasm, they definitely have a certain look to them. You can see they are more upright, more prim and proper… Somehow with the Cancerinic miasm when they walk into your room you will know."

[RP3]

"You are getting a lot of guys that are coming through that are accountants, there are guys that are highly perfectionist, you can see the way that they dress… You'll find that I have a lot of health care professionals that actually fit into this, whether it be because they are overworked and they are trying to burn the midnight oil, which is a big thing in the Cancerinic miasm, in modern times it's what we have to do, whether it's that or they take those emotions personally and manifest those diseases. That caring side which is also a major problem as far as the miasm is concerned."

[RP4]

"For example, I have a lot of patients who are exactly that, particularly varsity students, matrics, high school students who are top of the top academically… but they will also be a member of every club and society and give up all their time doing other things and squeeze themselves to the point where they don't cope. So that sort of picture is what comes to mind off the top of my head."

[RP8]

"Their demeanour and habits as well, perhaps maybe they dress well or they are very well-kept, groomed, very meticulous and also quite demanding of the practitioner, so in other words they put a lot of pressure on the practitioner to have all the answers."

[RP10]

4.3.2.4 Subtheme 2D: Prevalence of Cancerinic miasm in South Africa

Part of understanding the Cancerinic miasm in a local South African context needs to be done through understanding its prevalence in the country. Although the sampling and study took place in KZN, the participants were asked their opinion regarding the prevalence of the Cancerinic miasm in South Africa as a whole. Many interviewees felt that it was still highly prevalent but possibly not the most prevalent miasm out of them all, whereas, others could not give an assumption for this based on their experiences and practice alone. Their opinions are quoted:

"So, I think it's very prevalent…Also, there is a shift that is occurring, given this current environment that we have right now in South Africa. There is a lot that is moving, people find that family members are moving overseas or they are immigrating and there is this big like drive to compete to do their best to leave South Africa. There is a lot of pressure that is put onto them. This is the reason we are seeing a very, very high increase in cancer itself. Everyone is trying to better their lives, they are living in fear, they are trying their best, the job situation is not very good, there is a lot of stress and pressure being put on the household. So, I think we are going to see a lot more from that point of view."

[RP1]

"In terms of the country, we can see the cancer rates how they have rocketed and that can tell us how much the Cancerinic miasm is prevalent."

[RP3]

"Obviously the Cancerinic miasm is one the most predominant miasms we have today, pretty modern miasm… The incidence of that is increasing, so just from a physical point of view and not from a homoeopathic mental and emotional point of view, I think the South African population is very, very much on the way forward and exhibiting features of the Cancerinic miasm. Our population is quite diverse so obviously we see a branch of Sycotic miasms coming through, we will see a lot of Tubercular miasm coming through but obviously the Cancerinic miasm is a more modern miasm. We can take it further as the Leprosy miasm and then we can also go as far as the AIDS miasm which is also predominant, which is becoming more predominant. So in South Africa I would say it is on a great rise."

[RP4]

"My assumption for the country is not as prevalent as my practice…but I think the prevalence is increasing more than it was. Cancers have been increasing massively, cancers in younger people have been increasing massively, our environment is much more carcinogenic…The whole of South Africa significantly less than 50%. I think you would find the whole of South Africa probably got a shift largely towards the Tubercular miasm and possibly with HIV/AIDS a shift towards the Syphilitic miasm."

[RP7]

"I don't think it's necessarily the most prevalent miasm across the board, I think you probably going to find a lot more Psoric and Tubercular, I think it depends where in South Africa you are."

[RP8]

"Definitely on the increase, I think from all the miasms, the only one that would probably come close, in your everyday practice, is probably Sycosis and if I think more of the rural communities maybe Tubercular is a bit more, but Cancerinic is definitely for me the most prevalent."

[RP11]

"I have no idea of what the prevalence is in South Africa because I don't see all parts of society so I have a very skewed sense of sampling…but I don't think that's a good representation of South Africa. If I had to guess what South Africa would be, I would say you are probably looking at maybe 5-10% of the population."

[RP10]

"I don't think my practice is representative of South Africa because as you know South Africa has multiple communities with multiple dynamics."

[RP6]

"I can't, I don't want to speak for South Africa, but I can speak for myself in my own practice. Because of the area in which I practice and perhaps the disease pictures of patients that I see. I think it is highly prevalent, but as I said I can't speak for South Africa but just personally in my own practice."

[RP5]

A few participants mentioned the dynamic of a community's socioeconomic factors that contribute to the prevalence of the Cancerinic miasm. Thus, the prevalence of the Cancerinic miasm in South Africa would depend on the area as well as their socioeconomic level, they understand that the higher the socioeconomic level is, the higher the prevalence of the Cancerinic miasm.

"I think Cancerinic miasm is very prevalent and more prevalent, the higher the socioeconomic bracket of the patient. So when we get into the upper middle classes it's almost universal, when we are dealing in a community clinic, not as universal but I can say that if it was an absolute thing, then we will see cancer being very prevalent, for instance in white upper middle class families and we would see almost no cancer in poor rural communities, it's not like that. So there is a contamination if you'd like and there is an influence that is much broader than the specifics of that, so perhaps some of it is societal community, some of it is that the world is in a Cancerinic space so no one is untouched at some level, but to the extent that communities buy in to the pattern of cancer, cancer becomes more prevalent. So, certainly in more sophisticated societies we see the Cancerinic miasm. I think the socioeconomic thing is a factor because there are two drivers for that: one is means, quite literally – if you have got enough money you can play the Cancerinic game because the Cancerinic game is an

expensive game, you can't pursue an ever better something when you've got no money, you are to some extent confined. I think the other aspect of the Cancerinic miasm is the sense of isolation and my view of society is that the lower you are in the socioeconomic spectrum, the more dependant you are on others to survive."

[RP6]

"If you are sitting in a privileged society or you are with a rural community I think it's going to be very different, the situations are different, the hierarchy of needs are different, the stresses are different, so it would vary."

[RP8]

"Firstly, in term of the assumption for the country. I think it's fair to categorise that our country has groups of people that vary in terms of their socioeconomic groupings if I can say. So, based on that in terms of what we see in the lower socioeconomic groups, the Cancerinic miasm is present but it's not dominant in any way. In the middle and upper socioeconomic groups, it's more dominant, I think mostly as you move up in terms of socioeconomic welfare it becomes more prevalent. The issue of control, the issues of first world problems. Somehow it presents itself more in the middle and upper socioeconomic categories where people are able to control, they have medical aid, they are not exposed to rural situations, they are not exposed to those kinds of diseases and disease processes on a daily basis and so in some way they are very protected from what the lower socioeconomic group is dealing with in terms of poor healthcare, poor hygiene, poor living standards and so these groups are challenged in this way for some reason. I think they have the intellect and ability and life situation that their disease presentation presents on these levels."

[RP12]

Another factor that was discussed in relation to the prevalence of the Cancerinic miasm in South Africa was apartheid. Two participants discussed the effect that apartheid had on South Africa as a whole for every group of people and because it was an oppressive system of dealing with people, it brought out the Cancerinic process.

"Highly prevalent. We had a cancer in South Africa which was racism and white domination. And the trauma associated with that is massive and it's massive on both the broad parties, the whites and blacks. The whites are damaging to a race group to perceive itself as separate and better than anyone else and to cut itself off from its natural allies, in fact its family members. If it was damaging to whites, one can only imagine how damaging it was to black people who were taught psychologically, brainwashed to a certain extent, the propaganda but also the punishments that they are inferior and that they don't deserve the kind of quality of existence and respect, that they don't need the quality of housing, the quality of jobs, the quality of schooling that the white group did for instance. So, our country was collapsing under apartheid and it collapsed, the system couldn't sustain itself."

[RP2]

"The narrower you are, the more at risk you are. That is why apartheid was so bad and unnatural. The more threatened people feel the more they think they must be narrow, but that's more dangerous, they are going to collapse their own systems. So, it just points again to Carcinosin."

[RP2]

"In South Africa, the levels of people and community and population find ourselves in highly controlled situations, if you think of the past, the history of South Africa, the history of apartheid, prejudice and oppression. Generations before us have not been able to be free, they've lived in a very controlled way and they've been controlled, they've been suppressed, they've been oppressed and they have not been allowed to feel. So even when you have suffered an injustice, you were not allowed to express that, you were not allowed to feel and you couldn't get any justice for it, so it was internalised and I think that our fore fathers have had to deal with that setting up for generations to come. So that's where the prevalence would come and it's across the board in terms of race groups because each of our race groups have had to deal with some kind of prejudice or oppression on that scale in South Africa."

[RP9]

When considering the prevalence of the Cancerinic miasm in South Africa, many of the interviewees felt that a major influencing element was gender, in particular, the female sex. They believe that the Cancerinic miasm has a prevalence within the female population because

of the particular roles and characteristics woman naturally have. They spoke of this in their own words as follows:

"Apart from race I think woman in general in South Africa, if you think of how woman have never had rights during the time of the past laws when there wasn't equality and were not allowed to vote. It's an entire political angle but there is so much oppression that they have had to endure and it is those women that bore those children that have now carried the streak of that suppression or the result of what the suppression would have done…because they are overworked and over striving for perfection and they are also saying, "don't say that I can't do it because I can" as woman, that's the operational mode that women are on these days, they are go-getters. So there's no limitation, but if you set the bar that high, everybody, whether it's male or female, there has to be that overworking in order to achieve that."

[RP9]

"Looking at friends and family, I don't know why but I definitely see the Cancerinic miasm as female. The Tubercular miasm would be much more likely to be male in my head. The nit-picky, self-critical, that sort of nature tends to be more woman than men, more introspective, more aware of themselves and their effect on other people and beating themselves up. Cancerinic to me I completely think of as a female miasm."

[RP7]

"The woman is left to fend for the family and to put a plate of food, put a roof over the kid's head, a lot of them (men) have gone away, so this mother is trying her best to do what she has to do."

[RP1]

"I think predominantly women in general are presenting more Cancerinic aspects of everything and I'm talking about women from a general race group. It's hard for me to define if White people or Black people or Indian people or Chinese people, it's pretty much equal, but I think women are more predominant but there are also men who show these tendencies... The younger generation of women from 30 down more fit into that kind of miasm, as we get older, we are getting a lot of Syphilitic miasm coming through, a lot of the Sycotic miasm coming through."

[RP4]

"I guess women taking on the role of motherhood and they take it on judiciously and fastidiously and seriously and so it probably brings out the miasm a lot more strongly. Whereas, perhaps their husbands being a bit more carefree they can be a bit more Tubercular, they can enjoy a bit more of their freedom, whereas the women seem to take the role of parenthood more seriously so it probably accentuates that state. So if they are multi-miasmatic, the Cancerinic miasm comes up more strongly maybe in that age group and maybe being woman because even though their husband might be having to earn money etc. I think the woman's role is way more complicated, they are often having to hold down a job and take care of the household so perhaps it's just a trend that I've seen."

[RP10]

"It's an observation, I think we do generally see more female patients in practice, but for me the miasm definitely presents itself from what I've seen a lot more in females, I wouldn't say not in males, in children for me it's on the increase, but maybe I don't comment on males because I don't see so many males. But the whole history of self-sacrificing, suppression, always there for someone else which is typical of the miasm. It is something that I see a lot more in females. I think generally just females are in suppressive relationships and sometimes also the general nature of the females to sort of do things for others…they have just given too much away from themselves, they have worked too hard, they look too hard after their family, the suppressive relationships."

[RP11]

One participant went on to speak about the male role in the prevalence of the Cancerinic miasm and how it can be a dominating influence on many woman and children which leans them more towards the Cancerinic miasm picture.

"The fact of the matter is, the major controlling influence in society and in families and in relationships is men. Patriarchy. So, I think, therefore, one might say that men are causative of cancer and of damage one might say. They are the cancer cells. Wow that is quite a big thing to say. So, my observation and my experiences with female patients

and people in my life as well as children in general, they need to deal with the male presence in their lives and to be more assertive and confident within their own agenda is really important. To become their own individuals. Men think that they are their own individuals, they don't have such a problem about thinking and being egotistical or selfish or self-centred in that regard, but the problem is that their centeredness is distorted and is inappropriate because that centeredness in a sense undermines the common project. So their centeredness, which in a whole is noble too. Oh, I'm going out, I'm protecting…one can understand it. Self-service, self-sacrifice is part of the female evolutionary trend etc. but they can become over-expressed in either party."

[RP2]

4.3.3 Theme 3: Clinical application of Cancerinic miasm

The clinical application of the Cancerinic miasm is based on how a homoeopath takes a case, chooses a remedy, prescribes that remedy and observes the effects that the remedy has on the patient. To understand the Cancerinic miasm, the previous theme studied the prevalence in South Africa, whereas here, the prevalence in the participants' private practice was discussed to understand their clinical application of this miasm in their specific areas in KZN.

4.3.3.1 Subtheme 3A: Prevalence of Cancerinic miasm in practice (KZN)

The study was conducted in the KZN Province, where there is a concentrated amount of practicing homoeopaths due to DUT being one of the two institutions that offers the study of homoeopathy. Although there were limitations to the study, as mentioned in Chapter One, the 12 participants gave a fair representation for the prevalence of the Cancerinic miasm in KZN. The participants were selected from various areas around KZN and saw a variety of different patient demographics in their private practices.

The interviewees gave their opinion of the prevalence of the Cancerinic miasm in their private practices, often in comparison to the other miasms, as follows:

"You'll find like a lot of the patients that need the Cancerinic miasm itself… Well amongst my patient base I would say, apart from the Sycotic miasm, which we see a lot in kiddies and in adults, I see more of the Cancerinic miasm and it's just because of the demographics and the areas I'm in."

[RP1]

"So I see it quite a lot in my practice."

[RP3]

"More prevalent, you don't often get somebody coming in here that doesn't exhibit every different type of miasm but very much so I think that the Cancerinic miasm is very, very predominant at this time…Based on the mental/emotional, leaving the physical side out of it I would say about 60% of these patients exhibit it, but then again if we really wanted to fine tune it, we could also see the correlation to the other miasms like the AIDS miasm etc. they exhibit very similar parallels."

[RP4]

"Very often. I think it's very difficult (to quantify), so yesterday I had three new patients and I think two of them were from that (Cancerinic miasm) … But I do, it is very common for me, I personally do, but it's also because I do treat a lot of cancer."

[RP5]

"Quite high. I would guess the prevalence of the Cancerinic miasm in my practice overtly is probably 60-70%."

[RP6]

"So, I would say I work mostly within the Cancerinic miasm. The other miasm I would see is with kids, they tend to be more on the Psoric side of things… So, my practice would be more than 50%, I don't see much of Psoric miasm in adults, otherwise I'd be looking at Sycotic miasm I would say, but I think the prevalence is increasing more than it was."

[RP7]

"If I were to look at all the miasms, I mean obviously Psoric comes up a lot but the Tubercular and Cancerinic miasm are probably very common in terms of the types of

miasmatic encounters that I have here. The Cancerinic miasm is probably the top… It's fairly prevalent here, for anywhere else I'm not sure I don't have other reference points besides here."

[RP8]

"I come across it most often."

[RP9]

"The area and demographic that I treat I would say the prevalence is quite high in the Cancerinic miasm. I would say maybe even as much as 70% or 75% of my patient base are Cancerinic. Multi-miasmatic, there are other miasms in the picture that I identify in the course of the treatment but I would say where it strongly features is a good 70-75% of my patients."

[RP10]

"I don't practice every day, I see a few patients every month- 5 or 6 a month but I can say at least one of those I will see the miasm, if not active then at least dormant where you can see it is present in the family."

[RP11]

"In my practice it's very high. I would say Cancerinic and Sycotic miasms prevail… I would say one in two patients are Cancerinic."

[RP12]

The different demographics within a practice such as age, gender and race play a part in the prevalence of the Cancerinic miasm, this is especially important in a South African context because there is a diverse nation of people. Thus, every homoeopath has a varied patient base depending on their practice. The participants brought forward their own demographics from private practice with regards to the Cancerinic miasm, the first of those being race. Most of the participants had a strongly Indian and White race group in their practice under the Cancerinic miasm and there was a small prevalence of the Black and Coloured race groups. They are quoted below:

"So, from a Cancerinic point of view, I see a lot of patients from the Indian community and a lot of them have had this Cancerinic nature from the time they were younger, their parents brought them up in that environment and they have this underlying ability that they cannot rest, they cannot relax, they will always have to have this perfectionistic nature…80% of my patient base is Indian but amongst the White community, amongst the coloured community in and around the area we see it there. Amongst the Coloured community I must be honest I see it also quite prevalent in the sense that a lot of the men have alcohol or drug habits and the women are left to fend for the family… Amongst the White community, I find it more the fact that they were brought up in a very strict and harsh environment where they found that they couldn't be themselves."

[RP1]

"I see a lot of Indian patients and it's very common in Indian patients especially the old school sort of woman where they have toiled for so many years and didn't fuss about all the stuff that they have done and they just took everything very gradually and now in the later years you see the Cancerinic miasm coming through."

[RP3]

"In my practice I see a variety of different patients from different backgrounds."

[RP4]

"So in that time I have accumulated more Black patients, so it's less differentiated. In my early days I would have probably said my patients were 55% Indian and 45% White."

[RP6]

"I don't see a lot of (Black) African folk; I have seen in the past but not a lot. Probably close on equal between Indian and White, occasionally Coloured folk but not a lot of them in Durban. Mine would definitely be more towards Indian and White."

[RP7]

"In terms of racial demographics and that I can't really say that much, majority of patients that I see are White and Indian in this practice, so I can't really make a fair assessment."

[RP8]

"Mostly Indian because of the area I'm in, as well as the circles that I'm in from word of mouth, but also in my social circles I've mentioned my practice. With kids, Indian and Black kids."

[RP9]

"Also because of the type of patient I'm dealing with, predominantly my patient base is Indian and they present with the physical triad of BP and diabetes and on a mental level these are the challenges that they struggle with."

[RP12]

Another major demographic that was discussed under the prevalence of the Cancerinic miasm by the interviewees was the age groups that they treat with the miasm. The age demographics that are quoted below showed a prevalence of children fitting into this miasm, some teenagers and young adults as well as middle-aged and a few elderly patients.

"I see it quite often because I treat a lot of kiddies that have Cancerinic parents… I had a very interesting case where it was a 23-year-old Indian female that was in the peak of her life."

[RP1]

"But it's also with young people, teenagers and so on, sometimes small children, the same thing."

[RP2]

"I tend to see a lot of children in my practice…A lot of my patients are babies. The Cancerinic ones, I mean you get boys and girls, but I would say grade 7, you get quite a few at that age and I think that transformation between childhood and adulthood there is a bit of confusion going on there, the self-esteem issues."

[RP3]

"So if I could roughly give you a figure it's from 40 downwards that that miasm is present … I haven't really had any kids where the Cancerinic miasm pop up so with kids it's a

very difficult thing to establish. You are waiting for the parent to tell you a lot of information about the kid."

[RP4]

"I have prescribed for kiddies, where I'm seeing the prevalence…Oh, any age group. From when they are little. I just feel that every now and then a push for that is important…Cancer today is killing probably more than any other disease and we are seeing the prevalence so much higher and a much younger age, unfortunately. I'm not talking about 50s and 60s, I'm talking about ovarian cancer 25."

[RP5]

"I see pretty much across the spectrum, I've always historically had a tendency towards older people or younger people, not really much in the middle. So, I've had either paediatric patient or post-menopausal but I have a lot of kids, I do kids quite well and then I have a lot of older people with chronic disease post 45. With kids it's always Tubercular or Cancerinic, little bit of Sycosis, hardly any Psoric miasm in kids. The older people Cancerinic miasm is very strong but interestingly in the older people more Psora, Syphilis a little bit and Sycosis. I would say the Cancerinic miasm is by far the strongest in the older people."

[RP6]

"Obviously age wise you are looking at the same thing, far majority will be in their 30's. Some kids, not a lot anymore."

[RP7]

"So, in this practice, the ages vary but certainly for the cases I can think of that are clearly Cancerinic, they can be fairly young but you are looking more at teen years and up to late 30's early 40's, it seems to be there. I think that when people go beyond that (age) they have either gained some more perspective and they have adapted and changed their outlook on life, but I see that age group mainly. The school going, high school going, varsity and then people that are starting their careers perhaps, with exceptions as well."

[RP8]

"That show very, very clear Cancerinic traits, children as well as adult woman."

[RP9]

"A lot of children would fit into that miasm I would feel and the parents would be younger parents. The most common age would probably be from around age 30 to 48, so mid-30's to mid-40's would probably be the most common range of adult population that I would see in that miasm. Whereas the elderly I don't see as much and also teenagers not too much. I seem to pick it up more strongly through younger kids so you can already see it from the age of 5 through to the age of 10 and then again 35-45."

[RP10]

"I've prescribed in children and a few teenagers… And I don't think the Cancerinic miasm itself waits until you are very old, it comes early."

[RP11]

"From past age 5, I still see a decent amount of Cancerinic miasm, I would say between age 5 and maybe 10 or 15 there is still Cancerinic, Psoric, Tubercular in the picture, Syphilitic not as much. In terms of adults I would say almost every other patient presents itself as Cancerinic."

[RP12]

Table 4.5 below represents the different age groups that were mentioned through the interviews based on each participants' private practice in terms of the Cancerinic miasm. The majority of patients being treated under this miasm can be observed in children and adults from this table. Data was captured from the above quotations as well as from the case examples under section 4.4 given by the participants.

Table 4.5 The prevalence of the Cancerinic miasm within age groups from the participants' private practices

AGES	RP1	RP2	RP3	RP4	RP5	RP6	RP7	RP8	RP9	RP10	RP11	RP12
Children (0-12)	√	√	√		√	√	√		√	√	√	√
Teenagers (13-19)		√	√					√			√	√
Young adults (20-29)	√		√	√	√			√				
Adults (30-60)	√		√	√		√	√	√	√	√		√
Elderly (60+)						√					√	

The last demographic that was discussed under the prevalence of the Cancerinic miasm in KZN private practices was gender. As discussed under theme 2D, the participants felt that the Cancerinic miasm in general is more female oriented. The prevalence of gender demographics in their private practices was also strongly female based, although, a few interviewees do make a point that most homoeopaths do tend to see more female patients in general. They discussed this point in their own words:

> *"Possible, simply because, frankly any homoeopath's patient base is more female than male. The very reasons I've been talking about the patriarch and the male stereotype, males don't generally like to go to doctors in general, particularly people that talk about holistic types of approaches and emotions and spirituality. I wonder, that's interesting, I should take note within a proportional basis whether I prescribe more to a female*

population. I can't answer that, but maybe I do because frankly women are much more oppressed and traumatised in society."

[RP2]

"I don't generally see men unless the husband comes with the wife and asks me something… I can only tell you women because all my anxiety and depression patients are women. All my patients are women."

[RP3]

"Demographically wise I would say women of all races are presenting with these problems."

[RP4]

"Gender-wise my practice is probably pretty even, maybe a bit more female but not markedly more female. I would guess it's probably 45-55%. I think most people see a lot of female patients, I have a lot of male patients that I've had for years and years. I have a lot of families."

[RP6]

"My practice is strongly female."

[RP7]

"Definitely more women than men I would say, not that men don't ever fit into that but I'm thinking of cases that stand out for me, I would say more women than men… It may just be because women see us more than men do. Most of the patients that I see are women and children, I think you might find that in other practices as well. I think that is just a general trend, men go and see doctors normally for physical things and they don't go that often unless they are really, really not right or they are being dragged by their spouses. So it could just be that, so it might be biased in that way."

[RP8]

"In my practice I can confidently say it has only been females that I have seen that have come presenting with Carcinosin type symptoms, that have required Carcinosin, that show very, very clear Cancerinic traits, children as well as adult woman. So its females that I've seen the prevalence of."

[RP9]

"Both men and women, maybe more predominantly in women. Maybe 70% women, 30% men but I do see more women in my practice than men and more girls than boys but that would be my guess."

[RP10]

"I think we do generally see more females in practice, but for me the miasm definitely presents itself from what I've seen a lot more in females."

[RP11]

"I would say I see twice as many females as I do males but in my experience if I had to just look at all my males in isolation I would say the prevalence is still equally high. If I ignored the females and just looked at the males, I would also say it's one in two."

[RP12]

4.3.3.2 Subtheme 3B: Understanding of Cancerinic miasm prescription

The Information regarding the use and prescription of the Cancerinic miasm was obtained from the participants to understand what they focus on in case taking, how they come to find the remedy being prescribed and the methods of clinical application that they use for this miasm. Subtheme 1B mentioned the different prescription methods used for miasms overall, which still applies to subtheme 3B, however, more specific information towards the Cancerinic miasm in particular was obtained in this case. The interviewee's shared their opinions and experiences regarding this in their own words:

"You'll find like a lot of the patients that need a remedy for the Cancerinic miasm itself. A lot of times I prescribe it, I prescribe it more on the mentals, not so much on the physicals itself… Most of my cases when I check it up, I repertories it very simply, but I base a lot of it on the mentals and obviously looking at the patient itself… So, in the words of Dr Ruth Bloch, we dance with the patients. I find that I don't limit myself to the traditional way of treating, I work with the patient according to what they need so if it's two or three remedies that are needed at a time, I won't give one remedy and then wait and see it. If I know that can open up with the Cancerinic miasm and then go onto something stronger, I'll do it same time, I won't give it and then wait the next treatment

and see what it does. So I'll tell them wait 5 days in-between and then take the second remedy and it works."

[RP1]

"What I always do as a matter of practice is, consult my repertory, I consult my materia medica and I've only got paper I don't do any online stuff and I will look at remedy associations, so I will look at Carcinosin and afterwards I will look at where I should go next, what is an allied remedy."

[RP2]

"Most of the time I prescribe classically so depending on what case presents in front of me, I give the constitutional remedy…It's very difficult though because human nature is such that we look at physical disease, we don't want to look at mental disease you almost have to do it very slyly, you have to chip, chip, chip, chip very slowly until you get to the bottom of it."

[RP3]

"So, I would say that there is the odd person that does come through from a pathological point of view, but then we've got to look at it from a mental/emotional point of view, like what miasmatic way is coming through… If we have to differentiate, maybe there are different symptoms that the patient is presenting with, other rare, strange and peculiars, then I will look deeper into the materia medica and repertory and see what else, I mean we have got over 2000 remedies so it's a difficult task to do. I like to use my polychrests because I have a lot of confidence in them and I think homoeopaths in private practice have to limit the amount of remedies they have in practice."

[RP4]

"You get some patients that don't act well to classical homoeopathy, but generally when the vital force is low in these Cancerinic patients, I find that the nosode touches it quite well and then we look at the constitutional remedy and if it fits into the miasm give that as well."

[RP4]

"That's kind of your things that you look for physically, but I personally don't stick to that, I look symptomatically more than anything else...Sometimes I feel that even

though the patients are within the Cancerinic miasm, depending on what I'm treating them for, the remedy itself might not be a Cancerinic remedy because I'm treating them for something acutely, but they are still within that Cancerinic miasm picture. What I prescribe is, I look at the remedy that comes up and I do try and almost look if I can see 100% if my patient is within the Cancerinic miasm, then I say okay I'm thinking of two different remedies, I need to look and I pick the one that is probably of the Cancerinic miasm."

[RP5]

"So, we have physical manifestations of disease, but those physical manifestations are just dramatization of a much deeper dynamic… I have a problem when it comes to miasmatic theory when we see it as a list of symptoms, you know blue sclera and café au lait spots etc. but some practitioners do look at that. I see it less and less physically."

[RP6]

"I'm very sort of clinical in my approach, I use lower potencies, small remedies and things like that."

[RP8]

"With my adult patients I've seen more the emotional/mental keynotes and then the history that has brought me to look at the Cancerinic miasm."

[RP9]

"From experience what I can say is that a lot of these things are from observation and listening to how a person conducts themselves in their lives, they don't necessarily use the words that we know to identify as the miasm, you've got to just read between the lines...For me the most beneficial tools for identifying and prescribing, what's been told to us by Rajan Sankaran and Tinus Smits as well, are his description on Carcinosin cum cuprum. I found those very valuable."

[RP10]

"So, as I said, because of the kind of patient base I have it's usually a very mental thing for me and obviously if I want to just double check that this is definitely a Cancerinic miasm I go to the family history and patient's personal history to see what's come up… I feel like I need to affect the frequency of the patient gradually over a longer period of

time with my anti-miasmatic treatment and then I start with the powders or whatever the indicated remedy is…I just somehow get the sense that it puts the vital force at a better place to receive the indicated remedy because you've already treated at one level at that particular frequency and now you are coming in and treating on another level with the same frequency… we shouldn't be ashamed or scared to start and sustain an anti-miasmatic remedy irrespective of the patient's main complaint."

[RP12]

A few participants mentioned the multi-miasmatic element of the Cancerinic miasm which can move the treatment of a case in a particular direction or create an overlap of different miasms and thus cause confusion in the prescription for the patient.

"I find it quite a challenge at times to differentiate the aspects of Tubercular miasm that cross over."

[RP8]

"It's difficult because I feel patients, you are talking about a moving target, it's not a fixed state. So, if everything fitted into the Cancerinic miasm and there were no Tubercular or Syphilitic aspects or Sycotic aspects in terms of miasm, then I would be able to say that all the way through the process of the treatment this was a successful case of that miasm, but I think that it definitely blends into other miasms and even the patient who I might have given them a remedy that was Cancerinic it might've sprung up an acute somewhere along the line…but those acute remedies were pivotal in moving them forward as well."

[RP10]

"I find that the Tubercular miasm and Cancerinic miasm are often coupled as well so when I say multi-miasmatic I mean that they are weaved into each other. So they might be very Tubercular and then Cancerinic might emerge out of that and then back to Tubercular again. So to me there is a very close association between those two miasms as well, clinically and in practice."

[RP10]

"My understanding of the Cancerinic miasm is that it is encompassing of a number of miasms so you would have seen manifestations of predominantly Sycosis and Syphilis but then also Tubercular characteristics coming out over the progression of the treatment with the patient. There will definitely be Psoric manifestations as well."

[RP9]

There were mixed views regarding the use of the Cancerinic miasm and Carcinosin in treating the disease of cancer itself. A few interviewees found it useful, whereas the others were more cautious.

"I've seen a lot of patients with different stages of cancers themselves... These people are very susceptible to Cancerinic diseases and cancer itself."

[RP4]

"I do see a lot of patients that someone has said I'm treating them for the cancer but they do have cancer currently or have had cancer and are in remission. I do see a lot of cancer patients. I do see a lot of those and I've got a few patients that have chosen not to go the allopathic route and I have a few that we are using in conjunction with the allopathic treatment of chemotherapy and radiation and so far so good."

[RP5]

"I'll only give Carcinosin in early stages of cancer, if it's later on I'm much more likely to go towards your more destructive types like the Syphilitic miasm."

[RP7]

"I've never used it in a cancer type of situation, partly because that's part of our training to be cautious."

[RP2]

"I find you don't generally use Carcinosin for cancer, very often the patient has shifted. When they do have the cancer they have shifted a lot of the time to a Syphilitic because of the destructive nature of the cancer, depending on the case but I've seen that a lot of times."

[RP3]

Two participants compared the treatment of cancer in relation to the Cancerinic miasm and how a patient reacts to having cancer. The main protocol for dealing with a cancer is surgery, to cut it off. The interviewees related this to the Cancerinic personality that is unable to 'cut off' dominating people or their Cancerinic pattern.

> *"One of the ironies for me in the Cancerinic miasm is exactly the requirement for the Cancerinic patient that has now developed cancer, the requirement for that patient is for them to step back and abandon the pattern and the immediate response of that Cancerinic patient with cancer is that they become more Cancerinic. They sit on the internet and try to get 11/10 for researching cancer and they do everything and they do it fastidiously and they throw everything at this thing and in some ways the irony is that the more they do that, the less successful they are likely to be."*

[RP6]

> *"The primary approach for breast cancer is surgery and that makes sense to me and sometimes that's what Carcinosin needs within their relationships, within their setting that is a dominating and unhealthy dominating, sometimes they need to cut that off and say no and sometimes cut it off because part of the pathology is over accommodation until they have taken over their whole system and you collapse, which is exactly what happens with cancer."*

[RP2]

4.3.3.3 Subtheme 3C: Remedies commonly categorised under the Cancerinic miasm

There are many remedies that have been classified under the Cancerinic miasm by various homoeopathic researchers and authors. However, each homoeopath may use different remedies under the Cancerinic miasm according to their own knowledge and experiences. As stated in Chapter Two, the nosode of the Cancerinic miasm is Carcinosin and the anti-miasmatic remedy is Nitricum acidum (Nit-ac), with the most commonly used remedies according to the relevant literature being: Carcinosin cum cuprum (Carc cum cupr), Staphysagria (Staph), Arsenicum album (Ars), Natrum muriaticum (Nat-m), Phosphoricum (Phos) and Sepia officinalis (Sep).

The interviewees were asked to discuss the remedies they commonly use for the Cancerinic miasm in their private practices. Every interviewee had mentioned that they all use or have used Carcinosin for the Cancerinic miasm in practice. Their remarks are presented:

"When the Cancerinic miasm is sitting there smiling, I always start with Carcinosin... I am very pure; I prefer to give Carcinosin. I wouldn't say this is Cancerinic and let's give a Cancerinic remedy, I'll give Carcinosin"

[RP1]

"Not in the first place on miasmatic, in fact I generally will be prescribing Carcinosin almost as a constitutional as well as this person is in a Cancerinic miasm... If I think Carcinosin, I generally go for Carcinosin directly and then think what are the complimentary or the other gaps as it where rather than tiptoeing first and then going to Carcinosin."

[RP2]

"I think for the miasm itself I like to use Carcinosin, I like my nosodes because if you look at them they are the fundamental, pivotal issue that the disease is based on and everything relates back to those nosodes in my opinion."

[RP4]

"I actually prescribe the remedy (Carcinosin) quite a lot based on the totality of symptoms and from what we know from the provings of Carcinosin… I use it quite a lot physically at that level but obviously if the mentals fit as well."

[RP8]

"I think for the miasm in term of prescription, we are going to look at Carcinosin the remedy, when that would be necessary to be used, when the Cancerinic miasm is manifesting and whether the patient will need it or whether the patient presents with Carcinosin type symptoms and in that case we will speak about the keynotes... if you look at Carcinosin as a remedy, it's always that over-arching remedy, maybe it's not the prescription for the day but it was something I always put down to look at because it is very prevalent. It always pops up in my mind on a weekly basis so it's very common. I see it very often."

[RP9]

"Physically I know some of the clinical indications of Carcinosin as a remedy, but I don't really see that in practice or use that in terms of the miasmatic labelling…More mental/emotional themes than the physical picture…I wouldn't say there is one particular condition, I don't use the aggravating time in the afternoon or love of music or desire for eggs and fat and butter to prescribe Carcinosin. I focus more on the patient as a person, the state that they are in, what effect the illness has on their life and if I arrive at Carcinosin through that then that's all that matters."

[RP10]

"My go to if I'm treating anti-miasmatic is Carcinosin. If the patient presents and is completely Cancerinic then I would gravitate between different Cancerinic remedies but then I still generally will go towards Carcinosin… I just feel like if you are starting with the Carcinosin and following with the indicated remedy it just sets the whole system up in the right kind of way even to receive the indicated remedy."

[RP12]

"Carcinosin I pretty much reserve where there is quite a strong family history of cancer. I don't know why I specifically do that but that is a strong route that I go."

[RP7]

"I see lots of Cancerinic patients so I prescribe the remedies of the miasm relatively often. Carcinosin as the nosode not as often as you would imagine, although fairly regularly… A lot of Cancerinic patients I end up prescribing more Cancerinic remedies rather than Carcinosin itself."

[RP6]

"And then Carcinosin itself, its seldom my first choice because as I said its always that thing of not responding but very often it will follow in any way at some point."

[RP11]

Additionally, there was some debate regarding which type of Carcinosin to use based on its origin from breast cancer and its preparation.

"There's very little that is known, I mean we have so many different cancers now, why is it that we are only using breast tissue to make the remedy. There is so much out there, why would I need to give, should I give Carcinosin from breast tissue to a male patient? I don't know. I think that's something we need to ask going forward, do you give it from that or do we need to look at other cancers. We need to look at other sources perhaps. This is probably something that is important for us to go forward because I think there is so much out there."

[RP5]

"If they use a medicine from white cell related cancers, prostate cancer would be a very interesting remedy, from all the other types of cancers there will probably be subtle iterations, never mind the individual you got the cancer cells from originally has a whole picture imprint on the remedy, everything has got an imprint, Carcinosin is a very interesting remedy."

[RP2]

"Carcinosin as a remedy, there are people who talk about various Cancerinic variations, I've never really bought into it you know you've got Carcinosin and Carsinosin adena stom, Carcinosin cum cuprum and all these cancer nosodes mixed, different tissues having effects here and there, I've never bought it, maybe I'm old fashioned. For me there is a remedy called Carcinosin and I think it's profound. I don't think in my head Carcinosin derived from other tissues as being particularly critical."

[RP6]

"With regards to Carcinosin, I have three different remedies in that respect in my dispensary. I have Carcinosin cum cuprum, I have Carcinosin in the 58Tumour (58T) and I've got just your standard Carcinosin that's from the breast cancer I think. The one that I would use would be the 58T Carcinosin and the main reason is that I'm lazy and I don't know the differences in the picture of the different tumours and I just feel that I usually get much better results with the 58T remedy. So it's from colon to prostate to breast to lung, so 58 different tumours."

[RP10]

The most commonly used remedies according to the literature, as stated in subtheme 3C, were used by many of the participants in their private practices for treating the Cancerinic miasm. To reiterate, these are: Carc cum cupr, Staph, Ars alb, Nat mur, Phos, Sepia and Nit ac.

However, each participant also added extra remedies which they believe to be Cancerinic that they frequently use. The participants have expressed their views of the use of these remedies in their own words as follows:

> *"The top three I would say are Lac caninum, Staphysagria and Sepia, those are the three I would on average give… The Lac cans have major issues where moms haven't been there for the children, its mostly mother-daughter issues…So, the Lac cans that come out of there always have this thing, they will push themselves, they will excel in every aspect of their life, they will come here for their appointment half an hour earlier and will expect to be seen on time. With the Sepia it's the husband that's a big business man or like a medical professional or lawyer and he does nothing, the mother is completely overwhelmed and has to run all the finance…For grief, I'll start with Ignatia and give Nat mur after that and at the follow up I'll give Staphysagria because there is a very big element of anger with grief, initially you have the shock, then you have the loss and then you have the anger."*
>
> [RP1]

> *"Sepia is in a sense within that Cancerinic miasm which is interesting because we see Sepia quite a lot in our patient base, it is also around transformation in a menopausal period which is around the phase of life where service oriented, self-sacrifice, pregnancy, fertility, looking after, breastfeeding – that part sort of dies down and often the question asked by women is, what about me?... other remedies that I use quite a lot that are allied to an extent although they cross over quite a bit is Phosphorus, therefore the Tuberculinic miasm which is not that far from the Cancerinic miasm because it has that particular energetic sensitivity and is quite often an allergic. I like Calc carb, I know that's not directly, but it's also about the extent to which ones setting, how open to be to the setting and how closed to be to one's base if you think of the oyster rooted on the rock, but it's got to stay open in the intertidal zone to get the turbulence but if it's too open its going to lose its lid … Another remedy which I think is close to Carcinosin is Folliculinum and I use it quite a lot in my practice and the reason for that is Folliculinum is allied to that notion of self-service and self-sacrifice which is what the oestrogen effectively does and it's the oestrogen which dies down eventually to produce the menopausal state."*
>
> [RP2]

"With the Indian community you will find a lot of Nat mur, you'll find a lot of Arsenicum. Those are the common remedies that you would find. Lots of Pulsatilla also, although that is Tuberculinic, you will see that a person was a Pulsatilla but sort of hardened over the years because of the suppression."

[RP3]

"What has always stood out for me in terms of remedy is Arsenic, I use it a lot for Cancerinic patients, I find it works spectacularly… There has been one case where I used Hydrastis which is a Cancerinic remedy… With all the chronic fatigue, I've used a lot of acid remedies as well. I've used Sulphuric acid for one of them… Phosphoric acid works very well, that is a brilliant remedy as far as chronic fatigue syndrome is concerned."

[RP4]

"I do prescribe a lot of Nat mur, Carcinosin quite a bit, but definitely Nat mur and your Staphysagria, Ignatia, I prescribe a lot, also Conium which I would use more acutely I would say, but yes that is kind of where I am sitting."

[RP5]

"I find myself prescribing Ignatia, Ars, Nit ac, Arg-nit, Lycopodium. I'm prescribing those to Cancerinic patients rather than Carcinosin itself… I've used Nat mur 12 a lot."

[RP6]

"My go-to Cancerinic remedy is probably Nat mur, where there is definitely control, affection, need for approval, hardworking, nothing is ever good enough but also the emotional side of putting up the walls, being fearful of being hurt and that in an environment that they can't control."

[RP7]

"They take on too much of other people's problems, don't know when to say no, no boundaries sort of thing so almost something that can look like Phosphorus in a way but certainly that empathetic type person and also the person who can't say no…I find it quite a challenge at times to differentiate the aspects of Tubercular miasm that cross over, so when I think of remedies like Calc phos and Phos and Carcinosin. Those three for me are the ones that kind of cross over between the two (miasms). And then there

may even be remedies like Sepia that creep in there as well. Some of the more way out remedies like Chocolate, lesser known, stranger remedies."

[RP8]

"With plants, I see quite a few Bellis perennis cases, Anacardium cases, Staphysagria quite regularly, I've given a fair amount of Ruta. I've had a few Viola odorata cases coming back to plants that's sort of Cancerinic...Within the mineral kingdom: a lot in the silver series, metals are considered Cancerinic, I've prescribed except for maybe Cadmium, the other ones like Argentum and Palladium I felt in very Cancerinic cases I've used those frequently, then also in the gold series as well. I mean minerals and metals can sort of feature under a lot of miasms but essentially the further down the periodic table, I've seemed to see people that are strongly Cancerinic."

[RP10]

"What would usually come up especially in female patients would definitely be Nat mur and Sepia, Ars definitely comes up there and if I can think back on two cases of very, very deep anger that has been suppressed- Nit ac as well. So those become my top… Staph as well, especially when there was abuse you know deep transgression against a female that they've locked away… There is always Nat mur with the deep seated grief that you hid away. For the mother who is overwhelmed, if the state is so Cancerinic and she's having to deal with her family life and her own life, her own personal work for example, or the relationship, maybe the strained relationship…Lac can because there is neglect, there is that abusive situation that you can't get out of, there is control as well. That would be another remedy I would have to prescribe…Sepia on a mental level just resigns herself to the situation around her, I've lost control, done, indifferent, apathetic mental emotionally."

[RP9]

This same participant went on to compare Arsenicum album to Carcinosin in their natures.

"This is something from my mind in terms of Arsenicum and Carcinosin is: Arsenicum' s fastidiousness borders on neurotic in my mind you know, it's sometimes just for the purposes of being perfectionist and orderly even in the presentation, in the clothing, we look at Arsenicum and yes the clothes are always perfect and we see the same thing in the Cancerinic or Carcinosin patient but for Carcinosin its bigger than that, it's about beauty and grace and the all-encompassing and how they need that beauty and how

they need to look at lovely things and feel lovely as well. Coming back to that point of fastidiousness, I said Arsenicum is bordering on neurosis, whereas Carcinosin is about perfection in the sense of my work and what I put out there and the satisfaction of what that patient will get from that work, I don't even think that they think that way, they don't see it but that's just the way that they live their life and whatever satisfaction they can get from it."

[RP9]

"I would say definitely in adults quite frequent, females, the Cancerinic remedies like your Staph, Sepia, Ignatia very frequent, Carcinosin often enough... Maybe just to add on to the remedies is your Cuprum, that's close to Carcinosin, in children maybe more often and one that I've actually quite a few times over the past few years, maybe just because I've gotten more knowledge of the remedy, your Carcinosin cum cuprum I've also given…The other one which I sometimes overlook is Folliculinum because I think your Fol is very close to and you tend to give your Sepia or Staph, not only if it's a female complaint but also the personality again as far as a lot of suppression and so on"

[RP11]

From the above quotes, figure 4.1 represents the remedies which were mentioned by the participants more than once and thus became the most common remedies used for the Cancerinic miasm in KZN by this specific sample group. However, there were extra remedies that each participant revealed which were not mentioned by other participants and thus became the rarer remedies used for the Cancerinic miasm.

The extra remedies from the quotes above are listed as follows:

Anacardium orientale (Anac)

Argentum metallicum (Arg-met)

Argentum nitricum (Arg-n)

Bellis perennis (Bell-p)

Calcarea carbonica (Calc)

Calcarea phosphoricum (Calc-p)

Conium maculatum (Con-m)

Cuprum metallicum (Cupr)

Hydrastis Canadensis (Hydr)

Lycopodium clavatum (Lyc)

Palladium metallicum (Pall)

Phosphoricum acidum (Phos-ac)

Pulsatilla pratensis (Puls)

Ruta graveolens (Ruta)

Sulphuricum acidum (Sulph-ac)

Viola odorata (Viol-o)

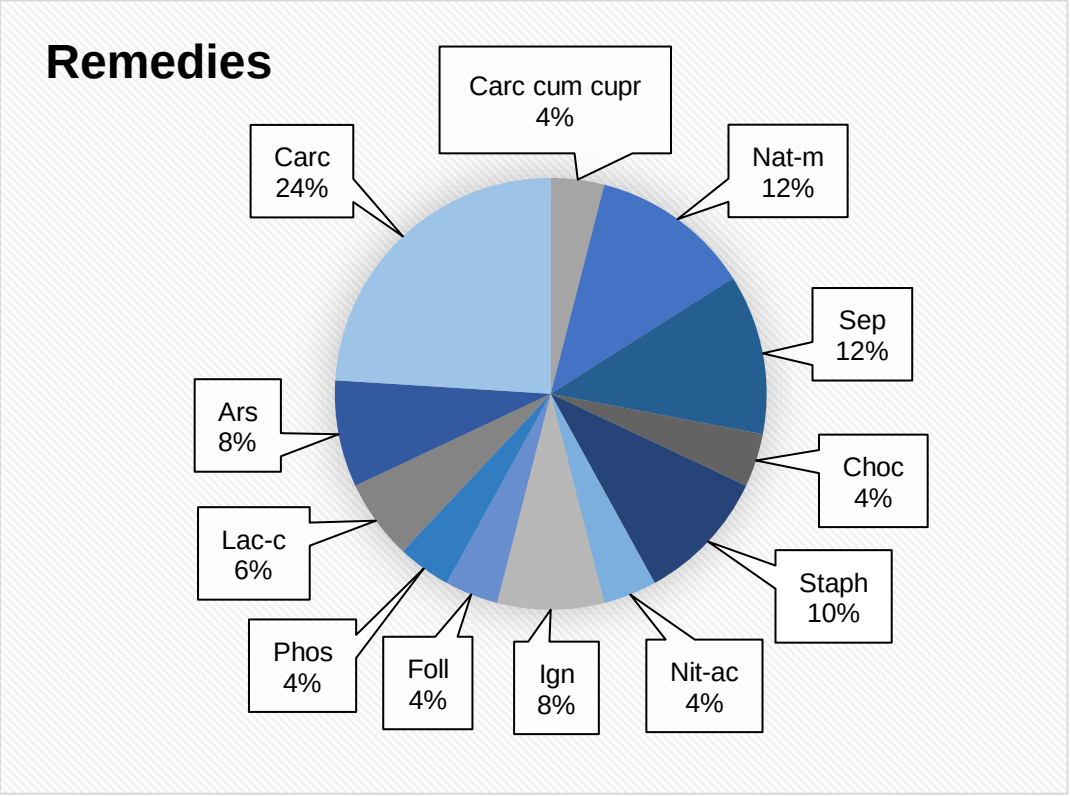

Figure 4.1 A Pie chart of remedies commonly used by the participants under the Cancerinic miasm.

Figure 4.1 represents the common remedies that have been mentioned more than once by the participants and were thus the most commonly used out of this sample group. They are Carcinosin, Carc cum cupr, Nat-m, Sep, Chocolatum (Choc), Staph, Nit-ac, Ignatia amara (Ign), Folliculinum (Foll), Phos, Lac caninum (Lac-c) and Ars. There was an overlap between the remedies found in the literature and the participant's own remedy uses.

Furthermore, RP10 spoke of a few very rare and small remedies which are uncommon. RP10 categorised their remedies according to the different kingdoms such as plant, mineral, gemstone and animal. The participant classified these in their own words:

> *"I've had one Cacao case; you know Theobroma cacao that goes into chocolate which is strongly Cancerinic."*

> *"With gemstones, I've recently had a Turquoise case where it's about a push or pull, a strong battle of having to control ones' emotions and the emotions win the battle over the suppression and there is obviously an underlying theme of trauma and abuse which we see in the Cancerinic miasm… I had a few gemstone cases that were Amethyst that I felt were extremely Cancerinic that looked quite similar to Carcinosin and it was about conflict between controlling their environment and having bad influences coming into their environment in the form of abuse, they felt that it was making their space quite toxic, their head space and environment difficult to operate in and insomnia was a common symptom with those Amethyst cases."*

> *"Within the animal kingdom it's very diverse as well I prescribe a lot of animal remedies, one that is very Cancerinic is the chimpanzee, the Pan troglodyte is probably one of the most common Cancerinic mammal remedies that I use, more common than Lac can… for Pan troglodyte, but it's usually used for chronic conditions where the picture is someone who is very mammalian and very interactive and sociable but also has an intelligence at the same time, so very educated and out spoken, quite evolved in the way that they see things. So I think even if you look at the animal kingdom, the evolutionary model of animals, then you would find that your more complex organisms would be probably more Cancerinic because they demand more of themselves, they would have higher grade more visionary capacity and set higher goals and ambition for themselves so I suppose the primates in the animal kingdom are more evolved…The hamster is very Cancerinic, second to chimpanzee, Pal carve cobaya, very, very, very Cancerinic so if you imagine that this hamster is on its wheel spinning at a fast pace but going nowhere, so their life is always out of control and they are working too hard*

to control the external dynamics of their lives so they can be stable and there is constant chaos around them."

[RP10]

The posology of prescribing a remedy is valuable information to understand, as it differs greatly between each homoeopath from what their training was, to what their experiences and methods are in practice. The usual centesimal potencies as mentioned in Chapter Two, Literature review, used in homoeopathy from the lowest to highest are: 9CH, 30CH, 200CH, 1M, 10M and LM. These are usually given in a powder form unless specified as a liquid potency. Each participant discussed their personal understanding and clinical application of the remedy potencies that they use for the Cancerinic miasm for various scenarios.

"I would start off with Carcinosin 200CH and then move on to those remedies. There's certain remedies that work logistically so for me Carcinosin 200CH and Staphysagria, that is my protocol for all woman that have been abused and stuff like that."

[RP1]

"It partly depends on our usual assessment of what is the vital force of the individual, what is the level of oppression as it where, or the impact, quite often I will do 30, 200, 1M and I do it in a stepped approach that I learnt from Ruth Bloch 3x30, 2x200, 1x1M. I like to put a sac lac there in the end so there's 7, it's a week… I will sometimes do M's, more rarely 30s. I do 200's in acute situations… I would use a Carcinosin 200CH, sometimes within in an acute episode but normally more towards the end or if I recognise that it is recurrent."

[RP2]

"Well if it's on a physical level then I would give it physically but with the Carcinosin I generally go higher. I use the 1M, 10Ms."

[RP3]

"So, as far as that is concerned I like to whack the patient with 30, 200 and 1M ascending. Then re-evaluate at a later stage… If it's form a physical manifestation, if the patient is presenting with a tumour in a stage of cancer, obviously I'll use a lower potency range, I like to use 200's and also 30's. I find that a 30 potency works very well as a maintenance potency, especially if the patient is in that diseased state… If it's

manifesting itself as a total mental/emotional state in the Cancerinic miasm, absolutely prescribe even one potency of 1M and the patient does well."

[RP4]

"I have prescribed for kiddies, where I'm seeing the prevalence, I would do as an intercurrent ever so often of Carcinosin 200, and I feel that working with that is important."

[RP5]

"Well, its normally M or 10M's or 200's. Certainly the nosodes I don't normally give them below 200, I have them in M's, I even have some in 10M's. So like Carcinosin I will now and again use a 10M but usually M's, now and again a 200CH depending if it's more physical or not. So if it's like a post-viral type of thing then I might use a 200, but if it's like a full on exposed miasm type of presentation. I try to go easy on the 10M's but I use M's."

[RP8]

"Definitely M and 10M, sometimes the Nat mur had to be a 10M. In a very emotionally raw patient maybe just one 10M or just after the progression of, for example, 200 which had been given one dose weekly, for example, then later on the M definitely."

[RP9]

"I'd say that probably the most common potency I prescribe is a 200, I use LM's where I can and 1M's as well."

[RP10]

"If I find personality match then I will go straight up otherwise I will stick to a 30CH; it is a remedy that I respect, Carcinosin itself 30. The others I'm not so cautious of and I will go up the scale… So I've learnt now to stick to the lower potencies or even an LM, Carcinosin even in an LM, and that's the nosode."

[RP11]

"Now I go for either the 200 plussed or 30 plussed, usually the 200 plussed and that goes on for 10 days or 2 weeks."

[RP12]

"So, when I do Carcinosin as an intercurrent, I usually do it as a boost, I usually give Carcinosin 30, 200, M or 3x1M's or 3x10M's… when I give Carcinosin I tend to not give them another remedy for at least two or three weeks afterwards. So I often give Carcinosin as a boost and then leave it. I might give Sac lac if I really feel like the patient needs to be taking something… I've always used higher potencies with nosodes. In fact, I probably use Carcinosin 30 more now… students get this idea that when you are giving a nosode as a nosode you give it in a 200… If I'm giving a remedy once a week I tend to still do it as a 200, but when I'm giving the remedy as the remedy I tend to start at a 30 and especially with kids I think 30 is a nice potency for kids. If the remedy appears to be Carcinosin then give it in a 30."

[RP6]

This same participant also spoke of another potency which they tend to use based on the French Pluralist method of posology, a 12CH.

"My sense is when you don't have a high potency and you need a high potency use a 12. I think I might've learnt that by Ronald Boyer, he was a French Pluralist… My experience of the 12's was that the 12's got me somewhere that the 30's didn't."

[RP6]

Table 4.6 The remedy potency percentages according to the participants of this study.

Potency	**Percentage**
9CH	0%
30CH	41.7%
200CH	75.0%
1M	58.3%
10M	33.3%
LM	16.7%
Sac lac	16.7%

Table 4.6 shows the percentages of each potency mentioned according to the participants for the Cancerinic miasm. This excludes 12CH, which was mentioned by RP6 as this was the outlier potency and not commonly used or taught in South Africa as it is based on the French method of prescription.

4.3.3.4 Subtheme 3D: Effects of the remedies used

A part of the clinical application of the Cancerinic miasm is observing the results and effects of the remedies on the Cancerinic patient. In Chapter Two, table 2.2 showed the effects that Smits (2008) observed on a mental and emotional level with his patients. The effects of a remedy are observed on a physical and mental/emotional level to see if it is the true simillimum that has covered all aspects of the case.

The participants expressed diverse views on this point: Some felt that they have had successful treatments using these Cancerinic remedies, others believed that successful treatment is not specifically focused on the Cancerinic remedies alone but on homoeopathy in general and a few participants spoke of the difficulty in treating the Cancerinic miasm.

Here are quotes referring to the successful effects of Cancerinic remedies and how the patients respond to them:

> *"Major shift. A lot of times we've seen women that are in an abused situation, fight back, divorce their spouse, they get the strength to actually say, "You know what, it's not me and I don't have to accept this or be a perfectionist to overcome this." With the overwhelmed woman, she stands up and says, "I can't do this anymore I'm going to lose my mind." So, it changes them, it changes that suppressive nature. You don't find them sitting and letting that situation eat at them… When you give them the remedies you find a big change."*
>
> [RP1]

> *"There is quite a remarkable sense of strengthening, I wouldn't use that terminology, but somehow feeling more solid within themselves… Yes, the general health and the general energy and the general stability of the individual improves…Well as I said if I think it is a sense of greater autonomy, think more for themselves, not feel so guilty about thinking for themselves, making some decisions which are about cutting off, reprioritising and allergies and so on…that's where Carcinosin has a role to play and why it's so powerful and it works quite quickly."*

[RP2]

"They have amazing effects. I mean you can see how deep they go; you can see how far back. In first year they teach you about peeling the onion layers, I see that very often, to actually see them going back and that's the power of the remedies basically, especially the high potency remedies."

[RP3]

"I think that generally speaking, with these individuals, for them there is a little bit of relief. They are not as anxious when you talk to them, they don't seem so involved in what they think that is going to happen to them, a lot of their fears get taken away, so I would say they are more at ease."

[RP4]

"Probably largely again on the emotional side and trying to help and does seem to actually help quite nicely with the letting go of trying to control processes, coming to peace with things and often I find that once they can make that peace, the fertility side of things does tend to shift… Also Nat mur can like carbohydrates and stuff quite a lot and also people will be big ladies that often have insulin resistance and that sort of thing, so it helps them move away from carbohydrates to help remove the weight. Also learning to sleep, parasympathetic nervous system again."

[RP7]

"Certainly when you give a high potency, the pressure seems to come off a bit, the expectations of themselves are a bit more reasonable perhaps, maybe they get more boundaries, maybe they kind of learn to let go of certain things. So, it helps them to develop a more sustainable routine or lifestyle, because typically they don't have that, they just go and go and go or they expect a level that is not reasonable or obtainable, certainly not sustainable. So that for me is a classic example where you give the nosode and it might help with perspective, seeing things, because you can tell someone you are doing too much etc. and they don't see it and they can have that block, whereas this might help them and I've seen that where they have had some realisation."

[RP8]

"Improvement of their main complaint, improvement of their general health… On a mental emotional level, it can be profound. Definitely a relaxing into themselves, they

don't get entangled in the chaos of life, they basically can run with life as opposed to being dictated to by life, so its circumstances that improve and their physical complaint and energy levels and that happens with any remedy I use where the main complaint improves so you know the remedy worked."

[RP10]

"I just feel like if you are starting with the Carcinosin and following with the indicated remedy it just sets the whole system up in the right kind of way to receive the indicated remedy, maybe I've been lucky I don't know but it just goes exactly where you want it to go."

[RP12]

Furthermore, from the previous point, two of the interviewees had positive effects from the Cancerinic remedies but believed that it was a positive outcome because of the way homoeopathy works as a whole using the simillimum rather than the specific Cancerinic miasm treatment.

"Well what does homoeopathy do? If we are talking about the application of Carcinosin as opposed to a normal Cancerinic remedy as a Similimum. Cancerinic remedy as a simillimum is wonderful but of course it's the remedy, if it's an Ignatia case and you give Ignatia it's beautiful…I see very big changes in Cancerinic patients in response to Cancerinic remedies, but is that specifically talking about the miasm or is that talking about a simple simillimum?"

[RP6]

"I think it depends, so prescribing a Nat mur in a patient that is depressed, you see a positive outcome so I think that is ultimately our goal in our patients, whatever we are treating them for is to see a positive outcome and ideally that is exactly what you're wanting and if my remedy choice is correct then a positive outcome in your patients overall wellbeing is what's achieved."

[RP5]

On the other hand, a few of the participants revealed some of the difficulties in treating the Cancerinic miasm and seeing the effects for various reasons such as time, compliance, aggravation and patient reactions.

"It really depends on how long they committed to the treatment, also unfortunately a lot of the time when patients get better you don't see them for a while until the next big thing comes up and then they first try a few other things and then remember to go back to their homoeopath because the last time they sorted me out. Basically I would say it depends on compliance of the patient if they come back regularly… I would say maybe 1-4 consultations and then I have a decent gap before they come back. For me that's just proof of how deep acting the remedy actually is. If they are not getting better, they will come back or they will call repeatedly and say I did what you wanted me to and I see no change… There are the odd patients where you've found it hasn't touched them."

[RP12]

"I think generally good, I've seen a few times hectic aggravations but the main complaint disappears and is actually not necessary to repeat after that… from the related remedies I wouldn't really recall so many aggravations generally just improvement if not in the main complaint but at least in the general wellbeing of the patient and that often guides you to another remedy that's close by."

[RP11]

"Fevers, definitely, people with recurrent fevers… So, sometimes fevers will come through on a remedy like Carcinosin."

[RP2]

"Foubister says when you give Carcinosin, especially when you are opening up a chronic disease evolution, when you give Carcinosin the individual will very often produce a fever 7-10 days after the administration of the Carcinosin."

[RP6]

"It's difficult because I feel patients, you are talking about a moving target, it's not a fixed state. So, if everything fitted into the Cancerinic miasm and there were no

Tubercular or Syphilitic aspects or Sycotic aspects in terms of miasm then I would be able to say that all the way through the process of the treatment, this was a successful case of that miasm but I think that it definitely blends into other miasms."

[RP10]

"So even after the first treatment, you would look for a turnaround but it doesn't happen immediately and I think it's because it's so deep seated and its years and years of not feeling or not allowing myself to feel so it won't happen even after the first one…Because of my classical teaching, I want it to be natural as well, it must be self-realisation in the hope that the remedy helps the patient to cope... So, they definitely come back happier, a lot of introspection."

[RP9]

"I think that every patient is remedy dependant…I think when giving the remedies, I find especially with the Cancerinic miasm constitutional type person that it takes a while for the remedy to get in… I have had one or two that have reacted quite well to it… Even though the miasm is the deep seated cause and you have to be aware of that and you have to treat it, I'd say half of them react well and then half of them don't react well."

[RP4]

4.4 Cases

Majority of the participants gave examples of their understanding and application of the Cancerinic miasm through patient cases that they have come across in private practice. These are relevant and important for this study in order to gain a realistic view of the Cancerinic patient and how they were treated in a South African, KZN context. Below are the participants' case examples:

"I had a very interesting case where it was a 23-year-old Indian female that was in the peak of her life… from head to toe she had to be perfection, she had to excel at school…She always had to push, push, push… when they got engaged, she found a lump in her breast… they found that it was stage two cancer…she did a lumpectomy and lymph node removal. She went into remission, a year later the cancer had already spread, it had gone to stage four. When I saw her they had given her roughly two months to live because she was in such a frail state, she had liver involvement and all

those sort of things and with homoeopathic treatment, she lived a year more than what they had given her… every time when I did consults with her, her mom and dad would sit with her so she wasn't able to chat. It was two months before she died, she had come in and said that she wants to talk to me and she wants to basically tell me everything and she told me her entire life story and she said that all she wanted was for someone to hear her story and two months later to the date she died."

[RP1]

"I recently, for example, had a case of what I would call urticaria, the lady was diagnosed with anything from psoriasis to dermatitis to eczema and didn't respond to anything even the remedies like Rhus tox seemed to be perfectly indicated didn't do anything, finally Ignatia, which we know is also a Cancerinic remedy. I changed it slightly and in the end I gave Carcinosin and in one prescription it was cleared after probably 60 years that she suffered from it on and off."

[RP11]

"I've got a parent that she is convinced her child has ADD and she has had every test done and this child scores between 65% and 80% (at school), she believes that when she walks through the door and the child is watching tv, that's attention that is not put into school work and if she (child) is singing like in the shower that's a sign of repetitive behaviour, she (mother) googled the whole criteria for attention deficit and things like that and I had to seriously sit her down and tell her, " Listen, I don't think the problem is with the child, I think the problem is with you and you need to start easing up altogether". So we made some good progress with her and the child's allergies have improved, the child's anxiety has improved because the child thought she was not good enough at school and she is not coming up to that point of view."

[RP1]

"I had a man the other day, a total perfectionist, he's an accountant so I know exactly how they are so from a constitutional point of view they fit into that perfectionism and obviously it did fall into the Cancerinic side of things… There was this issue of an abuse before, bullying, but there was also an aspect of caring and giving a lot and that giving a lot was leading to his manifestations of BPH (benign prostatic hypertrophy) which was detected quite a few years ago as prostate cancer, so from that point of view it's all solved but we have to look at getting rid of this deep-rooted cause and then get them onto something, I'm using a recent example, we whacked him with a bit of Carcinosin

and haven't followed on yet but when he comes back we will see how he comes back. So, those kind of cases are quite amazing to deal with, history of cancers throughout the family, his father died of cancer."

[RP4]

"I have a case that I often use in teaching: Of a patient that came to see me in his 20's, he's now deceased, he died in his 40's in the end. He came to see me for something arb, a gastrointestinal complaint I know the remedy was Lycopodium… but in reality his dis-ease was not about the heartburn, his dis-ease was about developing a way of being, not just a personality, developing a way of being that never rests, a way of being that was permanently in pursuit of something bigger and in fact a sense that if he cut the slack, if he gave himself a little bit of space that he was being irresponsible… What was really lying as his dis-ease was this Cancerinic pattern… So we give him Lycopodium and I say to him this is the pattern and your indigestion is the beginning of this story, but if you persist in the pattern, you are going to develop a cancer…and he said, "I learnt this from my mother, my mother has this sort of nature and my mother inculcated in her children that you have to go, go, go, go", often it's the mother. Now he contacts me not a long time later in absolute panic with, "My mother has been diagnosed with breast cancer", and it was a moment of realisation for him: I've learnt this pattern from my mother, my mother has lived this pattern, my mother is 20 years older than I am, my mother has now produced breast cancer, this homoeopath has now told me you're going to produce a cancer if you persist in this pattern…he saw me for a little while he sorted out all his things, he was supposedly fine, the pattern persisted and about 5 or 6 years ago he developed cancer, so he must've been in his late 30's. Developed cancer, it became metastatic in no time, he went through extensive chemo, major adjustment in the family, he stopped working completely… and he was now throwing the book at his cancer, which is also a Cancerinic thing to do… within 6 months of stopping the chemo he was found to be riddled again, he just produced it again and this time nothing you threw at it did anything and he died about a year ago, I don't think he was 43 yet."

[RP6]

"My sister-in-law, for instance, has developed an autoimmune thyroiditis and she in her nature is quite Cancerinic and I gave her Carcinosin 10M, 3 doses of 10M in 24 hours and then after that she's been taking Nat mur 12 twice a day, both sets of thyroid antibodies have come down in the space of three months but now I have suggested

she take the Carcinosin every month, three doses together every month and continue with the Nat mur 12. I think Carcinosin is really doing the job, the Nat mur is more of a tonic if you like for the thyroid in my head. I think that her autoimmune response comes out of a grief response, I believe it's her father's death. Within 6 months of her father dying she left the city that they lived in."

[RP6]

"I have a patient who was originally diagnosed as having white matter dementia, sort of Alzheimer type, there is a notion that there may be an autoimmune component to it. Her remedy is Ignatia, she is in her nature Cancerinic, she has never had Carcinosin she has only had Ignatia. I gave her Ignatia she goes for a follow up a year later and does a CT scan etc. and they don't know where this original diagnosis came from suggesting that she has white matter dementia, there may be mild vascular changes, her memory has started to improve and she's feeling much more in control of the situation. The word that came through in the case all along was control, control, control."

[RP6]

"One patient comes to mind, a small polycystic lady, quite irregular cycles, very controlled emotionally, incredibly controlled and she had fallen pregnant and she came to see me and she had fevers, abdomen was very tentative to touch with guarding and stuff and I said to her "Look, I'm almost positive it's an ectopic pregnancy, you need to call your gynae and go and have a scan because in theory you're about 6-7 weeks which means you are approaching a rupture", and she was like, "No, no I'm fine, I've got lots of work to do I'll go in next week", so I ended up contacting her husband to say please make her go in, she went in the next day and her gynae said it was an ectopic pregnancy and it has ruptured so I'm booking you in for surgery and she fought with him and said she had too much work to do so she will come in on Monday, she had too many deadlines to do and he was at the point where he said "If you're coming back on Monday you can, but you'll be coming back in a bag"… Not a tear that I saw. With the next child she ended up breastfeeding for two years because you're supposed to breastfeed for as long as you can and this is what you are supposed to do… The child actually ended up being, it was a very low placenta, the child was a C-section and it was a very stressful birth and has not slept. A beautiful little child but it's been a challenging child. Considering the challenges she has had, she is actually coping very well and has chilled a lot more."

[RP7]

"A patient there came presenting with breast cancer. So, there was breast cancer that she had been treated for through chemo and radiation, she is also a mother who sacrificed her life to take care of this sick child. So, we see that "I don't worry about myself anymore" even though she was going through her breast cancer treatment at the time, but her son had been diagnosed with a kidney disease and he had to go for dialysis all the time etc. So, she had to put her disease on hold, literally, talk about suppression and controlling on a level that is beyond just to take care…So, she had gone through a lot, so we started to see manifestations of Sycotic miasm rear its head. She started to show moles, lipomas, fibroid adenomas she was considering removal and so through the progression of her treatment we had given Carcinosin, we had given Lac can, deep seated anger issues so we were giving Staphysagria because she came from an abusive marriage as well and she was ostracized through the marriage and the family… Eventually, she needed Thuja, I clearly remember right at the end we had to give Thuja in a 30 because she was starting to show Sycotic manifestations because it was more on a physical level that's why the lower potency. It was a wonderful learning experience for me as well and to put into perspective the whole miasm."

[RP9]

4.5 Conclusion

Based on the Thematic analysis of the experiences of registered practitioners on the clinical application of the Cancerinic miasm, three main themes were deducted and the demographical data of the participants was observed. The themes studied how homoeopaths in South Africa understand miasmatic prescribing, how they understand the Cancerinic miasm in a South African context and how they clinically apply the miasm in practice. Overall, there was a rich understanding of miasms and the Cancerinic miasm with multiple viewpoints and specific discussion of this miasm in the context of South Africa, KZN. A few of the key areas of focus within the data was surrounding cancer, apartheid and gender roles. There were dynamic methods used based on the experiences of the participants with regard to their case taking, prescription and treatment of patients. This included relevant personal cases that they have encountered in private practice under the Cancerinic miasm.

CHAPTER FIVE – DISCUSSION OF RESULTS

5.1 Introduction

This chapter will provide a discussion of the results obtained in Chapter Four. The focus of the discussion will be around the aim of the study which is to gain understanding into the experiences of practitioners in the clinical application of the Cancerinic miasm in KZN. The Thematic analysis of the results conducted in Chapter Four will guide the discussion of the three main themes and their subsequent sub themes, which studied the participants understanding of miasmatic prescribing, their understanding of the Cancerinic miasm as well as their clinical application of the Cancerinic miasm in KZN. The key points discussed in this chapter are as follows:

- Demographical data
- Theme 1: Knowledge of miasmatic prescribing
    a) Subtheme A: Understanding of miasmatic prescribing
    b) Subtheme B: Use of miasmatic prescribing
- Theme 2: Knowledge of Cancerinic miasm
    a) Subtheme A: Understanding of the Cancerinic miasm
    b) Subtheme B: Contributions to the Cancerinic miasm
    c) Subtheme C: Main symptoms associated with the Cancerinic miasm
    d) Subtheme D: Prevalence of Cancerinic miasm in South Africa
- Theme 3: Clinical application of Cancerinic miasm
    a) Subtheme A: Prevalence of Cancerinic miasm in practice (KZN)
    b) Subtheme B: Understanding of Cancerinic miasm prescription
    c) Subtheme C: Remedies commonly categorised under the Cancerinic miasm
    d) Subtheme D: Effects of the remedies used

5.2 Demographical data

5.2.1 Race

As observed in Chapter Four, Table 4.1, the race demographics were solely within the White (67%) and Indian (33%) race groups with no Black or other group variations. Although the sample size for this study was relatively small, an equal race demographic was desired to gain multiple viewpoints and understanding of the Cancerinic miasm.

However, due to various reasons, there were no Black or other participants that fitted the inclusion criteria. One of the reasons for this can be seen in studies such as Small (2004) and Macquet (2007) which studied the perceptions of homoeopathy amongst Grade 12 learners and DUT students respectively. Within these studies, there was poor to no knowledge of what homoeopathy was, especially amongst the Black community. These studies substantiate how the understanding and knowledge of homoeopathy as a healthcare system in South Africa is more prevalent amongst the White and Indian communities and thus there are generally more homoeopaths in those race groups. Another reason for this demographic observed can be linked to the consequence that apartheid had on the Black race group who did not have equal access to secondary or tertiary education until 1994. In 1953, The Bantu Education Act was set in place in South Africa and aimed to control the level of education and amount of expense used for Black schools, which was significantly less than that of Whites, putting the Black's at a disadvantage regarding proper education (Thomas 1996). There are significantly more Black's that are studying homoeopathy in one of the tertiary institutions today, however, many have not reached five years of experience in practice as per this studies inclusion criteria.

5.2.2 Gender

The gender demographics obtained from the interviewees can be seen in Table 4.2, Chapter Four. This illustrates that out of the 12 participants, the gender was equally distributed between females and males, having a 1:1 ratio. Although there was purposive sampling conducted in the research methodology, this was not intentional, but occurred randomly by the participants who were included into the study based on who responded and gave consent first out of the sample that was contacted.

5.2.3 Age

Table 4.2 in Chapter Four also demonstrates the age demographics of the interviewees in comparison to their gender. The age group between 30-40 years showed the highest percent of participants with 41.7% being females and 25% males. The second highest age group percentage was between 41-50 years with 8.3% females and 16.7% males falling into this category. There were no participants in the age group of 51-60 years and only one male participant which fell into the 61+ age group making up 8.3%.

This data was skewed towards the 'middle-aged' age groups between 30-50 years with one outlier above 60 years of age and no younger practitioners below 30 years of age. This occurred because of the inclusion criteria mentioned in Chapter Three, 3.4.3, which states that a practitioner must have five or more years of experience in practice. The average time to finish a Master's course in homoeopathy in either of the two said universities is six years, making the majority of graduating students 26 years old. For recently graduated students to gain at least five years' experience they will fall into the 30-40-year age group, therefore, the skew in this demographical data is observed. The remaining participants that fell into the 40+ age groups had experience in practice over five years as will be discussed further on.

5.2.4 Area of practice

The distribution of participants was based off of their personal place of practice in KZN. The demographics stated in Chapter Four range from areas within Durban, Pietermaritzburg and Hillcrest to Ballito.

The concentration of practitioners in KZN is surrounding the Durban area due to the fact that one of the two major universities that teaches homoeopathy (The Durban University of Technology) is located in Berea, Durban. Therefore, a lot of the participants work part time at the university and establish practices in the city of Durban because of its population size and urban setting. A study conducted by Lamula (2010) in the Mnambithi, KZN, South Africa showed that majority of the participants who were from rural settings did not have knowledge or experiences using homoeopathic medications and tended towards either conventional or traditional doctors. Homoeopathy is not as prevalent in rural areas, which accounts for majority of the homoeopathic doctors setting up practices in more urban and higher income areas such as Durban.

This also accounted for the socioeconomic demographics that were established in the results, as many of the practitioners had practices in more established areas and thus saw patients from a middle to high socioeconomic grouping. Further research should be conducted in various settings and different regions in South Africa.

5.2.5 Number of years in practice

The majority (50%) of participants had been in practice for 10-15 years, according to Table 4.3, Chapter Four. The same table shows that 25% of the participants had been in practice for 5-10 years which was the minimum specified number needed as per the inclusion criteria. The remaining 25% had been in practice for more than 15 years with the longest being 25 years in practice.

This demographic gave insight into the amount of experience and knowledge that the practitioners had gained while practicing Homoeopathy and in particular, miasmatic prescribing with the Cancerinic miasm. The participants were selected based on this knowledge which came from their private practices with a few who also had involvement in one of the homoeopathic community clinics that are part of DUT, used by the students for practical experience. Their understanding and experience allowed for rich data collection and valuable results for the study.

5.3 Theme 1: The knowledge of miasmatic prescribing

In Chapter Two, section 2.5, there is a discussion regarding the understanding of miasms where various prominent homoeopaths and authors have developed their own understanding and theory around miasms. There are a group of these homoeopaths that follow Hahnemann's understanding and teachings, based on the concept that: A miasm is a hereditary predisposition which is the essential and central cause of all chronic diseases (Hahnemann 1991: 22-26). However, some modern homoeopaths have explained miasmatic theory to their own knowledge and more recent scientific understandings have been explored such as: a behavioural coping mechanism as explained by Sankaran (1994:20,25); a cellular repair mechanism as explained by Montfort-Cabello (2004: 88-89); biochemistry and immunology as explained by Mukherji and Julian (1980: 2-14); DNA and epigenetics as explored by Degroote (2012: 139) as well as using quantum physics as an explanation for miasmatic theory which was studied by Milgrom (2004:157).

These different theories and teachings are what shapes a homoeopath's individual understanding of miasmatic theory and how they apply it in their own practices. The participants were exposed to these theories during their education and study in one of the universities that offers the course of homoeopathy in South Africa, where they were exposed to the different classical and modern viewpoints of miasms and how they can be treated.

5.3.1 Subtheme 1A: Understanding of miasmatic prescribing

The majority of the participants followed the classical teaching of Hahnemann's understanding of miasmatic theory which stems back to the family history and hereditary predisposition (RP1, RP2, RP4, RP6, RP8).

There was mention of epigenetics by RP2 which has a link to the DNA theory, but is explored further by Degroote (2012: 139), who believes that there is an energy carried through the genetics, which influences what a person inherits, together with miasmatic-related diseases that they may acquire through life that can activate a miasm. Degroote (2012: 139) studies the chromosomes and believes that they carry this energetic ancestral DNA which influences the DNA make up of an individual and the actual chromatin proteins surrounding the DNA, these can be preserved and protected through treatment with nosodes, that prevents the gene activation linked to each miasm.

> *"I mean in general miasmatic terms, my understanding is that there are certain remedies associated with certain illnesses, with certain conditions, which have historically had an impact on epigenetics. Sort of an impact on the way in which the DNA unfolds or the health unfolds and an understanding that that sort of imprint and impact on individuals now helps if we could track the imprint." – [RP2]*

On the other hand, RP6 and RP8 discussed their understanding of miasmatic theory which followed the views of Sankaran, who believes that miasms are developed as a behavioural or learned coping mechanism or 'delusion' (Sankaran 1994:20, 25). RP6 speaks of a miasm as a 'reactional mode' which they describe as being partly an internal natural response to a situation, partly a learnt response of the individual and also partly a response based on the society the person is a part of. This viewpoint aligns itself with Montfort-Cabello (2004: 88-89) who explains the miasm as a type of cellular repair mechanism in reaction to disease, therefore, the miasm is a reactional mode. RP6 explains these reactions as being somewhat from an 'innate' or genetic reaction but also from a learned behaviour based on their family, friends and societal influences.

"So, there's obviously Hahnemann's understanding of a miasm which I don't really think is correct. I have multiple understandings of a miasm actually…I'm a little bit more inclined towards the miasmatic theory in terms of reactional mode... I see the miasmatic response to some extent an innate response, to some extent a learnt response depending on which level of the organism we are talking about, to some extent it's a societally imposed response to life" – [RP6]

There was an interesting point made by the same participant, RP6, who challenged miasmatic prescribing based on how a case would've been taken by Hahnemann, who was originally an allopathic physician, to how a case is taken now. The participant believes that Hahnemann did not initially include the miasmatic background of a patient when he took a case, whereas the latest teaching of case taking does. So they ask the question of, is it miasmatic or just the simillimum? They understand that the modern homoeopath is taught to use a holistic method of case taking which includes the family and past medical histories of the patient which forms part of the miasm. They believe that Hahnemann only developed miasmatic theory many years after he had been treating with homoeopathy and thus naturally would've taken a more 'clinical' case based on his original allopathic teachings. Therefore, miasmatic theory still stands, however, the way in which a case is taken, the prescription and treatment of a miasmatic case is very different to how Hahnemann originally described it.

"If I want to say it's anti-miasmatic for something, then I can say that but is it just the simillimum? This is something that took me a long time to work out but when we say Cuprum is an anti-Psoric, yes it's an anti-Psoric but aren't all remedies anti- some miasm if they are deep enough. But is that about miasmatic theory or is that about how holistic your case taking is?" – [RP6]

5.3.2 Subtheme 1B: Use of miasmatic prescribing

Most of the participants held the view that using miasmatic prescribing is highly valuable (RP4, RP10). The different points made by the interviewees regarding this were: The miasm is always a consideration when taking and prescribing for a case (RP9); the miasmatic information forms part of the prescription and the simillimum which contains all the relevant information about the patient including their miasmatic backgrounds (RP6).

Another point made by RP5 was in the importance of treating children miasmatically from an early age which corresponds to De Schepper (2008:5) as well as Smits (2008), who argue for using miasmatic treatment for children to prevent the activation of their miasmatic

predisposition and thus prevent these chronic diseases later on in life. This also includes treatment with miasms or simillimum during pregnancy to strengthen the woman as well as the child for a smooth delivery and to prevent the miasmatic transfer and activation in the infant. The other value expressed by RP2 in using miasmatic prescription is that it can help to strengthen a person on a mental/emotional level in order to deal with their past experiences and help them to cope with life and relationships in general. Table 2.2, Chapter Two, by Tinus Smits (2008: 61) expresses how miasmatic treatment can change a person on a mental and emotional level to help them become more confident and happy within themselves and thus with the people around them.

> *"I think if we get it early enough, if we can pick it up in childhood, I believe that miasmatic treatment of children could definitely prevent us a lot of hardship." – [RP5]*

On the other hand, a few participants (RP1, RP7, RP8) noted that they use a more clinical method of prescribing, even though they do observe the miasm and will treat it if they feel it's necessary. They do not base their prescription on the miasm but rather on the simillimum and totality of the case and make use of the polychrest remedies to treat them. RP9 pointed out that in a community clinic environment, there is a lack of time due to many patients, to be able to go into a full history of the patient's miasmatic background.

> *"Although I have basic knowledge of miasms and I do recognise them, I by no means am an expert in miasmatic therapy, I'm very sort of clinical in my approach, I use lower potencies, small remedies and things like that. Where I see a very clear constitutional case, I give the remedies. I am no miasmatic expert." – [RP8]*

Hahnemann states, "So it is the totality of symptoms, the outer image expressing the inner essence of the disease, i.e., of the disturbed vital force, that must be the main, even the only, means by which the disease allows us to find the necessary remedy, the only one that can decide the appropriate choice." (Hahnemann 1921: Aphorism 7). This establishes the fact that the totality of symptoms is an important part in prescribing a remedy, with or without the miasmatic diagnosis.

RP12 discussed their method of prescription which aims to treat the miasm first with an anti-miasmatic remedy regardless of the simillimum remedy needed at that time. They state the importance of treating the miasm first, especially in individuals who have not yet received homoeopathic medication before, as a way to unblock the miasmatic hold and allow the vital force to accept the remedy. A study done by Macquet (2007: 127) looked at the perceptions of homoeopathy amongst DUT students and states that 55% of their respondents will first consult

a medical doctor when they fall ill, the remainder will first consult at a clinic and a few consult at a hospital first when ill. The study found that only 1.5% go to a homoeopath first when they are ill. This correlates to RP12's view because the South African population will generally seek allopathic medical care and treatment before consulting a homoeopath which can often 'cloud' the simillimum picture, especially the older patients who have received a lot of allopathic medication throughout their life which as discussed in Chapter Two, can suppress a person's immunity and thus trigger the activation of a miasm. Therefore, removing the miasmatic block with an anti-miasmatic remedy is a valuable method to clear the vital force and allow the energetic homoeopathic remedy to be received.

5.4 Theme 2: Knowledge of the Cancerinic miasm

The interviewees' knowledge on the Cancerinic miasm was rich and informative, even though many participants were mainly taught the original three Hahnemannian miasms in their classical training at the mentioned universities, with little information on the Cancerinic miasm itself. However, in their years of private practice, some of the participants did their own research and self-educated themselves on the modern miasms, including the Cancerinic miasm and its remedy Carcinosin.

> *"I'm not sure how it's being taught now for you guys but definitely when I was studying it was, you learn about the miasm and a few of the remedies, the Psoric miasm and then you go learn about Psorinum and Sulphur and those are huge remedies and loads has been written about those remedies and you can find it in different sources and so on, but I find that very little is on Carcinosin." – [RP5]*

The understanding of the Cancerinic miasm by the participants was in line with the relevant literature, whereas the contributions and factors involved in creating the Cancerinic miasm had diverse views and modern topics brought forth by the participants. When considering the various prominent symptoms of the Cancerinic miasm, the participants placed value on different aspects when studying the miasm. Lastly, discussion regarding the prevalence of the Cancerinic miasm in South Africa was included to gain knowledge of the miasm in the context of South Africa because the literature review demonstrated the lack of information on the Cancerinic miasm in South Africa as studies were based mainly in European and Indian countries.

5.4.1 Subtheme 2A: Understanding of the Cancerinic miasm

Sankaran (1994:39), Bentley and Barton (2007) and De Schepper (2001: 417) all pose different views on which miasms are combined to form the Cancerinic miasm, which has been classified as multi-miasmatic. RP4, RP5, RP9 and RP11 all seem to follow the opinions of Bentley and Barton, who see the Cancerinic miasm as a combination of the three fundamental miasms (Psora, Sycosis and Syphilis) as well as De Schepper who includes the Tubercular miasm together with the fundamental three.

> *"My understanding of the Cancerinic miasm is that it is encompassing of a number of miasms so you would have seen manifestations of predominantly Sycosis and Syphilis but then also Tubercular characteristics coming out over the progression of the treatment with the patient. There will definitely be Psoric manifestations as well." – [RP9]*

An interesting observation was that several participants (RP11, RP1, RP2, RP3) expressed their understanding of the Cancerinic miasm in comparison to cancer as a disease and how that impacts the miasm. The nature of the Cancerinic miasm is based off of the disease of cancer through the uncoordinated and destructive manner in which cancer cells grow and metastases (Goswami 1999: 63-67). However, not every cancer that a person develops has the characteristics of the Cancerinic miasm, for example, a cancer may be growing rapidly and form a large tumour on a gland, which could be classified as being more Sycotic in presentation, whereas a cancer that is highly destructive with much ulceration and haemorrhage, could be classified as being Syphilitic in its nature, based on the keynotes of each miasm, described under Chapter Two, 2.7. The Cancerinic miasm originates from the disease of cancer and a family history of cancer is important, but this is not the only disease it covers, many autoimmune diseases and diseases such as diabetes, TB, glandular fever, chronic fatigue syndrome, recurring flu and inflammatory diseases all fall under the miasm (Choudhury 1997: 119). These participants compared the Cancerinic miasm to how much cancer there is in the world today, being the second leading cause of death in the world according to the World Health Organisation (2019).

"Well, if you look at the Cancerinic miasm and look at the basis of how it was proved from the breast tissue itself, breast cancer. Cancer by nature is something that overwhelms the body, it takes over the entire physiological workings and it thrives…If you look at it physiologically, if you look at the amount of cancer rates, I find there is a very big link between the psychology and the cancer development." – [RP1]

Furthermore, RP6 and RP10 understood the Cancerinic miasm to be more of a mental and emotional state that a person is in rather than looking at the disease state they are in. This relates back to Sankaran's view of a miasm being a learnt behavioural response to whatever stress or disease the body is in (Sankaran 1994: 20,25). The themes of the Cancerinic miasm were described by Sankaran (2005:7) as well as De Schepper (2001: 419,431) as control, perfection, lack of reactivity and suppression as discussed under Chapter Two, 2.9. Several of the interviewees explained their understanding of the miasm through these key themes which can be compared to the physical disease process of cancer and to the mental, emotional state of the Cancerinic patient.

"What I understand from the Cancerinic miasm is more of a state that the patient is in." – [RP10]

"The state is encompassed by a theme and that theme is that patients have a sense of fundamental weakness or conflict within them that they have to hide or keep buried within them at all costs. In the reaction to that keeping it suppressed they become very driven, perfectionistic and controlled in external activities that cannot be failed at any cost." – [RP10]

All the participants have brought forward the points that create a holistic understanding of the Cancerinic miasm which incorporates the mental, emotional and physical state. As described by Schuett (2010), "…Cancer is not a local disease but a localized expression of the dynamic disease that encompasses the whole subject."

5.4.2 Subtheme 2B: Contributions to the Cancerinic miasm

The contributions of the Cancerinic miasm arise from the family history, past medical history and childhood history of the patient. The Cancerinic miasm also has specific personality traits and backgrounds which activate the miasm in a person.

The main aetiologies that contribute to the Cancerinic miasm according to Choudhury (1997: 118-119) and Foubister (1967: 183-184) are:

1. A family history of cancer, diabetes, TB or pernicious anaemia
2. A past medical history of glandular fever, insomnia, cancer, recurring infectious diseases, chronic fatigue syndrome or autoimmune disease.
3. A childhood history of recurring acute infections, whooping cough and insomnia, there was no fever production in infection, either no childhood illnesses or receiving childhood illnesses as an adult or receiving adult diseases in a child.
4. When well-selected remedies do not help or fail to act.
5. Any form of suppression such as suppressive treatments or a background of suppressive relationships with family, friends, work or romantic partners.
6. The personality traits of perfectionism, overachieving, submission, sacrifice and issues with individuation.

When asked to describe their understanding of the Cancerinic miasm, the participants acknowledged the contributing factors of the miasm and covered each of the above points. RP5, RP7, RP9 and RP11 all mentioned the family and past medical history as important contributing factors to the Cancerinic miasm. This is true for all miasms because Hahnemann described them as being a hereditary predisposition and so study into the history of the patient is important (Hahnemann 1921: Aphorism 81).

> *"And obviously you've got the family history that is the biggest, one of the biggest trends of the Cancerinic miasm as reading into the personal as well as the medical, family medical history." – [RP5]*

RP9 expressed their understanding of point 3 of the contributing factors, which speaks about the childhood history of a patient and how that influences the Cancerinic miasm. Foubister (1967:181) studied the cases of children who were born to mothers with breast cancer and added to the remedy picture of Carcinosin through his observations of the children's' appearances and characteristics. Foubister (1967: 183-184) established that the children had

recurring patterns of infections with no fever reaction and developed adult-type diseases early on or the opposite, where adults produce childhood diseases.

RP11 spoke of point 4 in the contributing factors where well selected remedies fail to act. They expressed the relapsing pattern of the Cancerinic miasm where a patient either has no change or they may aggravate on the prescribed remedy. In the end the patient relapses back into their original state until the Cancerinic miasm is treated with Carcinosin or another Cancerinic remedy.

> *"…A big thing in practice is that thing of always relapsing, which I think is true for the other miasms as well but I've got a few cases where you sort of get desperate because other remedies that seem so well indicated but either the patient aggravates or no respond, in the end its Carcinosin." – [RP11]*

Point 5 of the contributing factors listed above discusses the theme of suppression which is prevalent in the Cancerinic miasm. It is important to note that suppression goes hand-in-hand with domination because there needs to be a dominating influence in someone's life in order for them to be or feel suppressed. Forms of suppression as explained by Watson (2005: 80-82), Smits (2008:55-57) and De Schepper (2001: 431) under Chapter Two, 2.9. can be from a medical influence such as suppressive treatments; from a dominating physical influence such as abuse and from an emotional influence through relationships with the people in one's life. Several participants expressed the theme of suppression and mentioned factors such as vaccination which is a form of suppressive treatment medically (RP5), trauma and grief (RP3) and physical or sexual abuse (RP1, RP4) which are more physical and emotional factors that can suppress a person.

The other aspect of suppression and domination that emerged from the data was through the parent-child relationship, where the parent was the dominating influence over the child's life. RP1, RP3, RP6 and RP10 all described this factor where the parent places high demands and expectations onto their child to perform in certain areas such as school or sports etc. This results in the child developing a Cancerinic pattern of being controlled and unable to relax or grow in their own unique way. RP9 pointed out that people who become parents later in life often have a set way of living, a routine and order to their lives, and when a child is brought into that space, the parents push the child to follow in that orderly way of living. RP9 also presented the view of an over-protective parent who shelters their child, which supresses the child's confidence, resulting in an insecurity as well as a poor immunity because the child's immune system has also been suppressed if the parent prevented them from getting any natural childhood illnesses.

"I find its more children where there is also some form of domination, I find that that is quite a common trend. Where there is a dominant father or a dominant mother causing the child not to flourish as they should." – [RP3]

"*And the overprotection as well, the parents that overprotect their children because it's a sheltering, it can create an insecurity or a lack of self-confidence in some children…the OCD (Obsessive compulsive disorder) parents that wants to protect their child from every bug or germ so they don't get ill, that's a form of control." – [RP9]*

This type of parent-child relationship creates the Cancerinic child. According to Smits (2008: 67), the causations for the Cancerinic miasm in children are: vaccination with loss of reactivity, lack of approval, too high expectations, too much responsibility and excessive parental control. Smits (2008:59) also speaks about the 'father principle' which discusses the role that a father has in encouraging a child and how a very demanding father can become dominating and thus create the Cancerinic child. The data has shown that it is not necessarily the father alone that can become dominating, but also the mother or any senior prominent figure in the child's life that is over-protective, controlling or demanding of the child. Rincon (2013) discusses the impact that parents have on a child who innocently follows in their patterns because in the first years of life, the parents are the most important people to them. Rincon (2013) states that the parental model can have a big impact on the child's behaviours if it becomes a negative influence without love or care, resulting in insecurity, insomnia and timidity which are all aspects of the Cancerinic miasm seen in a Cancerinic child.

Besides the above contributing points found in the literature, the participants added other factors which are based on the modern, universal lifestyle we see today. The key points that were discussed were the influences that society has on the Cancerinic miasm, with the fast-pace of life, social and work pressures, stress and the environment the world is in. Important factors such as the 'city-life' versus a simple life as well as the Western influences versus the Eastern influences were referenced.

RP4 states that the world has evolved from the first basic man, the Psoric man, into the more Cancerinic man in a modern world today. If we study the impact of the Western world on Southern Africa, for example, we can see how this evolution expanded and moved toward creating this Cancerinic state of being. Marks (2019) writes a detailed article on the history of South Africa from the Stone Age to the 19th century, here they describe how the precolonial Khoisan were hunter-gatherers and lived a simple life on the land. This mode of living can be compared to the Psoric man RP4 was referring to, their main goal was to survive on the land through farming and hunting and to grow their communities through craftsmanship and basic

trade of supplies. Through colonisation, the Western world began to influence South Africa by establishing trade routes which brought goods, new religions, cultures and the discovery of gold and silver as currency. This influence created the industrial era in South Africa, where villages became towns and cities and major ports were established with Western buildings and settlements development (Marks 2019). South Africa is now a part of the technological era as is the rest of the world. This progression of living and being from simple, natural ways to our complex modern society is another factor that has created this Cancerinic evolution and mind-set.

> *"So, if we look at the beginning of time obviously the first miasm was the Psoric miasm, very basic miasm. Man was very, very simple in that respect. So what has happened now is, as we have progressed we have become very advanced. Particularly today with the world that is evolving, people are trying to keep up with the pace." –[RP4]*

The participants (RP1, RP5, RP6, RP7, RP8) speak about the modern society we live in which is fast-paced because of technological advances. These participants mention how there is a lot of pressure and stress placed on everyone to keep up with the pace of society, especially the media. RP6 explains how the media can give false views on how people are living their lives, which has become based on materialistic possessions in order to please others and have a good reputation and in the process, deny their own unique needs and nature. Social media creates an unrealistic view of peoples' lives and creates an environment of competing against one another for the perfect-looking life. This creates an ambition and expectation and pushes individuals to strive for a better life, higher goals and perfection. RP7 discusses the impact of 'academic inflation' where people are aiming to get higher education, often while working at the same time, which places more strain and stress on the individual to work harder and for longer hours in a day. RP5 explains how stress effects the body by causing inflammation and imbalanced hormones, which are factors in the contribution of autoimmune diseases. RP7 also speaks about technology and how we are 'contactable' all the time, where we can be reached at any time of day through cell phones which doesn't always allow for a relaxed environment away from work. The Cancerinic themes of perfection, striving and overwork can be seen in these scenarios and in today's modern society. RP11 notes that a simpler lifestyle might be a better option.

> "*We are very, very concerned about how others might view us and we spend our entire lives denying our fundamental needs in pursuit of a good reputation which is ultimately quite superficial because it's not based on values but it's based on material possessions." – [RP6]*

"I think it's driven by modern society and the pressures of life and the expectations people have on themselves and of others and there may be other environmental factors as well." – [RP8]

"So, that can maybe bring us back to the causes, maybe the simple life is the better life." – [RP11]

To expand on the contributing factors further, the role of diet on an individual was another point that emerged from the data. The participants noted the effects of toxins and carcinogens that are found in processed and genetically modified (GMO) foods and how that increases the risk of cancer development and thus the Cancerinic miasm. RP3 made a comparison of the high cancer rates in the Black population now because of the processed foods being eaten, compared to how low they used to be when the Blacks were eating more natural foods from the farmlands. This links back to the colonisation and evolution of South Africa from Western influences. RP5 explains the link between foods which have hormones added into them and foods that cause inflammation in the body and how that impacts cancer as well as our immunity because the digestive system contains a high amount of immune-regulator cells. Vighi et al. (2008) state how important the gut is in maintaining homeostasis within the immune system and that 70% of the body's immunity lies within the cells of the gut. Fields (2015) explains how researchers at the John Hopkins University School of Medicine are studying how the gut and its bacteria microbiome changes in response to certain diseases, one of them being colon cancer, to understand the link between diet, the microbiome and the development of certain diseases. They state that carcinogenesis changes the ecology of the gut.

"If you see in the (Black) African community, you would never see cancer maybe 20 years ago because before the (Black) Africans were living more in the farmlands, they weren't eating boxed cereals and boxed foods, canned foods they were eating fresh farm foods grown themselves." – [RP3]

"*The food we consume is pumped with hormones… inflammatory markers that are high because of the inflammatory foods that we consume… What happens to the gut where our immunity is, 70% is in the gut, when we are consuming wrong stuff we are affecting the gut." – [RP5]*

A few of the participants (RP3, RP7, RP8) also acknowledged the effect of electromagnetic radiation through cell phones and technological devices on the high cancer rates we see. The carcinogenic environment we find ourselves in impacts our cells on a fundamental energetic

level. RP8 raises the point that we are constantly influenced by this radiation because we are being stimulated in every area we are in.

> *"If you look at how many people get cancer, for example, the influences of electromagnetic radiation, where there is no space where you don't have stimulation, I mean we are bombarded with these things all the time." – [RP8]*

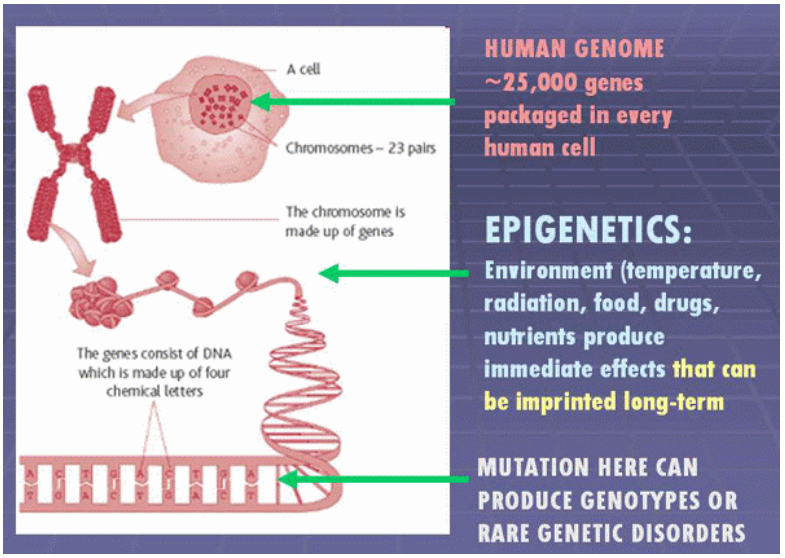

Figure 5.1 Representing the imprint of epigenetics on the human genome (Morrish 2014).

Figure 5.1 represents the type of environmental epigenetics, as discussed above, such as food and radiation and how they can affect the human genome by imprinting onto a gene and producing a mutation over a long period of time. Morrish (2014) explains how external influences are capable of changing DNA by activating certain genes, this effects the way that the genes are read by cells, not necessarily their sequencing. Epigenetics can be passed on through generations and thus has become a new scientific explanation of Hahnemann's miasm theory. Morrish (2014) expands on this by comparing Hahnemann's views of miasms to what we know today as bacterial, viral, fungal or parasitic infections, therefore, Morrish believes that these external influences cause a disharmony in the vital force, which governs the body and produces set signs and symptoms. Thus, the preceding infectious diseases (past medical/family history) creates an 'epigenetic consequence' (inherited predisposition) that becomes the fundamental cause of chronic diseases, the miasm.

5.4.3 Subtheme 2C: Main symptoms associated with the Cancerinic miasm

The main symptoms of the Cancerinic miasm have been discussed in Chapter Two, 2.10 under the remedy Carcinosin which is the nosode of the miasm that was used to conduct provings. The literature was combined from Foubister (1995: 34-42), Vithoulkas (2008: 1628-1655) and Smits (2008: 53-62). A comparison was made between the existing literature and the data obtained in this study from the participants. The discussion will follow the line of 2.10 starting with mental and emotional symptoms which also includes the Carcinosin child and then moves to the physical and general symptoms which includes the typology of the patient.

The *mental* and *emotional* symptoms as presented by the participants that are in line with the literature were: The positive side of the Carcinosin patient which includes the appreciation and love for travel and adventure, they love to see beauty and to feel beautiful and they pay attention to detail (RP5, RP9). The most referenced characteristics of the Carcinosin person is their strive for perfection and workaholic behaviour. RP1 and RP7 state how the Carcinosin patient can never relax and work very hard, thus develop this perfectionistic nature because they feel that nothing is good enough. RP4, RP5, RP8 and RP9 mention this perfectionistic nature because of their competitive, driven, ambitious, intellectual side which is striving to over-achieve and do better for themselves, push themselves to the extreme because of the high standards they set for themselves which are often unobtainable. RP10 states how this perfection and drive comes from Sankaran's (1994: 40) description of 'superhuman effort' where the Carcinosin person over-stretches their capacity and uses all their energy to succeed and do well to avoid failure. In order to maintain perfection, the Carcinosin patient aims to control every aspect of their lives, which is another strong characteristic that emerged from the data. RP1, RP5, RP6 and RP7 described this need for control and its relation to perfection as either having control or a total lack thereof, with a strive for control and struggling when they cannot control something. RP5 states that the need for control is perfectionism. RP9 added to this control aspect by mentioning the keynote of fastidiousness that a Carcinosin patient has where they have to create a very clean, neat and orderly space to work and live in. RP12 described them as being very organised and structured and gave an example of a Carcinosin patient who comes into their private practice with a need for everything to be explained and the situation fully understood or defined before they can engage in the consultation.

> *"The biggest common denominator is control or lack thereof and striving to achieve control on different levels. Perfectionism, but I think that goes back into control, the need for control is perfectionism. Wanting to achieve, never satisfied with what is achieved, wanting to strive for more and more." – [RP5]*

The other positive attributes of the Carcinosin patient is their caring and sensitive side, described by RP8, RP10 and RP2 as being overly sensitive, sympathetic and empathetic where they take on other people's problems and are affected easily by the suffering of others. RP2 and RP4 discuss this further by mentioning the Carcinosin patient's caring, kind-hearted and fair attitude towards people. RP2 explain how this fairness is a compensation method to deal with the strong influences in their life by palliating or calming the situation, as well as to help those who are also suffering similarly because they cannot manage conflict in any form. Due to their sensitivity, they take criticism and rejection very badly (RP7).

> *"One of the ways that people compensate for having a strong impact in their life is that they are often very sensitive and seek to palliate or not upset strong kind of influences in their lives, so the general sensitivity thing, empathetic, sympathetic." – [RP2]*

All of these characteristics create a lack of boundaries in the Carcinosin patient. RP8 explains that the Carcinosin patient takes on other's problems and is unable to say no, therefore has poor boundaries set in place. RP10 explains how they over-stretch their capacity, RP5 speaks of the self-sacrifice they have and RP11 describes how they are always taking care of others. RP2 mentions the theme of individuation, where he speaks about the Carcinosin question of "What about me?" and how they have to find their own autonomy again and become their own individual. This type of sensitive, self-sacrificial behaviour causes the Cancerinic patient to suppress their own needs and emotions and thus become very closed (RP12, RP10) and can even apologise for going to seek help from the homoeopath and telling them their issues (RP1). RP3, RP7 and RP10 express the anxiety, depression and fears that the Cancerinic person feels. RP4 especially refers to the fear of disease, specifically of AIDS and cancer. This overwork, perfectionism, sensitivity and anxiety eventually result in a burn out state for the Carcinosin patient as described by RP1 and RP8.

> "*the person who is the empathetic type, the one that people come to with their problems, they take on too much of other people's problems, don't know when to say no, no boundaries sort of thing." – [RP8]*

> *"Keynotes I would say there is a lot of fear. There is fear of disease, especially AIDS, especially cancer." – [RP4]*

> *"They come to me in a very burnt out state and even that too they will apologise for telling you everything that they have to do." – [RP1]*

RP12 mentioned an aspect of the Cancerinic patient which did not feature in the literature, which was an obstinate attitude where the patient is unable to let go of the past and can

become fixated over something. RP12 also speaks of the principled and moral characteristic of the patient who has a sense of indignation with that.

> *"Mental things basically is the need for control, obstinacy, not being able to let go of things, a lot of them I would say live in the past continuously, harp on the same things, are fixated and unable to move forward in a progressive manner, sometimes principled, overly principled, strong sense of indignation." – [RP12]*

A comparison was made of the above mental and emotional symptoms presented by the participants to the relevant literature found in Chapter Two, 2.10, and a few prominent symptoms were not mentioned by the participants with regards to the Cancerinic patient. These were: The love of animals that the Carcinosin patient has together with the love of music and travel, the poor self-esteem they have which results in their compensation to be perfect and work hard, the people-pleasing attitude and high sense of duty of the patient which was briefly mentioned through the self-sacrifice and caring nature but not quite covered fully and some of the main fears experienced by the Carcinosin patient such as the fear of failure, the unknown and the supernatural.

The Carcinosin child was also referenced by the participants. From the literature in Chapter Two, 2.10.1, the above discussed mental and emotional symptoms can be applied to the child as well as any age that presents in a Cancerinic way. However, specific references were made regarding the Carcinosin child. It is important to note the contributing factors which discuss the parent-child relationships that activate these characteristics. Besides the physical appearance as described by Foubister (1967: 184), such as blue sclera, *café au lait* spots, and moles, that was mentioned by RP9, as well as the common symptom of experiencing recurring illnesses (RP8, RP11), more emphasis was placed on the mental and emotional aspects of the Carcinosin child. RP1 described their need to strive and do well in life which starts from the parents pushing them to become successful based on social stigmas, but ends up becoming the child's own drive and way of being. RP9 also speaks about the hardship which is endured at a young age that sets the child up with the qualities of the Cancerinic miasm. The Carcinosin child has the tendency like the adult to suppress their feelings (RP3), which results in their sensitive nature, as described by RP2, as being overly-sensitive to a point that concerns them and makes them wonder what the family situation is like to make this child become the 'peace-maker' as a compensation. RP3 and RP9 both spoke of the precocious, adult-like behaviour of the Carcinosin child which comes as a result of their hardship and early responsibility. There is still the positive aspect seen in the Carcinosin child of having gracefulness as expressed by RP9, where they can look like a Phos or Tub (Tuberculinum) child.

> *"If I think of the child patient, they look a lot like the Phos or the Tub child, in terms of gracefulness and maturity like Nat mur type and you know the typical physicals of blue sclerotic, skin lesions like your moles and that pigmentation that's uneven… the degree of difficulty or hardship that they have had to endure through their life younger as a child, that then set up the traits of the Cancerinic miasm." – [RP9]*

However, with comparison to the literature obtained in Chapter Two, a few prominent features of the Carcinosin child were not discussed by the participants, such as: The insomnia, worms and enuresis found in the children; the slow development in terms of walking and talking etc. as well as the tendency of the child to bite their nails. The other symptoms such as perfection, fastidiousness, sensitivity and issues of individuation were discussed above in the general discussion of Cancerinic symptoms.

In terms of the *physical* and *general* symptoms of the Cancerinic patient, the most important physical symptoms were referenced, however, no general symptoms besides the sleep mentioned by RP8 were described. The literature combined from Foubister (1995: 34-42), Vithoulkas (2008: 1628-1655) and Smits (2008: 53-62), explains the general symptoms in terms of: food desires and aversions such as milk, fat, chocolate, butter etc.; weather preferences which are better or worse at seaside and in hot or cold weather; the alternation of symptoms from one side of the body to the other; the periodicity of symptoms that recur as well as the sensations of the Carcinosin patient such as cramping and tightness, with twitching and tics of the muscles.

The *physical* symptoms as presented by the participants were: The physical appearance as described by Foubister (1967: 184) of moles, *café au lait* spots and blue sclera were mentioned by RP1, RP5 and RP12. RP1 added that lipomas are common amongst their Indian patients too and RP5 added that the Cancerinic patient often has long eyelashes which is a common symptom shared with the Tubercular miasm. The most referenced symptom was that of autoimmune diseases. RP7, RP8, RP9, RP10 and RP11 all acknowledged using the Cancerinic miasm to treat autoimmune diseases. There was specific mention towards the joints and arthritis in correlation to autoimmune diseases that RP1, RP7, RP9 and RP10 speak of, where there is chronic joint pain with a weakened immune system which points them in the direction of autoimmune conditions. Allergies was also a strong symptom that many participants spoke of which links to the hypersensitivity of the Cancerinic patient, thus a hypersensitive immune system (RP2). RP3, RP4 and RP10 referenced allergies and gave examples of eczema, asthma and hay fever in particular which have a chronic and recurring nature that is difficult to treat.

"Definitely from that point I do see a lot of autoimmune issues. A lot of the time they are fairly nonspecific, the main indication for autoimmune would be the joints, joint pain and that sort of thing, arthralgia." – [RP7]

"So, on a physical level I find that it's a lot of those eczema, asthma, allergy sort of." – [RP3]

As discussed under the mental and emotional section, burn out was a common feature in a Cancerinic patient because of the intense energy and effort that they put into everything that goes beyond their capacity and abilities. RP4, RP7, RP8 and RP9 noted that adrenal fatigue, chronic fatigue syndrome or burn out is something they associate with the Cancerinic miasm. Cancer and tumour formation is a big aspect of the Cancerinic miasm because of its origins and association with the disease of cancer. RP4 and RP11 noted this association of the Cancerinic miasm to cancer, RP4 in particular spoke about the progression of benign lesions and growths such as HPV into cancers in Cancerinic people instead of it being a benign warty growth that fits into the Sycotic miasm. RP2 and RP8 discussed the history of recurrent viral infections in the Cancerinic patient, especially infectious mononucleosis, where there is no fever seen, which is another contributing factor in the Cancerinic miasm. A few examples of disorders were given such as migraines (RP8), issues with sleep (RP8), TB (RP9), diabetes (RP11, RP12) and hypertension (RP12).

"*We see a lot of adrenal fatigue and burn out, I see a lot of that in my practice, the adrenal fatigue because we are overworked and over striving for perfection." – [RP9]*

"*If you contract cervical cancer, so we have a wart that basically fits into the Sycotic miasm and it's not just the simple HPV (Human papillomavirus) we are getting anymore, that HPV is manifesting itself into cancers." – [RP4]*

RP7 stated that fertility has a strong association with the Cancerinic miasm. This symptom has not been expressed in the literature, however, the female system is discussed in general, with regards to dysmenorrhea and tumours, more so than the male system.

The physical symptoms that were found in the literature but not mentioned by the participants were: the skin disorder called molluscum contagiosum; the digestive system which experiences indigestion, constipation, enuresis and haemorrhoids; Raynaud's syndrome and the tendency of the Cancerinic patient to bite their nails and the skin around them.

The *typology* of the Cancerinic patient was briefly described by a few participants who stated that it is easy to identify a Cancerinic patient when they come into their practice because they

carry the same perfectionistic nature in the way that they dress and present themselves (RP1, RP3, RP4, RP10). RP3 explains how they are more ‘upright, prim and proper’ and RP10 says that they are always groomed and well-kept because of their meticulous nature. RP4 and RP8 gave examples of the type of people that they have encountered in association to the Cancerinic miasm with regards to their work environments, such as, accountants, healthcare workers and high school or university students. The reference to healthcare workers was expressed in the literature because of the caring, self-sacrificial, sensitive and hard-working nature of the Cancerinic patient.

5.4.4 Subtheme 2D: Prevalence of the Cancerinic miasm in South Africa

The participants were asked their opinion and assumption for the prevalence of the Cancerinic miasm in South Africa as a whole. Even though the sample group and study was conducted in the KZN region, the participants still expressed their viewpoints for the country. This is important information to understand the range of the Cancerinic miasm and the factors that influence it in a local context. The specific prevalence and demographic for each participant in their place of practice will be discussed under the next subtheme 3A. It should be noted that there is no reference point for the prevalence in South Africa or KZN with regards to the Cancerinic miasm and so this study, with its sample group, is the only representative data gathered at this point.

Besides RP5 and RP6, who were unable to give an opinion on the country based on their own practice as a representative, many of the other interviewees felt that the prevalence of the Cancerinic miasm is quite high in South Africa, but possibly not the most prevalent miasm out of them all. RP1 gave their opinion as to why they believe cancer and the Cancerinic miasm is prevalent in South Africa at the moment, which is due to the stress and competition amongst people to work more in order to immigrate and create a better life for themselves elsewhere. RP1, RP3 and RP7 refer to the prevalence of the Cancerinic miasm in comparison to the amount of cancer rates in the country which are increasing substantially and thus the prevalence of the Cancerinic miasm is also increasing. Several participants stated that the prevalence of the Cancerinic miasm is increasing in South Africa but is not as prevalent as some of the other miasms. The Tubercular miasm was referenced as being quite prevalent in South Africa by the interviewees (RP4, RP7, RP8, RP11), the Sycotic miasm was referenced more than once (RP4, RP11), whereas, the other miasms such as Syphilitic (RP7), Psoric (RP8), AIDS (RP4) and Leprosy (RP4) were mentioned once by the interviewees. The high prevalence of the Tubercular miasm could be due to the high incidence of TB in Africa which

accounts for a quarter of new TB cases worldwide in 2016 and is the 9th leading cause of death in the world, according to World Health Organisation (2019).

> *"There is a lot that is moving, people find that family members are moving overseas or they are immigrating and there is this big like drive to compete to do their best to leave South Africa." – [RP1]*

> *"In terms of the country, we can see the cancer rates how they have rocketed and that can tell us how much the Cancerinic miasm is prevalent." – [RP3]*

> *"Definitely on the increase, I think from all the miasms, the only one that would probably come close, in your everyday practice, is probably Sycosis and if I think more of the rural communities maybe Tubercular is a bit more." – [RP11]*

A few participants compared the prevalence of the Cancerinic miasm to the socioeconomic factors in South Africa (RP6, RP8, RP12). They believe that the higher the socioeconomic level in a community is, the higher the prevalence of the Cancerinic miasm will be. RP6 states that the prevalence is higher among the upper class, however, there is a 'contamination' of cancer and the Cancerinic miasm amongst communities because the world is in a Cancerinic space, therefore, there is cancer among poor rural communities as well as wealthy urban communities. RP12 adds to that point by stating that middle to upper socioeconomic groups are able to control more aspects of their life in terms of healthcare, living situations, education and finances which allows for a Cancerinic nature to evolve in those classes. Whereas, the lower socioeconomic groups are challenged by day-to-day struggles of poor hygiene and poor living standards and thus, tend to produce diseases on that level rather than a complex autoimmune disease, for example. RP6 expands on this point by stating that there are two drivers for the socioeconomic factor in the Cancerinic miasm: one being means or financial ability, because if someone wishes to pursue greater things in their life, they need money for that, for example, a bigger house, a better job or a better education. The other factor that RP6 mentioned was isolation, where the lower socioeconomic groups are usually much more dependent on each other and work in groups to obtain a goal, but on the other hand, the higher socioeconomic groups become more isolated and independent in their daily struggles and thus have to push themselves to achieve their goals with limited emotional support.

> *"They are very protected from what the lower socioeconomic group is dealing with in terms of poor healthcare, poor hygiene, poor living standards and so these groups are challenged in this way for some reason. I think they have the intellect and ability and life situation that their disease presents on these levels." – [RP12]*

"I think the socioeconomic thing is a factor because there are two drivers for that: one is means, quite literally – if you have got enough money you can play the Cancerinic game because the Cancerinic game is an expensive game, you can't pursue an ever better something when you've got no money, you are to some extent confined. I think the other aspect of the Cancerinic miasm is the sense of isolation and my view of society is that the lower you are in the socioeconomic spectrum, the more dependant you are on others to survive." – [RP6]

A study conducted in America found that socioeconomic factors had a greater impact than genetics in lung cancer among African Americans (Aldrich et al. 2013). Another study conducted in the Western Cape province of South Africa observed the performance of students in high school and compared it to their socioeconomic level. The study found that those students from low socioeconomic backgrounds faced challenges which limited their ability to perform well at school (Bayat, Louw and Rena 2017). This study demonstrates how basic needs and living standards are important to have and make it easier to achieve well, even at a schooling level. One can see how the high socioeconomic group is able to develop the Cancerinic pattern, however, this does not exclude the lower groups from also being a part of the Cancerinic miasm.

Two participants discussed the prevalence of the Cancerinic miasm in South Africa in relation to apartheid and its impact on the country and its people. Apartheid or 'apartness' was a legal system of racial segregation set into place in 1913 by the Land Act and later, the Group Areas Act which separated the White population from the Black and non-White groups, who were removed from their lands and regrouped elsewhere. The White supremacy dominated the Black people with brutality, racism and segregation (History.com Editors 2020). Apartheid is unique to South Africa's history and had an immense impact on the people of South Africa, which has had a lasting effect on the generation today. RP2 made a comparison of racism to cancer, because in apartheid the racism and White domination towards the non-White race groups was oppressive and damaging, in the same way that cancer is dominating and oppressive. RP2 continues to discuss the role of apartheid on each race group, stating that it is almost as damaging for one race group (the Whites) to cut themselves off from their natural allies and human members (the Blacks) as it is to be as oppressed as the Blacks were. RP2 explains that apartheid or any system of domination, causes a person to become narrow and suppressed, which is the fundamental aspect of the Cancerinic miasm. RP9 added to the discussion of apartheid in South Africa and its relation to the prevalence of the Cancerinic miasm, by stating that the control, injustice and suppression of apartheid created a generation of people who were oppressed and unable to express their needs or control the situation they

were in, they thus internalised their feelings which manifested as the Cancerinic miasm. The Cancerinic miasm now gets passed on through to generations today, who experience this fundamental weakness and suppression that they struggle to control or express that later manifests itself into signs and symptoms in the body as well as the mind.

> *"Highly prevalent. We had a cancer in South Africa which was racism and White domination. And the trauma associated with that is massive and it's massive on both the broad parties, the Whites and Blacks." – [RP2]*

> *"Generations before us have not been able to be free, they've lived in a very controlled way and they've been controlled, they've been suppressed, they've been oppressed and they have not been allowed to feel. So even when you have suffered an injustice, you were not allowed to express that." – [RP9]*

The role of gender in a community was another factor that was expressed by many participants with regards to the prevalence of the Cancerinic miasm in South Africa. The interviewees felt that the prevalence of the Cancerinic miasm was higher in the female population because of the particular roles and characteristics that women naturally have. RP9 brought forward the history of gender inequality toward the female population which begins with the right to vote that was denied for females for many years. The right to vote together with the inequality seen in the workplace where females were not allowed to do many 'male' stereotypical jobs oppressed the females, which RP9 states has been passed on to new generations who now carry that streak of suppression. Now in the 21st century, we are seeing a different side to the female role and mind-set which according to RP9 also contributes to the Cancerinic pattern. This mind-set is that woman are 'go-getters', where they are striving to achieve in their careers as well as looking after the household and children, which has created this overwork and drive for perfection amongst females in order to prove their equality after many years of being oppressed. The gender roles in society are changing, we are seeing more male stay-at-home fathers where the woman is now the bread-winner of the family; females are owning businesses and becoming leaders in society and females are questioning and changing the rules of society that has been placed onto them. However, according to Albertyn (2011), South African women still face inequality in society, work and in their private lives and although many new laws have been set in place to protect the rights of women, they have not been fully implemented or carried through. Albertyn (2011) also states that this inequality to women is further extended to the lower socioeconomic class of Black woman who had the least rights of all through the apartheid era, which still places them at a disadvantage in society today.

There are still many societies and religions that have a strongly male dominated system in place. RP1 and RP10 explain the female role in a family as being Cancerinic because they are looking after the children and the household while the man is away working a lot of the time. RP10 states that the woman's role is more complicated and that the role of parenthood is taken seriously by the females who strive to be the perfect mothers. The nature of the female was discussed by RP7 and RP11 who state that females have a history of self-sacrificing for their family, a trend we see all throughout nature and in the animal kingdom where a mother will always sacrifice her time and needs for that of her child. RP11 also speaks about the suppressive relationships that women are often in which brings out the Cancerinic miasm. RP7 discusses the nature of the female which is self-critical, introspective and more aware of details and what people think of them, a Cancerinic characteristic that develops because of the inner weakness and loss of control that causes them to become people pleasers with the strive for perfection in their looks and actions. RP7 and RP10 made an interesting observation of females belonging more to the Cancerinic miasm, but with males belonging more towards the Tubercular miasm which is more care-free and restless and not as serious.

> *"Apart from race I think women in general in South Africa, if you think of how women have never had rights during the time of the past laws when there wasn't equality and were not allowed to vote." – [RP9]*

> *"The woman is left to fend for the family and to put a plate of food, put a roof over the kid's head, so this mother that is just there and she is trying her best to do what she has to do." – [RP1]*

> *"I guess women taking on the role of motherhood and they take it on judiciously and fastidiously and seriously and so it probably brings out the miasm a lot more strongly. Whereas perhaps their husbands being a bit more carefree they can be a bit more Tubercular." – [RP10]*

RP2 described this point of gender equality from the viewpoint of the male and how society is still strongly controlled by men. They made a comparison of men to cancer cells because of their dominance and control in society. RP2 explains their experiences with their female Cancerinic patients and states that they often need to deal with the male presence in their lives in order to gain their confidence and individuality again. RP2 describes the nature of both genders, where the male is the provider and protector and the female has the caring and self-sacrificing role, but if either of these roles are over-expressed it can create a dominating and suppressing imbalance where the Cancerinic miasm develops from.

"So, my observation and my experiences with female patients and people in my life as well as children in general, they need to deal with the male presence in their lives and to be more assertive and confident within their own agenda is really important. To become their own individuals." – [RP2]

5.5 Theme 3: Clinical application of Cancerinic miasm

The clinical application of the Cancerinic miasm was studied through the participants' experiences in their private practices around KZN. This includes case taking, use of Cancerinic miasm prescribing, choosing a remedy and how to prescribe the remedy and to observe the effects of the remedies on the patient. The prevalence of the Cancerinic miasm in the participants' private practices in KZN was studied to get a detailed understanding of the Cancerinic miasm in comparison to the previous theme which studied the prevalence in South Africa as a whole.

5.5.1 Subtheme 3A: Prevalence of Cancerinic miasm in practice (KZN)

DUT is one of the two universities in South Africa to offer a course in homoeopathy and is located in Durban, KZN. This is why the concentration of homoeopaths in KZN and around Durban is high and thus the 12 participants were selected from areas around KZN and gave a fair representative for the prevalence of the Cancerinic miasm based on their many years of experience and diverse patient base. However, there were some limitations regarding the participants' race demographics and areas of practice which were located in the higher socioeconomic sectors. The prevalence was discussed according to their private practice prevalence, the age, gender and race demographics of the Cancerinic patients they encounter.

The interviewees stated that the prevalence of the Cancerinic miasm in their practice was high. A few participants quantified the amount of Cancerinic miasm that they encounter in patients, some said they see the Cancerinic miasm in around 50% of their patients (RP7, RP12), 60% (RP4, RP6) and 70% (RP6, RP10). Some participants gave comparisons of the Cancerinic miasm to the prevalence of other miasms that they come across in practice frequently. The Sycotic miasm was referenced the most by the interviewees (RP1, RP7, RP12), with the Psoric miasm referenced second highest (RP7, RP8) and the Tubercular (RP8) and AIDS (RP4) miasms referenced the least by the participants. This was interesting to observe in comparison to their answers in the previous theme, subtheme 2D, where they also referenced the miasms that they felt were prevalent in South Africa as a whole and the Tubercular miasm came up the

highest with the Sycotic miasm second highest, which shows the difference of the patients in KZN to the rest of the country. However, it should be noted that the viewpoints mentioned in subtheme 2D were assumptions of the country and not realistic figures to be used.

> *"The area and demographic that I treat I would say the prevalence is quite high for the people in the Cancerinic miasm. I would say maybe even as much as 70% or 75% of my patient base are Cancerinic." – [RP10]*

> *"In my practice it's very high. I would say Cancerinic and Sycotic miasms prevail." – [RP12]*

South Africa is a diverse nation where age, gender and race demographics are important to understand to gain a local perspective of the Cancerinic miasm in KZN. Every homoeopath has a varied patient base depending on their practice and so they were asked to describe their particular patient demographics. The first of those being race. Majority of the participants have a patient base which is predominantly from the White and Indian communities (RP1, RP3, RP4, RP6, RP7, RP8, RP9, RP12). RP1 and RP3 explain how the Indian community, especially the older females, fit into the Cancerinic miasm because of the nature in which they are brought up to work hard and suppress their feelings. RP4, RP6, RP7, RP9 referenced seeing Black patients in their practice and RP1 and RP7 referenced seeing patients from the Coloured community, where RP1 stated that the prevalence of the Cancerinic miasm is high amongst the Coloureds because the females are left by the men to look after the family.

> *"I see a lot of Indian patients and it's very common in Indian patients especially the old school sort of woman where they have toiled for so many years." – [RP3]*

> "*Amongst the coloured community I must be honest I see it as also quite prevalent in the sense that a lot of the men have alcohol or drug habits and the women are left to fend for the family." – [RP1]*

The racial demographic coincides with a study conducted by Lamula (2010), who observed the perceptions of Black adults towards homoeopathy and found that the knowledge and understanding was poor amongst this group. Another study conducted by Macquet (2007) studied the perceptions of students from different race groups at DUT on homoeopathy and found that the White race group had the most understanding of homoeopathy, whereas the Indian race group had less understanding and the Black race group had the least understanding. Macquet (2007) gave their opinion that the racial demographic is such because of the effect apartheid had on the non-White race groups and the fact that homoeopathy had only been studied by the White and Indian race groups until now.

The age demographic was discussed by the participants which gave insight into the prevalent ages that the participants view to be a part of the Cancerinic miasm. There were mixed responses which covered all of the age groups from infants to the elderly because each miasm can be activated in a person's life at any point depending on the specific genetics and contributing factors that begin to manifest as a miasm. Certain life events such as grief, trauma, abuse, illness and suppressive treatments, which are all factors in the Cancerinic miasm, can occur at any point in a person's life.

However, from Table 4.5, we see how certain age demographics were more prevalent than others. Children from ages 0-12 were mentioned by 10/12 of the participants (83%); Adults from ages 30-60 were mentioned by 9/12 participants (75%); Young adults from ages 20-29 and Teenagers from ages 13-19 were both mentioned by 5/12 of the participants (42%) and the elderly from ages 60 and above were mentioned by 2/12 participants (17%). These references show a high prevalence of the Cancerinic miasm in children and middle-aged adults as well as in the younger generations rather than the older ones. RP5 compares the prevalence of the Cancerinic miasm in younger patients because of the prevalence of cancer development much earlier on in life. RP8 and RP3 add the perspective that the younger generation of patients from school going towards middle-aged adults are working hard, setting goals, pursuing careers and starting families and the transformation between childhood and adulthood adds pressure and confusion, which could be contributing factors towards the Cancerinic miasm. RP8 states that the age groups beyond that have changed their outlook on life and have gained more perspective to change their way of living. On the other hand, RP6 felt that the Cancerinic miasm presents itself the strongest in older people.

> *"A lot of children would fit into that miasm I would feel and the parents would be younger parents. The most common age would probably be from around age 30 to 48, so mid-30's to mid-40's would probably be the most common range of adult population that I would see in that miasm. Whereas the elderly I don't see as much." – [RP10]*

> "*I think that when people go beyond that (age) they have either gained some more perspective and they have adapted and changed their outlook on life, but I see that age group mainly. The school going, high school going, varsity and then people that are starting their careers perhaps as well, with exceptions." – [RP8]*

> *"I would say Cancerinic miasm by far the strongest in the older people." – [RP6]*

The last demographic discussed is gender. The perspectives of the gender demographics in private practices in KZN coincided with the view expressed for South Africa in subtheme 2D,

which was that the Cancerinic miasm tends itself more towards the female sex. However, it is important to note that many of the homoeopaths do mention that they tend to see more females in practice than males. RP2 and RP8 mention that based on the male stereotype, they generally don't like to go to any doctor, apart from that, they do believe that they prescribe the Cancerinic miasm more to the female population. RP9 stated that they only see females presenting with Carcinosin symptoms and so the prevalence is high in the female population. RP12 looked at their male patients in isolation and stated that they still see 1 in 2 males under the Cancerinic miasm and thus see an equal number of male and female cases under the Cancerinic miasm. These results can be compared to the history, nature and roles of the female population as discussed under subtheme 2D.

> *"Frankly any homoeopath's patient base is more female than male. The very reasons I've been talking about the patriarch and the male stereotype, males don't generally like to go to doctors in general, particularly people that talk about holistic types of approaches and emotions and spirituality." – [RP2]*

> *"In my practice I can confidently say it has only been females that I have seen that have come presenting with Carcinosin type symptoms, that have required Carcinosin, that show very, very clear Cancerinic traits, children as well as adult women." – [RP9]*

> *"I would say 1 in 2 patients are Cancerinic… If I had to just look at all my males in isolation, I would say the prevalence is still equally high. If I ignored the females and just looked at the males, I would also say it's 1 in 2." – [RP12]*

5.5.2 Subtheme 3B: Understanding of Cancerinic miasm prescription

Subtheme 1B mentioned the different prescription methods used for miasms overall, which still applies to subtheme 3B, however, more specific information towards the Cancerinic miasm in particular was obtained in this case. This is to gain insight into how the participants come to the Cancerinic miasm and what they focus on in case taking and prescription of remedies. A lot of participants stated that they use classical prescribing and base their prescription more on the mental and emotional symptoms of the case (RP1, RP3, RP4, RP6, RP9, RP10, RP12). RP3 explains the difficulty in gathering the mental symptoms, especially from a suppressed Cancerinic patient, which have to be slowly uncovered over time. RP10 adds to that viewpoint by stating that a lot of case taking with Cancerinic patients is through observation and reading between the lines because the patients do not express their feelings easily. RP6 believes that every physical disease is a manifestation of a deeper dynamic and thus doesn't prescribe on

the typical Cancerinic physical symptoms, but rather looks at the overall Cancerinic pattern and theme.

> *"You'll find like a lot of the patients that need the Cancerinic miasm itself. A lot of times I prescribe it, I prescribe it more on the mentals, not so much on the physicals itself." – [RP1]*

> *"From experience what I can say is that a lot of these things are from observation and listening to how a person conducts themselves in their lives, they don't necessarily use the words that we know to identify as the miasm, you've got to just read between the lines." – [RP10]*

A few participants gave their perspective on prescribing methods that they use for Cancerinic patients. RP1 explains how they don't prescribe one remedy and wait for results as is the norm amongst many homoeopaths according to Hahnemann's classical teaching, RP1 will give more than one remedy to be taken five days apart starting with the Cancerinic miasm treatment. RP12 begins their prescription with an anti-miasmatic remedy and then moves on to the indicated remedy and believes that this method allows the vital force to receive the remedy better. RP2 uses remedy associations to prescribe for their case, in other words, they study Carcinosin and then compare it to remedies that show similar characteristics. RP4 believes in the use of polychrest remedies, unless there are specific PQRS symptoms where they will look for the remedy covering that keynote, otherwise they believe that the nosode (Carcinosin) works well with the constitutional remedy. RP5 uses the miasm to differentiate between two remedy choices, where they will choose the remedy that fits into the Cancerinic miasm the best. Whereas, RP8 states that they are more clinical in their prescription and use the rarer, smaller remedies rather than the polychrests.

> *"I find that I don't limit myself to the traditional way of treating, I work with the patient according to what they need so if it's two or three remedies that are needed at a time, I won't give one remedy and then wait and see it." – [RP1]*

> *"I'm very sort of clinical in my approach, I use lower potencies, small remedies and things like that." – [RP8]*

Several of the interviewees mentioned the overlap of different miasms observed in the treatment of a Cancerinic case, which can move the patient in a particular direction and confuse the prescription. The Tubercular miasm was referenced as being the most difficult to differentiate from the Cancerinic miasm because of the overlap of the two miasms (RP8, RP9, RP10), the Sycotic and Syphilitic miasms were also referenced as having an overlap by RP9

and RP10, whereas the Psoric miasm was mentioned by RP9 alone. This corresponds to the understanding that the Cancerinic miasm develops from a combination of two or more miasms. Sankaran (1994:39), Bentley and Barton (2007) and De Schepper (2001: 417) all pose different views on which miasms are combined to form the Cancerinic miasm. The participants seem to lean towards De Schepper' s understanding which includes the Tubercular miasm together with the three fundamental miasms. Tuberculinum (Tub) is the nosode of the Tubercular miasm and is considered Cancerinic because of their chronic recurrent infections, their desire to travel and their restlessness from a suppressed and stuck feeling. The Tub patient is very energetic and creative, however, lack the stamina and can burn out quickly. Carcinosin is more sensitive and refined than Tub who are confident in themselves and can become reckless easily (Phatak 1999: 717-720) (Sankaran 1997: 206-207).

> *"I find that the Tubercular miasm and Cancerinic miasm are often coupled as well so when I say multi-miasmatic I mean that they are weaved into each other." – [RP10]*

> *"My understanding of the Cancerinic miasm is that it is encompassing of a number of miasms so you would have seen manifestations of predominantly Sycosis and Syphilis but then also Tubercular characteristics coming out over the progression of the treatment with the patient. There will definitely be Psoric manifestations as well." – [RP9]*

Even though the Cancerinic miasm is based on the disease of cancer, there is still debate surrounding the treatment of cancer using Carcinosin. RP4, RP5 and RP7 have all used Carcinosin for treating cancer cases, either singularly or in combination with allopathic treatment using chemotherapy and radiation. RP2 and RP3 are cautious to use Carcinosin for cancer cases because of the nature of its origins. RP3 and RP9 state that often there is a shift in cancer patients towards the destructive Syphilitic miasm, especially in the later stages of cancer and so treatment is focused on that miasm. Templar, Gifford, and Polo (2013) discuss the use of Carcinosin for cancer patients and state the various authors who have used Carcinosin favourably for cancer. The treatment of cancer using homoeopathy is not aimed at curing the patient, but rather to palliate the discomfort and prolong the prognosis with homoeopathic remedies together with healthy lifestyle changes. Templar, Gifford, and Polo (2013) also mention the fears experienced by some homoeopaths in the treatment of cancer using Carcinosin that cause them to avoid it, which are: fear of Carcinosin being made from breast cancer tissue; fear that Carcinosin will aggravate or even induce cancer which has no proof or report of occurring and the belief that Carcinosin or any of the cancer nosodes are not useful in cancer cases.

"I've seen a lot of patients with different stages of cancers themselves... These people are very susceptible to Cancerinic diseases and cancer itself." – [RP4]

"I've never used it in a cancer type of situation, partly because that's part of our training to be cautious." – [RP2]

RP2 and RP6 discussed the nature of a Cancerinic patient to how they deal with having cancer and allopathic treatment of surgery. RP6 describes how a Cancerinic patient becomes more Cancerinic when they get cancer because they use all their energy and effort to fight the cancer, which they believe doesn't help. RP6 states that the patient's best way to deal with their cancer is to stop the Cancerinic pattern. This idea coincides with the previous point of treating cancer patient with Carcinosin which can help to relax the patient and stop the miasmatic influences. RP2 compares the surgery used for cancer to Cancerinic relationships where, like the cancer, the dominating and suppressive relationships that the Cancerinic person is often in need to be cut off as well in order for them to 'be healthy' on a mental, emotional and physical level again.

"One of the ironies for me in the Cancerinic miasm is exactly the requirement for the Cancerinic patient that has now developed cancer, the requirement for that patient is for them to step back and abandon the pattern and the immediate response of that Cancerinic patient with cancer is that they become more Cancerinic." – [RP6]

"The primary approach for breast cancer is surgery and that makes sense to me and sometimes that's what Carcinosin within their relationships, within their setting that is a dominating and unhealthy dominating, sometimes one needs to cut that off." – [RP2]

5.5.3 Subtheme 3C: Remedies commonly categorised under the Cancerinic miasm

The participants were asked which remedies they commonly use for the Cancerinic miasm in their practice to gain the clinical insights into the treatment of the Cancerinic miasm in South Africa, according to each homoeopath's unique methods of prescribing. The participants discussed their use of Carcinosin for the Cancerinic miasm which they all claimed to have used in practice at some point. There was also discussion surrounding the type of Carcinosin used based on its origins from different cancers and their uses. The main focus of any homoeopath is to look at the totality of symptoms and to find the most similar remedy to fit the patient's picture as seen with the fundamental principle of 'like cures like' (De Schepper 2001: 26-39). RP2, RP8 and RP10, relate that their focus is on the totality of symptoms and will prescribe

Carcinosin if it is indicated and fits the case. A few participants explain that they only use Carcinosin when they are dealing with the Cancerinic miasm, they prefer to start with Carcinosin before looking at other Cancerinic remedies (RP1, RP2, RP4, RP12). RP4 explains how a nosode is the fundamental base to the miasms disease origins and thus everything relates back to the nosode. RP12 believes that starting with Carcinosin allows the vital force and body to receive the indicated remedy better. On the other hand, a few participants prescribe Cancerinic remedies first and keep Carcinosin as a differential remedy that might be needed at a later stage in the treatment process (RP9, RP7, RP6, RP11). RP7 states that they only use Carcinosin when they see a strong family history of cancer.

> *"I actually prescribe the remedy (Carcinosin) quite a lot based on the totality of symptoms." – [RP8]*

> *"When the Cancerinic miasm is sitting there smiling, I always start with Carcinosin... I am very pure; I prefer to give Carcinosin. I wouldn't say this is Cancerinic and let's give a Cancerinic remedy, I'll give Carcinosin" – [RP1]*

> *"And then Carcinosin itself, its seldom my first choice because as I said its always that thing of not responding but very often it will follow in any way at some point." – [RP11]*

The types of Carcinosin used based on its origins was discussed by RP2, RP5, RP6 and RP10. RP5 questioned the use of breast tissue carcinoma alone for the preparation of Carcinosin and stated that different sources from various cancers needs to be studied further in order to prescribe more specifically. RP2 adds to the previous point by questioning not only the nosode origin, but also the individual that it was extracted from because their individual body cells contain their DNA and specific imprints within them that could alter the remedy proving and thus possibly the indications of the remedy itself. A study conducted by Naude (2011) compared the provings of ivory from a wild elephant with the milk of a captive elephant and found that certain unique symptoms did vary according to the individual that the source was extracted from. RP10 referenced their use of the Carcinosin preparation which is made out of 58 different tumour types and sights, known as the 58T Carcinosin, they state that they receive better results from this combination as opposed to the original Carcinosin from breast tissue alone (Homeopathy for Women 2005-2020). RP6, on the other hand, believes that the variations of Carcinosin are not necessary because the original Carcinosin has the themes and expressions of the Cancerinic miasm, whilst the variations will only exhibit small differences.

"There's very little that is known, I mean we have so many different cancers now, why is it that we are only using breast tissue to make the remedy. There is so much out there." – [RP5]

"*For me there is a remedy called Carcinosin and I think it's profound. I don't think in my head Carcinosin derived from other tissues as being particularly critical." – [RP6]*

When examining Figure 4.1, the pie chart of commonly used remedies for the Cancerinic miasm, the remedies used the most to the least in order are: Carcinosin, Nat-m, Sep, Staph, Ign, Ars, Lac-c, Phos, Foll, Nit-ac, Carcinosin cum cupr, Arg-n and Choc. According to Chapter Two, 2.12, the most commonly used remedies for the Cancerinic miasm are Carcinosin cum cupr, Staph, Ars, Nat-m, Phos, Sep and Nit-ac. Therefore, the remedies Ign, Lac-c, Foll and Choc were not mentioned in the Literature review but were used frequently by the participants in their practices for the Cancerinic miasm.

In addition to these commonly mentioned remedies, there were some extra remedies that individual participants referenced that are listed under subtheme 3C. The extra remedies include: Anac, Arg-met, Arg-n, Bell-p, Calc, Calc-p, Con-m, Cupr, Hydr, Lyc, Pall, Phos-ac, Puls, Ruta, Sulph-ac and Viol-o. The remedy Saccharum lactis (Sac lac) was mentioned by RP2 which is milk-sugar or lactose and is used as the base for making dry remedies in granule form, it is thus a 'placebo' remedy given to patients in between doses or at the end of treatment to satisfy the patient. There have been some provings done on Sac lac where minimal indications were discovered.

A few of the participants gave their explanation as to why they use these additional remedies to treat the Cancerinic miasm.

RP1 explains the use of Lac can for children, especially daughters, who have not received enough care and love from their mothers and so develop the Cancerinic pattern of pushing themselves to gain the approval and love of the mother again. RP9 describes Lac can as a remedy which develops from an abusive and neglected situation where there is no control. RP1 also mentions their use of Ignatia for grief, together with Nat mur and Staph, which are all Cancerinic remedies. RP2 refers to Calc as being Cancerinic because of its origins from the oyster shell, where the oyster controls how much turbulence from the sea water needs to be allowed in versus how secure they need to be on their own base (the rock), the themes of individuation and boundaries are being expressed here. RP2 also explains the use of Foll as a Cancerinic remedy because there is self-sacrifice and self-service seen in this remedy, which is female dominated due to its similarity to the effects of oestrogen in the body. RP3 explains

how a Puls patient is revealed constitutionally through Cancerinic treatment because they have suppressed their feelings and thus 'hardened' over the years to a Cancerinic state. RP4 mentions their use of acid remedies such as Sulph-ac and Phos-ac in the treatment of chronic fatigue syndrome, which is a common symptom experienced in Cancerinic patients. RP8 describes Calc phos as being an overlapping remedy between the Cancerinic and Tubercular miasms which have been discussed as difficult to differentiate. RP10 expresses their use of the silver and gold series within the periodic table as being highly Cancerinic and the further down the periodic table one goes, the more Cancerinic the remedies become.

> "*Lac can because there is neglect, there is that abusive situation that you can't get out of, there is control as well." – [RP9]*
>
> "*I like Calc carb, I know that's not directly, but it's also about the extent to which ones setting, how open to be to the setting and how closed to be to one's base if you think of the oyster rooted on the rock." – [RP2]*
>
> *"With all the chronic fatigue, I've used a lot of acid remedies as well. I've used Sulphuric acid for one of them… Phosphoric acid works very well." – [RP4]*
>
> "*I find it quite a challenge at times to differentiate the aspects of Tubercular miasm that cross over, so when I think of remedies like Calc phos and Phos and Carcinosin. Those three for me are the ones that kind of cross over between the two (miasms)." – [RP8]*

The additional remedies that were not discussed under the literature review in 2.12 were studied in the materia medica and their relationship to the Cancerinic miasm briefly discussed with a few overlapping symptoms and themes. The findings were expressed as follows:

<u>Anacardium orientale</u>

According to Sankaran (1997: 7), Anac belongs to the Cancerinic miasm and develops from a place of child abuse, where parents are over-strict and do not allow their child to make their own decisions. This creates a lack of self-confidence, but the reaction to this has two sides in Anac: an angelic, obedient side and a cruel, malicious side.

<u>Argentum metallicum</u>

The Arg-met patient is highly intellectual and has many talents and skills. They are forced from a young age to perform and demonstrate this talent by the parents. This high expectation results in collapse and a lack of confidence with anticipation anxiety (Sankaran 1997: 13-14).

Argentum nitricum

Arg-n is considered a Cancerinic miasm remedy. There is a feeling of being trapped in a situation where the only way out of the problem is through control, but they lack control and thus, have many fears and anxieties, including the fear of failure (Sankaran 1997: 17-18).

Bellis perennis

Bell-p forms part of the Compositae family of plants and is thus useful for injury or deep traumas such as surgery to the body. An injury in Bell-p may result in tumour formation. Other clinical indications include rheumatism, fatigue and overwork (Boericke 2013: 127-128).

Calcarea carbonica

Calc has been classified in the Psoric/Sycotic miasm. As a mineral remedy, there is a weakness and need for protection. They build up boundaries to defend and protect themselves. There are many fears and they are sensitive to cruelty and horrible things (Sankaran 1997: 37-39).

Calcarea phosphoricum

This remedy is classified under the Tubercular miasm. The overlap between the Tubercular and Cancerinic miasms has been discussed. There is an insecurity and sensitivity in Calc-p which gives them a caring and friendly manner towards people. They like to keep active and enjoy to travel as well (Sankaran 1997: 45).

Chocolatum

Choc is classified under the Sycotic miasm. There is a strong need for love and affection in this remedy. Choc is associated with the female aspects of nurturing and self-sacrifice. An interesting note is that Carcinosin, Arg-n, Calc, Phos and Sep patients all crave chocolate and have all been identified as Cancerinic, either in the literature or by the participants of this study (Sankaran 1997: 62).

Conium maculatum

Con-m is a useful remedy for tumour formation, especially in the breasts and ovaries, where there is stony induration. There is a cancerous diathesis with depression, timidity and indifference felt by the patient. This can be compared to the burnt out stage of Carcinosin (Phatak 1999: 255-259).

Cuprum metallicum

According to Smits (2008), Cupr has a similar essence to Carcinosin but is more strong-willed than Carcinosin. Cupr develops from a place of disapproval and high expectations which leads to a lack of self-confidence. This is overcome through control, hard work and fastidiousness which creates much stress, tension and cramping in the body.

Folliculinum

Foll develops from a controlled, dominated and abused past. There is suppression of their individuality, where they control their emotions and become highly sensitive, especially to criticism. It is a valuable remedy for the female system. Foll follows well when Carcinosin fails to act. Foll is known to restore the will and break the control of a patient (Gaikwad 2019).

Hydrastis Canadensis

Hydr is a valuable remedy in treating pre-cancerous and cancerous states, where there is a tendency to haemorrhage and ulceration. There is weakness and debility experienced in degenerative conditions. The patient feels sure they will die (Phatak 1999: 349-351).

Ignatia amara

Ign is used to treat suppressed, deep grief and disappointment. They are highly sensitive and emotional, especially to reprimand. Ign often expresses a changeability in their symptoms (Phatak 1999: 359-363).

Lac caninum

Lac-c is considered under the Sycotic miasm. There is a history of dominance, abuse and suppression in this remedy. Lac-c feels inferior and has low self-worth. They like to please others and seek to be accepted and cared for (Sankaran 1997: 109-110).

Lycopodium clavatum

Lyc is considered under the Psoric miasm. The Lyc patient is highly ambitious, goal-oriented and egotistic to cover-up the inner weakness and lack of power that they feel. There may be a history of a parent who demands achievement, which creates an anticipatory anxiety. Lyc has a timid and sensitive nature underneath the bravado (Sankaran 1997:117-119).

Palladium metallicum

This remedy is considered under the Sycotic miasm. The feeling in Pall is neglected and forsaken. They view the opinions of others highly and so will always seek to gain appreciation. They strive to do well for this approval and are often performers that work hard to be at the top (Sankaran 1997: 156).

Phosphoricum acidum

Phos-ac is considered under the Sycotic miasm. The theme here is of great exertion before exhaustion and collapse. There is a lot of activity in this remedy and a lot of care towards others to gain their love. If they are disappointed by their efforts, they become indifferent and tired with no energy left. Phos-ac is thus valuable in treating burnout (Sankaran 1997:159).

Pulsatilla pratensis

Puls is classified as a Sycotic remedy. There is a feeling of inner weakness which gets covered by the security of gentleness and care from others. They are sympathetic, yielding, mild and sensitive in nature and desire affection and consolation to feel better (Sankaran 1997: 170).

Ruta graveolens

Physically, Ruta is useful for overexertion, rheumatism and sprains. There is a weakness of the cartilage and joints that overwork to create stability. Ruta can be useful for autoimmune conditions such as rheumatoid arthritis. Mentally, they strive for control (Phatak 1999: 608-609).

Sulphuricum acidum

Sulph-ac are very industrious, restless and want to earn respect and be recognized. They are anxious and hasty to do their work. As with the other acid remedies, there is exhaustion and weariness (Sankaran 1997: 198).

Viola odorata

Viol-o develops from the same controlled childhood as Carcinosin. They are highly sensitive inside but have not been allowed to express their feelings and so base their decisions on their intellect alone. They are very controlled and suppress their emotions (Sankaran 1997: 211).

RP10 added to the Cancerinic miasm, their own rare and smaller remedies, which are relatively uncommon with limited research. The first being Theobroma cacao, which is the seed that is

used to make chocolate, because of the limited research on this remedy, it can be assumed that the characteristics are similar to the remedy Chocolate. RP10 mentioned two gemstones remedies which they felt were also very Cancerinic in nature, the first being Turquoise, which RP10 describes as having a history of trauma and abuse where the patient has had to suppress and control their emotions. The other gemstone remedy is Amethyst, which RP10 describes as being similar to Carcinosin, where they have to control their environment which is toxic and there is also insomnia experienced in the remedy. Geraghty (20015) describes Amethyst as being a part of the Cancerinic miasm because of the sensitivity, isolation, loss of love and shock. Geraghty (2015) describes Turquoise as a remedy to fight for your rights and after a tragedy. RP10 mentions two animal remedies which they believe are Cancerinic in nature, the chimpanzee (Pan troglodyte) as well as the hamster (Pal carve cobaya). RP10 states that the more complex a species is, the more Cancerinic they are because they are able to set higher goals and push their capacity. RP10 also explains the hamster as being on a spinning wheel but going nowhere because they work hard to control their environment. According to Kalathia and Hristova (2016), the primates, which includes the chimpanzee, have characteristics such as helpfulness, care, nurture, questioning, problem solving and intelligence. Whereas, the hamster and other rodents have characteristics such as restlessness, workaholic, weakness, vulnerable and nervous (Kalathia and Hristova 2016). The Cancerinic miasm characteristics and themes can be seen in these remedies, even though they are smaller and less common.

> "*I had a few gemstones cases that were Amethyst that I felt were extremely Cancerinic that looked quite similar to Carcinosin*." – [RP10]

> "*So I think even if you look at the animal kingdom, the evolutionary model of animals, then you would find that your more complex organisms would be probably more Cancerinic because they demand more of themselves, they would have higher grade more visionary capacity and set higher goals and ambition for themselves so I suppose the primates in the animal kingdom are more evolved." – [RP10]*

The participants also discussed their clinical application of the remedy potencies and dosage that they use for the Cancerinic miasm. The posology differs between each homoeopath based on their training and experiences. According to table 4.6, which expresses the percentages of potencies used by the participants for the Cancerinic miasm, the most commonly used potencies to the least used are: 200CH (75%), 1M (58.3%), 30CH (41.7%), 10M (33.3%), LM and Sac lac (16.7%) and 9CH (0%). The outlier potency was the 12CH which was mentioned by RP6 who learnt this method from the French pluralist prescription methods. According to RP6, this method involves the use of lower potency ranges such as 6CH, 9CH, 12CH with the highest being a 30CH. The prescribing of dosage varies between homoeopaths, especially

when considering an acute versus a chronic case. However, a few did mention the ascending potency scale (RP2, RP4, RP6) which consists of a few powders of 30CH, 200CH and 1M potencies which are taken in order from lowest to highest over a series of days. This allows the patient to receive stronger and deeper acting potencies over a gradual scale as to avoid any aggravations. RP12 referenced using plussed potencies, which is essentially a liquid dilution of the remedy used that is then succussed before each use to increase the strength gradually over time, as to avoid aggravations (Verma 2017).

5.5.4 Subtheme 3D: Effects of the remedies used

The effect that a Cancerinic remedy has on a patient is an important part of understanding the clinical application. There are various outcomes to any treatment process with a patient depending on their case history, personality and compliance. The effects are observed from a physical, general and mental/emotional level. Many participants expressed positive results from their treatment using Cancerinic remedies. RP1 and RP2 explain how the patient is able to stand up for themselves, feel strengthened and be able to cut off the thing that is suppressing them, especially in abusive situations. RP2 and RP8 speak about the individuation of the Cancerinic patient, where they are able to have their own sense of autonomy, boundaries and gain a better perspective and understanding of themselves and their surrounding situations. RP3 explains how the remedies are able to 'peel away the onion layers', meaning to remove the walls of the patient and allow them to express their deeper, innermost feelings and thoughts. A few participants noted the peace, relaxation and improved sleep that the patients experience because they are able to release their anxiety, pressure, control and fear and create a more balance way of living (RP4, RP7, RP8, RP10). RP7 expressed that the Cancerinic remedies help their female patients to relax more which in turn creates a shift in their fertility, as well as helping to remove their carbohydrate cravings and thus reduce their weight. RP2 and RP10 reference that the general health, energy and wellbeing of the patient also improves along with the physical symptoms and main complaint.

> "*A lot of times we've seen women that are in an abused situation, fight back, divorce their spouse, they get the strength to actually say, you know what, it's not me and I don't have to accept this or be a perfectionist to overcome this." – [RP1]*

> "*The pressure seems to come off a bit, the expectations of themselves are a bit more reasonable perhaps, maybe they get more boundaries, maybe they kind of learn to let go of certain things. So, it helps them to develop a more sustainable routine or lifestyle." – [RP8]*

"*Yes, the general health and the general energy and the general stability of the individual improves." – [RP2]*

Chapter Two, 2.10.4, relates the cases experienced by Smits (2008: 61) of Carcinosin and the effects the remedy had in their patients' behaviours and perspective. Before the treatment, Smits (2008:61) noted how a Carcinosin patient felt worthless, guilty and not capable and after treatment with Carcinosin, the patients' expressed themselves as feeling confident, having boundaries and autonomy again. This evidence, together with the presented cases of the participants below, show how deep-acting and powerful Cancerinic remedies are on a physical and emotional level that may not bring about cure, but help the patient to live a healthier, happier life and have peace and acceptance within themselves.

Furthermore, RP6 and RP5 expressed their positive outcomes from Cancerinic treatment but state that any homoeopathic treatment will have positive effects if the simillimum remedy is selected for the patient. They, like all homoeopaths, believe in the power of homoeopathy in any context of treatment. On the other hand, a few participants did mention their difficulty in treating the Cancerinic miasm in particular. RP12 expressed their difficulty because of patient compliance and commitment to the treatment process where you don't always hear back from patients after their treatment is over. RP11, RP2 and RP6 mention the fever aggravation that can often occur when treating with Cancerinic remedies, especially Carcinosin. RP10 speaks about a patient as a moving target that require different remedies and express different miasms over the course of treatment and so it is difficult for them to relate a purely Cancerinic case from beginning to end. RP9 and RP4 do not see an immediate change in their Cancerinic cases because of the deep seated suppression and personality type of the Cancerinic person who is closed and so it may take a while for the remedy to have an effect.

"*I see very big changes in Cancerinic patients in response to Cancerinic remedies, but is that specifically talking about the miasm or is that talking about a simple simillimum." – [RP6]*

"W*hen you give Carcinosin the individual will very often produce a fever 7-10 days after the administration of the Carcinosin." – [RP6]*

"So even after the first treatment, you would look for a turnaround but it doesn't happen immediately and I think it's because it's so deep seated and its years and years of not feeling or not allowing myself to feel so it won't happen even after the first one." – [RP9]

5.6 Cases

The participants gave their personal experiences and insight of the Cancerinic miasm using examples of Cancerinic cases that they have encountered in practice. The case examples ranged from physical disorders like cancer, urticaria, heartburn, autoimmune disease, allergies, dementia and PCOS (Polycystic Ovarian Syndrome) to very deep seated emotional symptoms like abuse, loss, ADD (Attention Deficit Disorder) and the typical Cancerinic characteristics and behaviours. The effects of the Cancerinic remedies that were discussed under subtheme 3D were observed through these cases. It was interesting to see how the remedies affected the physical health of the patient drastically. The Cancerinic patterns, themes and characteristics were evident in all the cases.

5.7 Conclusion

Based on the results gathered in Chapter Four, three major themes were developed, each having a number of subthemes attached. The demographical data was discussed along with these themes. Considering Theme 1, the participants gave a rich understanding of miasmatic theory and saw it as valuable to use in practice. Theme 2 focused on the Cancerinic miasm where the themes, contributions, symptoms and prevalence in South Africa were discussed. Theme 3 discussed the clinical application of the Cancerinic miasm in the context of KZN, South Africa. The participants viewed the miasm as being highly prevalent in their practices and classified their Cancerinic patients according to age, gender and race. The participants gave detailed examples of Cancerinic cases in their private practices and discussed their treatment process and outcomes of these cases.

CHAPTER SIX CONCLUSION

6.1 Introduction

The aim of this study was to understand the clinical application of the Cancerinic miasm by registered practitioners in KZN, South Africa. This chapter aims to conclude the findings of this research and to discuss the relevant recommendations and limitations of the study.

6.2 Objectives of the study

This study utilised the qualitative method to gather information from participants to gain their understanding and clinical application of the Cancerinic miasm. Guided questions were used to elicit responses in order to fulfil the objectives of the study which were:

6.2.1 To determine the knowledge of miasmatic prescribing by registered homoeopaths.

6.2.2 To determine the knowledge of registered homoeopaths' regarding the Cancerinic miasm.

6.2.3 To explore the clinical application of the Cancerinic miasm by registered homoeopaths in KZN.

The data obtained in this study was categorised according to these objectives and analysed into three major themes with subthemes attached, where 6.2.1 became Theme 1, 6.2.2 Theme 2 and 6.2.3 Theme 3 respectively.

6.2 Conclusion

This study follows the qualitative framework. Data was collected from 12 practicing homoeopaths in KZN through semi-structured interviews. The participants gave rich information regarding the Cancerinic miasm, which was gathered and analysed using the

Thematic analysis, where three major themes and their subsequent subthemes were uncovered in Chapter Four. Chapter Five discussed these themes and their subthemes. Chapter Six aims to conclude these themes and recommend further research into this area of study.

6.2.1 Theme 1 Understanding of miasmatic prescribing

Theme 1 studied the uses and understanding of miasmatic theory by the participants in their place of practice. There was a deep understanding of miasms with views supporting Hahnemann's original theory of miasms, as well as views which looked at more modern understandings. The majority of participants perceived the use of miasmatic treatment as highly valuable in practice, especially towards children and as a way to strengthen the patient as a whole. On the other hand, a few participants expressed their way of treatment as being more clinical and thus had narrow use of miasmatic treatments, but still shared their knowledge and experiences on this topic.

6.2.2 Theme 2 Understanding of the Cancerinic miasm

Theme 2 contained the body of understanding towards the Cancerinic miasm, where information was gathered on the understanding of the Cancerinic miasm, the main contributions towards the Cancerinic miasm, the main symptoms of the Cancerinic miasm and the prevalence of the Cancerinic miasm in South Africa. There was an in-depth understanding of the Cancerinic miasm where comparisons were made to cancer itself and the major themes of the Cancerinic miasm emerged. The contributions to the Cancerinic miasm were discussed in detail where new understandings of modern society, carcinogens, diet, technology and the impact of the parent-child relationship were added as major influences on this miasm. The main emotional symptoms of the Cancerinic miasm were expressed as perfection, ambition, control and sensitivity, whereas the main physical symptoms that emerged were cancer, allergies and autoimmune conditions. Regarding the prevalence of the Cancerinic miasm in South Africa, the participants viewed the Cancerinic miasm as one of the leading miasms in the country, but possibly not the highest and expressed the miasms they perceived to be the most prevalent. The participants view of the miasmatic prevalence in South Africa was based on socioeconomic factors, apartheid and female versus male roles.

6.2.3 Theme 3 Clinical application of the Cancerinic miasm

Theme 3 studied the clinical application of the Cancerinic miasm which included the prevalence, use, remedy selection, posology and effects of treatment. The prevalence of the Cancerinic miasm was again discussed but in terms of each participant's private practice in KZN where it was perceived as highly prevalent. The participants classified their Cancerinic patients according to age, gender and race where children, adults, females, Whites and Indians were expressed as the most Cancerinic according to their experiences. The use of the Cancerinic miasm held mixed reviews in terms of cancer treatment with Cancerinic remedies. The participants explained how they base their prescription of Cancerinic remedies mainly on the mental and emotional symptoms of the Cancerinic miasm, rather than the physical symptoms. The remedies of the Cancerinic miasm were discussed in detail, with references made to the various Carcinosin types and their derivatives, as well as many additional common and uncommon remedies that were frequently used in practice for the Cancerinic miasm. Carcinosin, Nat-m and Sep were the most referenced remedies to be used under the Cancerinic miasm. The posology used by the participants was studied based on the unique prescribing of each homoeopath, where the 200CH followed by the 1M potencies were the most frequently used potencies for the Cancerinic remedies. Lastly, the effects of the Cancerinic remedies were observed with specific case examples from the participants' own practices, which gave a holistic insight into the full effects of the Cancerinic remedies.

6.3 Limitations of the study

- The study was limited to the area of KZN. This was limited to KZN to focus the data collected to one area, as well as to provide for travel expense and to keep the overall size of the study at an achievable standard.
- The study was limited to practitioners that have a minimum of 5 years' experience. This limit ensured that the data collected came from a practitioner with a rich understanding and enough years of experience in practice dealing with various cases.
- The focus of this study was on the Cancerinic miasm. This limit was to focus the study on one prevalent miasm in order to gain holistic and detailed information on this miasm, which can be compared further and expanded upon through future studies.

6.4 Recommendations

Based on the limitations found in the study, the recommendations for further research on this topic are as follows:

- Future studies could be expanded further to encompass different provinces in South Africa with comparisons between the results conducted. In addition to this, comparisons could be made to international studies on the topic to create a global understanding of the Cancerinic miasm.
- Future studies could include urban and rural practice setups to include a wider variety of experiences and patient demographics to gain a full understanding of the Cancerinic miasm across socioeconomic barriers.
- Future studies could decrease the minimum experience required of the practitioners to two or three years in practice to gain the knowledge of younger homoeopaths who are beginning to practice. However, a few years of experience does allow for the build-up of a steady patient base and increases the knowledge of the participants.
- Future studies could include stratified sampling methods of practitioners from various regions that have been taught homoeopathy from both institutions in the country to gain different viewpoints and understanding of clinical practice.
- Future studies could include the other chronic miasms, especially those mentioned as having similarities to the Cancerinic miasm, to compare the results obtained and create better differentiation between these miasms.
- As mentioned by the participants, further studies and provings are needed in terms of the various Carcinosin derivatives and combination Carcinosin remedies, such as the 15T Carcinosin and the 58T Carcinosin, as well as the individual cancer nosodes that haven't yet been fully explored.

6.5 Researchers reflections of study

Conducting research in a South African context poses for unique and diverse results because of this country's history. Apartheid was an interesting focus point that a few participants brought forward and holds a great influence on the history of South Africa and its people. Apartheid was such an oppressive time for many race groups that resulted in the expression of the Cancerinic miasm through to generations today. South Africa today has a diverse, rainbow nation of people regarding race, socioeconomics and culture which needs to be included in research topics such as this to allow for a richer and more holistic understanding. The history

of females in the world and South Africa is also a valuable point of discussion because of their unique struggle to become equally recognised to men after years of oppression and enforced gender roles. The role of females has changed significantly in the 21st century through equal job opportunities, female empowerment and awareness towards the struggles that females face at home and in society. However, as mentioned by many of the participants, there are still groups of females in South Africa who are still being oppressed in their relationships, jobs and community. It was interesting to note that the majority of the participants still felt that the Cancerinic miasm falls strongly within the female demographic. Overall, the study was highly informative and many points surrounding the Cancerinic miasm, especially in the context of South Africa, were brought forward that can be valuable additions to the current literature of the miasm.

This research was written during a historical and unique time in 2020: through the pandemic of the COVID-19 virus, during a complete lockdown phase in South Africa. It was interesting to observe the attitudes and behaviour of the vast majority of people worldwide towards this virus. The researcher observed how social and international boundaries were put up; how people became fearful for their health and life; how cleanliness and hygiene became extremely important; how anxiety and fear caused people to stock up on unnecessary supplies and how this microscopic virus manipulated the whole world because of its consequences. The researcher compared this attitude to that of Arsenicum album, a highly Cancerinic remedy because of its fear of death, obsessive manners towards cleanliness and its fastidious nature. The researcher also observed how a small virus is able to make such a change on the world and its history, much like the single mutation of a human cell that becomes cancerous and invades the rest of the body. Perhaps a new miasm will arise from the COVID-19 pandemic, however, the researcher feels that the Cancerinic miasm is still dominating the world and that COVID-19 is now a part of its influence.

Carcinosin by Sarah Tandy

Perfection is what she seeks.

Through suppression and duty

Has she become weak.

Trying to find her identity,

She escapes to piano and dance,

Only to find,

There is too much sensitivity.

Superhuman does she become,

To sacrifice and work,

Until all goals are done.

Burnout and fear overpower,

And boundaries become weak,

With cancer standing like a tower.

Only love and care,

With some chocolate here and there,

Will piece her pain,

Back whole again.

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Appendix A: Letter of Information

LETTER OF INFORMATION

Title of the Research Study:
Experiences of registered homoeopaths regarding the clinical application of the Cancerinic miasm in KwaZulu-Natal, South Africa.

Principal Investigator/s/researcher:

Sarah Tandy, M. Tech homoeopathy student at DUT.

Co-Investigator/s/supervisor/s:

Dr. T. Wulfsohn, B.Sc. M. Tech Homoeopathy.

Dr. M. Maharaj, M. Tech Homoeopathy.

I appreciate you taking the time to look at my study.

Brief Introduction and Purpose of the Study: This study is aimed at researching miasmatic prescribing with a focus on the Cancerinic miasm and the remedies that fall under it.

Outline of the Procedures: If you agree to participate in this study then an interview will be set up with the researcher in which an open conversation will take place regarding the topic. There will be a few questions to guide the interview and ensure all areas have been covered. The interview should take a maximum of 1 hour to complete and if not, another interview may be scheduled if you agree to do so.

Criteria you are required to fulfill to join the study:

- Be registered with The Allied Health Professions Council of South Africa (AHPCSA) and currently practicing.

- Have a minimum of 5 years' experience in practice.
- Use miasmatic prescription and understand the Cancerinic miasm.

Criteria that will cause you to be excluded from the study:

- If you do not meet the above criteria.

If you agree to participate and meet these criteria, then an interview date and time will be set up via email/phone call. The researcher will drive to your place of practice in Kwa-Zulu Natal (KZN). The interview will be audio recorded so as to preserve your words and ensure accuracy of documentation. A minimum of 12 experienced practitioners will be needed for this study which will be conducted throughout KZN.

Risks or Discomforts to the Participant: This is a qualitative study and so no procedures will be used. The questions asked will not be of sensitive content and so no discomfort should occur.

Benefits: Possible benefits to the participants will be indirect through increasing your knowledge and understanding in miasmatic prescription methods. Benefits for the researcher may be through possible publications of the thesis.

Reason/s why the Participant May Be Withdrawn from the Study: This is a voluntary study and so you will be allowed to leave the study or interview process at any time should you feel the need to do so and no negative reactions will occur. The researcher may also choose to withdraw you from the study for any reason that will be in the best interest of you and the study.

Remuneration: There will be no payment for your participation in the study.

Costs of the Study: You will not be required to pay for anything to be a part of this study.

Confidentiality: The data collected from you will be strictly confidential and kept in a safe locked room in the DUT homoeopathic department that only the supervisor and researcher will have access to. Only the researcher will have access to your name and other details that will not be used in any of the official documents and a coding system will be set up for each participant. However, of this information, your age and gender may be used in the study and final dissertation if you consent to this letter. Another very important note to make on confidentiality is to be aware before the interview, that your cases and patients may be spoken of and so their names and details should remain anonymous to the researcher. Again however, certain non-specific details and physical

characteristics such as height, weight, eye/hair/skin colour etc. may be discussed as this will aid in the research of the Cancerinic miasm as a certain pattern or theme may develop during the process. This is a voluntary study and so you will be allowed to leave the study or interview process at any time should you feel the need to do so and no negative reactions will occur.

Research-related Injury: There should not be any form of injury, harm or discomfort occurring in this study.

Persons to Contact in the Event of Any Problems or Queries:

For any questions or issues surrounding the research, please contact:

Supervisor: Dr. T. Wulfsohn (0769788539)

Co-supervisor: Dr. M. Maharaj (0833882688)

Researcher: Sarah Tandy (0716888189)

or the Institutional Research Ethics Administrator on (031 373 2375). Complaints can be reported to the DVC: Research, Innovation and Engagement Prof S Moyo on 031 373 2577 or moyos@dut.ac.za.

Appendix B: Consent form

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	**Date**	**Signature**

_____	_____	_____
Full Name of Witness (If applicable)	**Date**	**Signature**

_____	_____	_____
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Appendix C: Interview guide

Interview Guide for homoeopathic practitioners regarding the clinical application of the Cancerinic miasm

Section A: Demographic Data

Please mark the appropriate box with an X

1. Age: _____
2. Gender: Male ☐ Female ☐
3. Practitioner: _____
4. Number of years in practice: _____
5. Area: _____

Section B: Interview guidelines

Research question: What are the experiences of registered homoeopaths regarding the clinical application of the Cancerinic miasm in KwaZulu-Natal, South Africa.

Guided questions for semi-structure interview:

1. What is your understanding of the Cancerinic miasm?

2. What are the main keynotes you associate with the Cancerinic miasm?
3. What is your view on the prevalence of the Cancerinic miasm in South Africa?
4. How often do you come across the Cancerinic miasm in your practice?
5. How often and when do you prescribe the remedies within the Cancerinic miasm?
6. Is there a particular remedy under the Cancerinic miasm that you tend to prescribe and why?
7. What is the effect of these Cancerinic remedies on the patient?

Appendix D: IREC letter of approval

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

6 September 2019

Ms S L Tandy
49 Musgrave Road
Durban
4001

Dear Ms Tandy

Experiences of registered homoeopaths regarding the clinical application of the Cancerinic miasm in KwaZulu-Natal, South Africa

I am pleased to inform you that Full Approval has been granted to your proposal.

The Proposal has been allocated the following Ethical Clearance number **IREC 110/19**. Please use this number in all communication with this office.

Approval has been granted for a period of **ONE YEAR**, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Dr M A Sathar
Deputy Chairperson: IREC