

# Miasmatic understanding in cases of Chronic Haemorrhoids and Its Significance in Homoeopathic Management

Dr. Janki Solanki<sup>1</sup>, Dr. Saunil Malvania<sup>2</sup>

<sup>1</sup>PG scholar, MD part- 2, Rajkot Homeopathic Medical Collage, Rajkot

<sup>2</sup>Professor, Department of organon of medicine and homeopathic philosophy, Rajkot Homeopathic Medical Collage, Rajkot

**Abstract**—Haemorrhoids are one of the most common anorectal disorders, presenting with symptoms such as bleeding, pain, prolapse, itching and soiling, which significantly affect the quality of life and clinical presentation may vary according to its types and degrees. They are broadly classified into four degrees based on severity, as well as into internal and external types depending on their position. Conventional management, including topical applications and dietary modifications such as high-fiber intake or bulk laxatives, may provide temporary relief but rarely achieve a permanent cure. Haemorrhoidectomy remains the mainstay of treatment for advanced cases; however, it is frequently associated with complications, prolonged recovery and high recurrence rate. Whereas homoeopathy emphasizes an individualised approach based on the totality of symptoms and underlying miasmatic influences. The concept of miasms provides a deeper understanding of the chronic predispositions and disease tendencies in patients, thereby aiding in the selection of a constitutional remedy for long-term relief. Exploring haemorrhoids through a miasmatic perspective not only highlights the chronic diathesis behind the condition but also strengthens the rationale for individualised homoeopathic prescription in achieving holistic management.

**Index Terms**—Haemorrhoid, dynamic disorders, miasmatic understanding, constitutional - holistic approach.

## I. MIASMATIC UNDERSTANDING

- By the year 1816, Hahnemann was dissatisfied with his results of treatment in chronic diseases. He noticed that homeopathy worked well in acute diseases, but not as effectively in chronic diseases.

Through his untired research for 12 years he ultimately realised and discovered that, active symptoms only represent single fragment of an underlying chronic disease. This endeavour led Hahnemann to discover the chronic miasms—Psora, Syphilis and Sycosis, which was published in the 1<sup>st</sup> edition of “Chronic diseases with their peculiar nature and their homoeopathic cure” in the year 1828, in which Hahnemann vividly mentioned about this history: “Why, Then, can not this vital force, efficiently affected through Homoeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the Homoeopathic remedies which best cover their present symptoms; while these same force which is created for the restoration of our organism is nevertheless so indefatigably and successfully active in completing the recovery even in severe acute diseases? What is there to prevent this?” Hahnemann worked on chronic diseases from 1816 to 1827. He explained that once a chronic disease (miasm) develops beyond a certain stage, it Cannot be removed by strong health or constitution. Cannot be overcome by healthy diet or lifestyle alone. Does not disappear on its own. Instead, it progressively worsens year by year, transforming into more severe symptoms. It persists throughout life unless properly treated with homeopathy.<sup>(1)</sup>

- Among the three chronic miasms, principle and chief fundamental cause of true chronic miasmatic diseases, Hahnemann discussed the **psoric miasm**, said “psora is the most ancient, most universal, most destructive and yet most misapprehended

chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind.” Mentioned It as “hydra-headed” (many-faced) because it produces a huge variety of secondary symptoms, forming the foundation for most chronic diseases. Beside psora there are another 2 miasms - syphilis and sycosis; together they are the venereal miasms (psoric miasm is the non-venereal). Primarily the former was originated from the venereal chancre and the latter from gonorrhoeal infection. All the miasms have their own individuality regarding the nature of development, pathological process and manifestations. J. H. Allen describes that, ‘life force is in the pathological business and is prepared to manufacture any pathological abnormalities depending upon the nature of the internal exciting or acting miasm. If the miasm be psoric we have psoric manifestations, if it be sycotic, we have sycotic pathology; and if syphilitic, we have the polymorphic pathological presentations of that great last miasm.’<sup>(1)(3)</sup>

- Dr. J T Kent had explained miasmatic theory in a very broad way as an exposition of hahnemann’s miasmatic theory. He explained acute and chronic miasms in a very comprehensive manner. Acute miasms, such as measles, scarlet fever and cholera, have a fixed course with the prodromal stage, the period of progress, and finally the decline, after which they end either in recovery or death. Chronic miasms, namely Psora, Sycosis and Syphilis, also begin with prodromal and progressive stages but have no natural decline. They persist indefinitely unless treated and tend to worsen with every reactivation. These chronic miasms may remain dormant for sometime, but under unfavourable circumstances such as stress, suppression or adverse conditions, they flare up with greater intensity. Hahnemann and Kent considered Psora the fundamental miasm, the primitive disorder of mankind. Without Psora, neither Sycosis nor Syphilis could have existed, and susceptibility to acute diseases would also have been impossible. Psora is more than a physical state; it is deeply connected to the spiritual sickness of humanity, representing the fall of man from a state of perfect internal order into

disorder, thereby sets down the foundation for all chronic disease. Within this framework, Sycosis arises from gonorrhoea, which exists in two forms: an acute type that tends to resolve in a few weeks or months, and a chronic type that lingers indefinitely, spreading its influence throughout the constitution. Both forms are contagious and have a prodromal period of 8 to 12 days, with discharges that may appear similar. However, the chronic form is deeper, constitutional, and far more destructive, especially when suppressed by local treatment, which only drives the disease inward and makes it significantly more severe and serious than in its initial stage. Psora forms the bedrock of human sickness, while Sycosis and Syphilis are secondary but equally dependent on Psora for their existence and intensity, making suppression of these conditions especially dangerous to the patient’s constitution.<sup>(6)</sup>

- According to Stuart Close, Psora is the most transmissible & widespread of all miasms. When its external skin manifestations are suppressed through local or palliative treatment, the disease does not disappear but instead undergoes metastasis—it is driven inward and begins to attack the internal organs, this inward shift results in the development of numerous chronic diseases, the true cause of which often remains hidden or unrecognised.<sup>(7)</sup>
- H A Roberts defines a miasm as a polluting exhalation / malarial poison that taints whole system. Each chronic miasm shows its own characteristic mode of action. The psoric miasm expresses itself mainly through functional disturbances, especially affecting the nervous system and nerve centers. The syphilitic taint is destructive and ulcerative in nature; when suppressed, it directs its action toward deeper structures such as meninges of the brain, larynx and throat, eyes, bones & periosteum. The sycotic miasm manifests itself through infiltration and deposit, and its chief action is upon internal organs, particularly pelvic & genital organs.<sup>(4)</sup>
- Richard Hughes explains that some people criticise Hahnemann, saying he believed almost all chronic

diseases, about 7/8th of all diseases, came from true chronic miasms. But Hughes clarifies that Hahnemann actually made a distinction. According to Hahnemann, some chronic illnesses are not due to miasms at all; they come from external causes like bad living conditions, poor hygiene or harmful habits. These kinds of diseases are not deep-rooted. If the unhealthy surroundings or habits are removed, they will usually go away on their own.(8)

- According to R E Dudgeon, chronic miasms, like acute ones, also have a period of incubation after which they produce various disease symptoms in the body. However, unlike acute diseases, chronic miasms have very little tendency to end on their own. Instead, they usually persist and easily degenerate into permanent, lasting disease states, making them much more difficult to cure without proper treatment.(9)
- J H Allen, in his monumental work “The Chronic Miasms and Pseudo-*Psora*”, built upon Hahnemann’s concept of miasms but expanded and refined it through his own clinical experience. He fully accepted the three fundamental chronic miasms as the basis of chronic disease, yet he felt that Hahnemann’s classification was not sufficient to explain all forms of chronic illness encountered in practice. Allen emphasised that miasms are not merely external infections but deep-seated constitutional states which influence the entire organism, shaping susceptibility and determining the course of disease. Described *Psora* as the most universal and fundamental, manifesting largely through functional disturbances and assigning the foundation for all chronic disease. *Sycosis*, on the other hand, associated with overgrowth, infiltration and deposits, particularly affecting the genito-urinary system and producing catarrhal and proliferative conditions. *Syphilis* regarded as the most destructive of the three, tending toward ulceration, tissue destruction and hereditary transmission with profound effects on bones, nerves and vital structures. To these, Allen added his original contribution, the Tubercular or Pseudo-*psoric* miasm, which he saw as a blend of *Psora* and *Syphilis*. He described it as restless,

destructive and unstable, with tendencies to inflammation, suppuration, haemorrhage, glandular involvement, wasting and degeneration, accounting for conditions such as tuberculosis, chronic respiratory affections and hereditary weakness. Allen’s view of miasms was not limited to local or superficial disease but extended to the entire constitutional makeup of the patient, explaining susceptibility, chronicity, and the hereditary transmission of illness. His inclusion of the Tubercular miasm enriched Hahnemann’s original theory and offered a more complete understanding of the wide variety of chronic diseases seen in clinical practice.(5)

- Dr. Carroll Dunham, disciple of Hahnemann, accepted the doctrine of chronic miasms as laid down by Hahnemann but presented it in a more rational and practical way. He explained that the chronic miasms are not to be regarded as mere theoretical inventions, but as constitutional dyscrasias or taints which alter the vitality of the individual and predispose him to chronic disease. He emphasised that these miasms represent deep-seated constitutional conditions rather than just external infections, and that they are transmitted from generation to generation, explaining the hereditary nature of many chronic ailments. For him, the value of the miasmatic theory impute not only in its explanation of disease but also in its practical use as a guide for the selection of deep-acting antipsoric, antisycotic or antisymphilitic remedies. He described miasms as a tool to understand the evolution of chronic diseases and to direct treatment toward the patient’s constitutional state rather than merely palliating local symptoms.(10)
- Dr. C.M. Boger, carried forward Hahnemann’s concept of miasms, accentuated that miasms are not just historical or theoretical concepts, but living forces that shape disease expression in every patient. He saw them as fundamental, deep-seated constitutional dyscrasias which distort the action of the vital force, producing not only the outward manifestations of disease but also the tendencies, susceptibilities, and reactions of the patient. Boger also highlighted the hereditary and latent nature of

miasms, explaining how they influence not only the present condition of the patient but also future generations. He insisted that suppression of local manifestations drives the miasm deeper into the constitution, resulting in more destructive internal disease; given great weight to the study of the totality of symptoms with more focus on patient’s miasmatic background, which he considered essential for remedy selection.(11)

II. MIASMATIC CONSIDERATION IN CASES OF HAEMORRHOIDS

Miasmatic evaluation in cases of haemorrhoids can’t be designated solely on the basis of presenting signs & symptoms of the condition. A comprehensive understanding requires additional information such as the pace and progression of the disease, the magnitude of functional disturbances and the existence of mental or emotional disturbances that accompany the physical complaints. Furthermore, the type of pathogenesis involved and the individual’s predispositions or susceptibility factors must also be taken into consideration. It is only through this combined assessment that the underlying miasmatic influence in an individual can be evaluated accurately, thereby guiding the physician toward a more precise and individualised homeopathic prescription.(1)(2)

CLINICAL FEATURES	MIASMS
Uneasiness	Psora
Lump	Sycosis / Tub
bleeding without pain	Syphilis / Tub
Bleeding	Psora + syphilis (tubercular)
Fecal retention and accumulation in rectal pouch	Psora
Sedentary lifestyle	Psora + Sycosis
Very sensitive to pain	Sycosis / Psora / Tub
Inheritance	Syphilis + sycosis
Bulging mass out of the anal opening	Syphilis + sycosis
Pooling of blood in veins	Psora
Prolapse of	Psora + syphilis +

haemorrhoids during defecation	sycosis
Forcible pushing during defecation	Psora / Sycosis / Tub
Deterioration of normal anal cushion	Shyphilic
Lack of proper sanitary care	Psora
Constipated stool	Sycosis
Stretching and thickening of anal blood vessels with tissue swelling	Psora / Sycosis / Tub
Increased intra-abdominal tension	Psora + sycosis
Obstruction to Venus outflow due to gravid uterus or any massive pelvic masses	Psora
Inborn or acquired delicacy of the vascular system	Syphilis / Tub
Normal bowel movement	Psora
Pruritus ani	Psora / Tub
Soiling due to incontinence	Syphilis / Tub
Expansion of anal sphincter	Syphilis / Sycosis / Tub
Thrombosis of protruded haemorrhoid	Sycosis / Tub

Miasmatic consideration in cases of haemorrhoids(2)

III. CONCLUSION

Homeopathy, provides a holistic, safe and gentle mode of treatment, addressing not only the acute manifestations but also the underlying predispositions and chronic tendencies. Timely administration of homeopathic medicines can reduce the severity of symptoms, improve quality of life and prevent recurrence, without any adverse effects. Haemorrhoids are considered pure surgical disorder according to Allopathic system of medicine but in homeopathy according to Dr.Hahnemann, it is True natural chronic disease that arises from chronic miasm, an invisible polluting substance which once

gains entrance overpowers vital force & produces tendencies for particular diseases, presenting with different symptoms indicating different miasms, thus miasmatic cleavage will be different from person to person, therefore, complete case taking is needed to determine which miasm are there and which is prominent one. Hahnemann has stated, Haemorrhoids are mixed miasmatic disease of Psora, Sycosis and Syphilis; with backdrop of fundamental and the only real cause of all diseases, Psoric miasm (aphorism 80). But in current practises it presenting as more tubercular than psoric and sycotic in nature.

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