Tuberculosis and the birth of a new miasm

by kevinjeakins - Tuesday, November 13, 2012


I have discussed before how information fields are inherent to all life and it seems that no living system can exist without them. They are the invisible intelligence upon which all life depends. They are so much one with life that to try and imagine physical living systems without them is impossible. There is no visible without the invisible.

Miasms are informational disease states which have penetrated these “higher” fields that guide and inform life. They are like scars or diatheses that taint the innocence and purity of life. How do they come about? I woke up one morning from a dream and although I do not remember the actual dream I remember thinking about how the tubercular miasm might have originated from the actual disease.

I’ll share these thoughts with you below and I’m interested in your thoughts. Firstly, however, I’d like to comment on the differences in how we react to the three, co-conspiring pernicious factors which head up the assault on human health: toxins, infectious agents, and EMFs.

All matter stores information and to that extent the entire Universe is intelligent, but only living systems can actually interact directly with their environment. In other words, it depends on how you tune into inanimate matter what signals you can receive (and they may be healing) but the material itself is a medium. This may be either a transit medium or a storage medium, I’m not sure, but in any case the matter is not going to translate any of that informational exchange into a physical or biochemical change that it initiates.

Living systems on the other hand are constantly interacting and constantly changing depending on how they interact with and act upon their environment. So the difference between a toxin and an infectious agent is that the former will exert a nefarious influence simply because of its presence and the way that its presence interferes with internal communications whereas the latter will actually adapt and transform itself according to the dialogue with its host.

I would compare this dialogue to a game of instantaneous chess. You make one move and the visitor tries to counteract that with its own response. It seems to me that this dialogue is something that the body cannot ignore. It must stay up with the game otherwise it loses out to the opposition. On the other hand it can afford to “go to sleep”, as it were, regarding the presence of the toxin because there is a status quo achieved there. The presence of the toxin can be just as damaging or deadly as the infection but at least the toxin doesn’t keep growing at the host’s expense.

In other words toxins represent a slow continuous torture versus the everyday life and death battle against infectious agents. If you had limited resources where would you prioritise them? Likewise EMFs are a constant stress but do not interact intelligently in the way that infections do.

By the way, as we see in FCT, this does not mean that in clinical practice the toxins and EMFs are lower
priority. Not at all. Freeing the body from their nefarious influence releases enormous metabolic energy
to deal with the living “bad guys.”

However, back to the dream that woke me and the thoughts I had recently about the TB miasm.

For those of you not acquainted with homeopathic philosophy, miasms are the genetic or informational
imprint of disease. Theoretically any disease or diseased state should have a miasmatic or informational
equivalent but there are some miasms that appear to penetrate so deeply into the human psyche that we
see the same patterns over and over again. They become in fact generalised patterns of autonomic,
dysfunctional or maladaptive reactions to stress and disease.

The tubercular miasm is a case in point:

- it involves a kind of over-sensitisation to the environment
- a dissatisfaction with life
- the patient craves for that which is making the patient sick (eg: sugar, foods that cause intolerance
  or allergies, etc..)
- it is often accompanied by a weak constitution so normal activities requiring stamina or strength
  (eg: sex) become too exhausting and so lead to frustration
- changeable mentality, so new “things” are constantly sought (eg: new clothes, life changes, new
  jobs, studies, partners…)
- vagabond mentality (likes to travel, cannot stay in one place very long…)
- diseases which alternate (first one symptom, then another and then reverting back and so on)
- diseases which are periodic (ie: headaches on a certain day of the week or symptoms worse at a
  given time)
- diseases which are recurrent (ie: the same symptoms seem to come back again and again at odd
  intervals)
- one sided or ill-defined symptoms (insomnia without obvious cause and so on)
- all allergic manifestations
- all haemorrhagic disease

So how would the microscopic bacteria, mycobacterium tuberculosis, be responsible for all this?

Well, I believe this occurs because of the active dialogue going on between TB and the body DURING
THE LATENT STAGE OF THE DISEASE. I have argued before that much of the real battles between
infectious agents and the host body takes place informationally and it is only when an agent feels that it has the upper hand that it will engage the effort required to mount a “do or die” attempt to take over the terrain.

In the case of TB this latent stage can last for years or even decades. To call this stage “latent” is probably incorrect because right from the start, whenever TB gains a foothold, the fact that the tubercles are formed means that the immune system is only strong enough to contain the bacteria and not destroy it. This containment may involve periods in which the tubercles slowly grow as the TB begins to win a war of attrition. How quickly this develops depends on how stressed or weak the host constitution becomes. Sooner or later, without help, TB wins the battle as tubercles merge to form necrotic lumps which can then be coughed up as bloody sputum.

So what picture is emerging? Well it’s one of the innate intelligence of the body knowing early on that its days are numbered. This means that the patient can’t take the time it would normally have done to develop into a mature human being and experience all that life was meant to offer. It’s as if a large part of the person’s life has been stolen and the knowledge of this robbery is known for years before the final act.

From this comes the over-sensitivity: life becomes overly precious and every moment is experienced intensely. Relationships can be felt intensely only to burn themselves out in the short term.

Also nothing can be fully enjoyed or appreciated for what it is because there is an extreme awareness of the “Damacles Sword” hanging over the patient at all times. Death or more precisely the awareness of death is never far away.

From this I can see the dissatisfaction setting in. Nothing satisfies the torture of this internal “knowing” and so the person is driven to continually try something new to satisfy that insatiable and awful knowledge that his or her life has already been cut short.

The patient may go through periods of relative strength in which the body is better able to cope and then periods in which the TB is getting the upper hand. Hence the recurrent or periodic patterns of disease.

The fact that tubercular type patients have a weak constitution may simply be due to the fact that those who succumbed to the disease were originally the weaker ones anyway.

Either way being someone with more than his fair share of the tubercular miasm myself, I thought you might enjoy these thoughts. The fact that you may share some of the traits mentioned above does not necessarily mean that you are predominantly tubercular. We all share to a greater or lesser extent the experiences of every person who ever lived and so we are all multi-miasmatic.

This is too short a space to engage the subject of miasms any further and maybe I’ll return to it later. However at least these musings have helped me understand a little bit more about myself and maybe offered a little insight into how the dialogue in disease permeates the information fields that guide our physiology and our emotions and our judgements not only for ourselves but for the human race as a whole.