



# TO EVALUATE THE ROLE OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE IN MANAGEMENT OF HEMORRHOIDS IN ADULT POPULATION: A CASE SERIES STUDY

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**Abstract:** Background - Hemorrhoids also known as piles. In which there is swelling or varicosity of hemorrhoidal tone. Hemorrhoids can be developed inside the rectum, known as internal hemorrhoids. They can also develop under the skin around the anus, which is known as external hemorrhoids.

Homoeopathy treats each case of hemorrhoids depend on patient's specific symptoms and triggers. By understanding hemorrhoids with susceptibility, this will help in developing different types of strategy by homoeopathy while treating hemorrhoids.

In this individualized study we had done on 30 cases with aim of understanding role of Homoeopathy in individualized cases of hemorrhoids. 30 cases were taken from OPD of the college hospital. All patients were acquainted to avoid the causative factors or the exciting factors. 87% cases were treated with homoeopathic intervention and 80% cases were treated with allopathic medicines. Each case studied to understand how every individual differs in clinical presentation of hemorrhoids. Each follow up were studied in detail to study role homoeopathy in management of hemorrhoids.

From this study, it is apparent that homoeopathic management has good scope in treating individualized cases of hemorrhoids and also with allopathic treatment where case needs immediate relief. Hemorrhoids cases management strategy should be based on individual cases, susceptibility of individual, dominant Miasm and posology.

**KEY WORDS:** Hemorrhoids, individualization, case series study, Constitutional medicines, Homoeopathic Medicines, Allopathic Medicines.

## I. INTRODUCTION

**HEMORRHOIDS** - Hemorrhoids are common anorectal condition which is defined as the symptomatic enlargement and distal displacement of the normal anal tissues. They affect millions of people around the world, and represent a major medical and socioeconomic problem. Multiple factors have been claimed to be the aetiologies of hemorrhoidal development, including constipation and straining for long time. The abnormal dilatation and distortion of the vascular channel, together with destructive changes in the supporting connective tissue within the anal canal, is a significant finding of hemorrhoids. An inflammatory reaction and vascular hyperplasia may be apparent in Hemorrhoids.

**CLASSIFICATION OF HEMORRHOIDS -**

They are classified on the basis of position into 3 categories: -

- Internal Hemorrhoids - it is present within the anal canal. It is present above the dentate line and is covered with mucous membrane. It is bright red or purplish in colour.
- External Hemorrhoids- It is positioned outside the orifice and it is covered by skin.
- Intero-external Hemorrhoids- when above two types are accompanied together

Internal Hemorrhoids are also classified on the basis of degree into 4 types-

- First degree Hemorrhoids – there is bleeding from rectum but no prolapse
- Second degree Hemorrhoids- there is prolapse through the anus on straining but it can be reduced spontaneously
- Third degree Hemorrhoids – there is prolapse through the anus on straining and require manual replacement.
- Fourth degree Hemorrhoids - prolapse stays out all the times.

**CLINICAL FEATURES -**

Internal hemorrhoids generally lead to prolapse or rectal bleeding without pain that is reported as bleeding associated with bowel movements. External hemorrhoids can lead to anal discomfort because of engorgement. Thrombosis of external hemorrhoids can lead to acute pain.

Prolapsing hemorrhoids may lead to perineal vexation or anal itching due to mucous or fecal soiling. A feeling of deficient evacuation is also reported in cases with large hemorrhoids. Pain is not generally caused by the hemorrhoids themselves unless thrombosis is there, particularly in an external hemorrhoid or if a fourth-degree internal hemorrhoid becomes strangulated.

**INVESTIGATIONS –**

**PHYSICAL EXAMINATION** - Anoscopy is an effective way to see or diagnosed internal hemorrhoids that look like purplish bulges through the anoscope. Physicians should use terms relative to the case, like anterior, posterior, left, or right. Generally, hemorrhoids develop on, or hemorrhoidal columns, in the left lateral, right anterior, or right posterior aspect of the anus.

**TREATMENT –****a) Conservative management –**

Hemorrhoids are common condition, first-line treatment should be prevention and minimally interventional treatment particularly in the community setting. Diet and lifestyle play an important part in hemorrhoid control. Fiber has traditionally been helpful for both prevention and cure hemorrhoidal symptoms. Proof for benefit comes from a meta-analysis of seven clinical trials which showed that fibre supplement relieved symptoms and minimized the trouble of bleeding around 50% but with no effect on prolapse.

**b) Allopathic Treatment** - There are several modern drugs and traditional medicines used which are available in a variety of format including tablets, suppository, cream and wipes. For an oral medication, flavonoids are the most common phlebotonic agent used for treating hemorrhoids.

**c) Homoeopathic Treatment –**

1. Lycopodium Clavatum - Ineffectual urging. Stool hard, small, incomplete. Hemorrhoids; painful to touch (Mur ac).

2. Millifolium - Hemorrhage from intestine. Bleeding piles and tenesmus as well as bloody urine. Blood is bright red in colour.

3. Ficus religiosa

Haemorrhage and Piles. Bloody Piles with bright red blood and pain, soreness, burning, itching and paining in rectum

4. Sulphur - Itching and burning of anus; piles dependent upon abdominal plethora. Frequent, unsuccessful desire; hard, knotty, inadequate.

**Material and Methods** –A case series Study was conducted on cases of hemorrhoids with age group of adult population at Institutional OPD & Peripheral OPD. Cases from academy & health camps, to evaluate the role of Individualized Homoeopathic medicine.

An epidemiologic study showed that hemorrhoids affect a considerable part of the population around the globe and point prevalence rates of 4.4%. Hemorrhoids seems to be more prevalent between the age of 45-65 years in both males and females. It is more prevalent in peoples with sedentary lifestyle, low fiber diet, etc.

Homoeopathy offers effective treatment in acute, chronic as well as recurrent Hemorrhoids. While the Homoeopathic treatment involves analysing complete and detailed information from the case to select the right constitutional medicine for providing marked improvement with long-term relief.

The goal of this case series study is to investigate the function of homoeopathy in individualised cases of Hemorrhoids, including the efficacy of selected remedies as well as the overall influence on patient quality of life. This study intends to contribute to the understanding of homeopathy's potential in hemorrhoidal disease by investigating a variety of patient experiences and outcomes, as well as to promote a more integrative and individualised approach to Hemorrhoidal treatment.

**Figures: Tools Commonly Used to Rate Pain**

**Visual Analogue Scale**

Choose a Number from 0 to 10 That Best Describes Your Pain

No Pain                      Distressing Pain                      Unbearable Pain

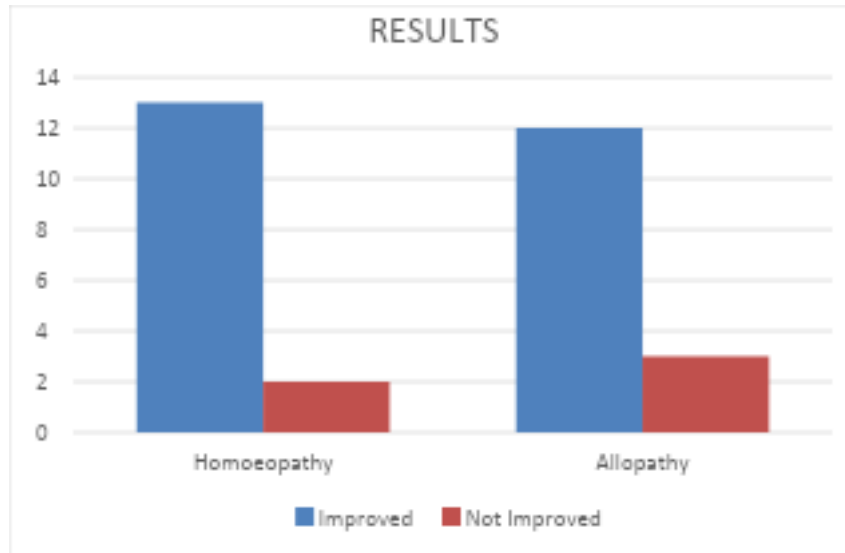
0    1    2    3    4    5    6    7    8    9    10

ASK PATIENTS ABOUT THEIR PAIN  
INTENSITY—LOCATION—ONSET—DURATION—VARIATION—QUALITY

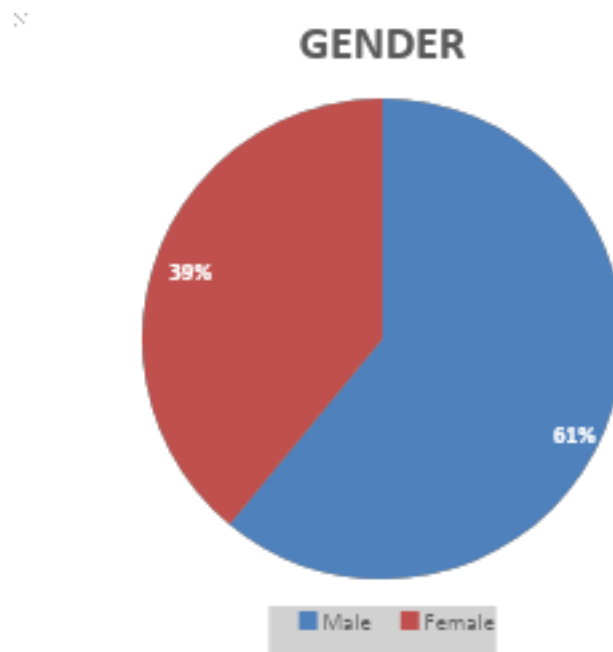
Student's 't' test was used to determine the utility of Homoeopathic medicines in the improvement of the cases having Hemorrhoids. Patients' 't' test was used to test statistically the change in the severity of pain in the patients having Hemorrhoids.

**III. STATISTICAL ANALYSIS -****Table No. 1 Improved/ Not Improved**

RESULT	HOMOEOPATHY	ALLOPATHY
IMPROVED	13	12
NOT IMPROVED	2	3

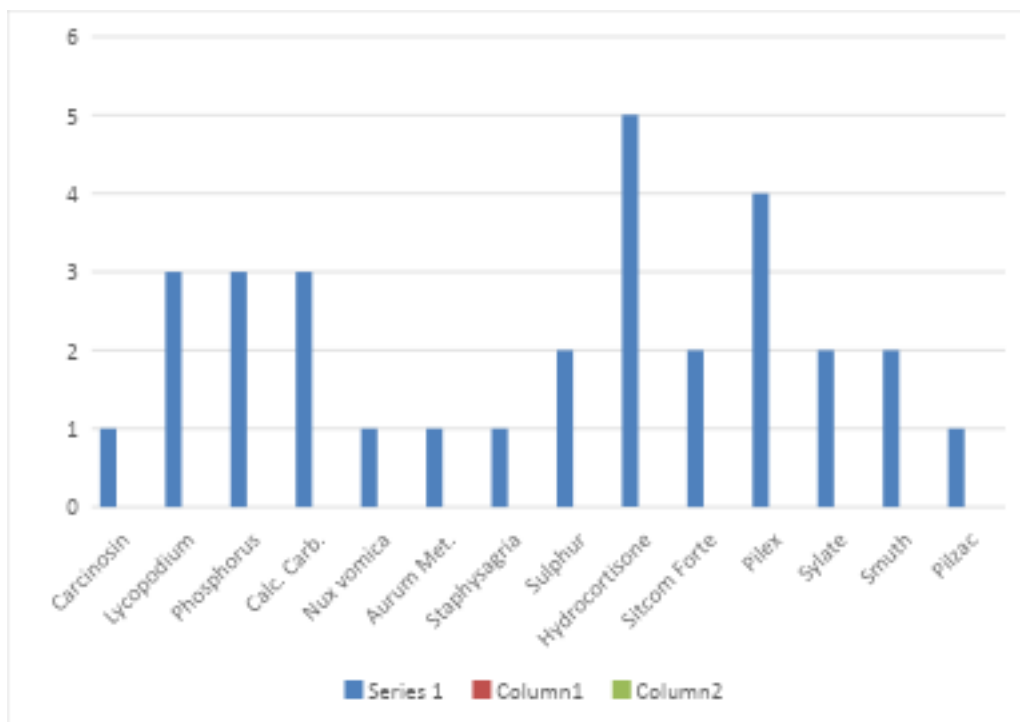
**Figure No. 1. Improved/ Not improved****Table No. 2 – Gender**

GENDER	FREQUENCY
Male	14
Female	16

**Figure No. 2. Gender**

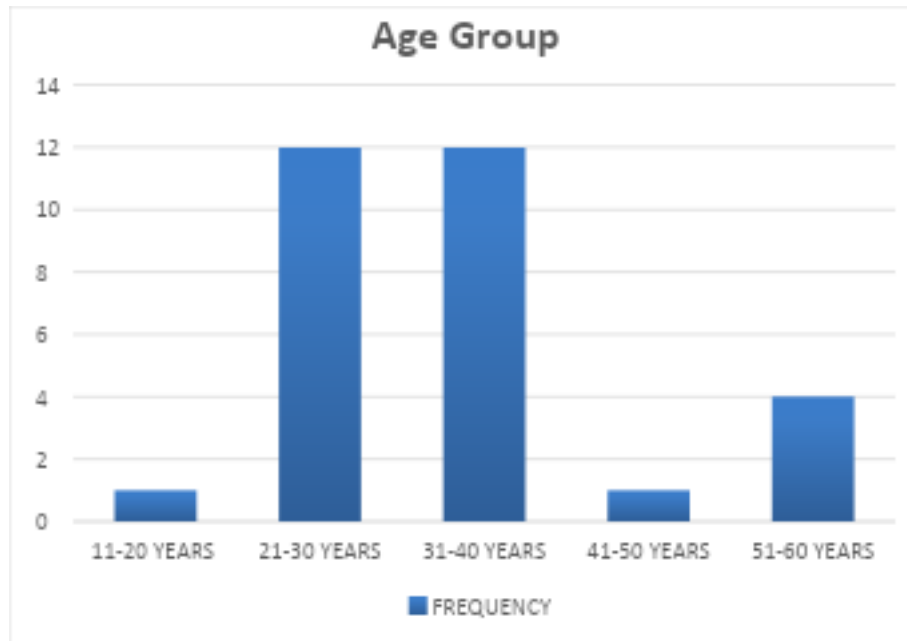
**Table No. 3 - Remedy Prescribed**

MEDICINE PRESCRIBED	FREQUENCY
Carcinosin	1
Lycopodium	3
Phosphorus	3
Calcarea Carb	3
Nux vomica	1
Aurum Metallicum	1
Staphysagria	1
Sulphur	2
Cream Hydrocortisone	5
Tab. Sitcom Forte	2
Tab. Pilex	4
Tab. Sylate	2
Tab. Smuth	2
Tab. Pilzac	1

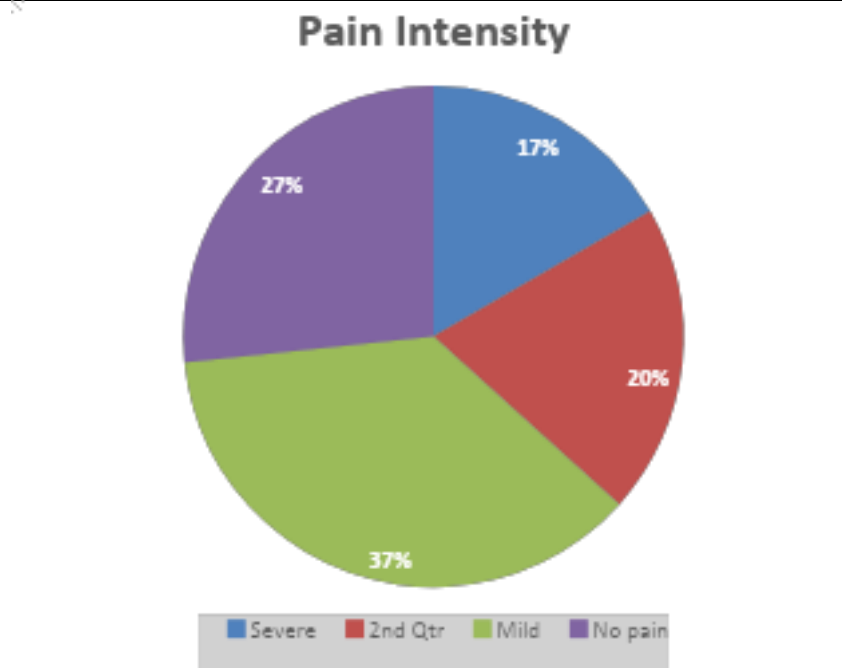
**Figure No. 3. Remedy prescribed**

**Table No. 4 - Age Group**

AGE GROUP	FREQUENCY
11-20 YEARS	1
21-30 YEARS	12
31-40 YEARS	12
41-50 YEARS	1
51-60 YEARS	4

**Figure No. 4. Age group****Table No. 5 - Pain Intensity Scale After Both Homoeopathic & Allopathic Treatment**

PAIN INTENSITY	FREQUENCY
SEVERE	5
MODERATE	6
MILD	11
NO PAIN	8



**Figure No. 5. Pain intensity scale after both homoeopathic & allopathic treatment**

### Statistical analysis

**Student's t - test was applied for statistical analysis.**

- Total of 30 cases were observed and t - test was applied. the change in the severity of pain, by symptom severity score, assess the enhancement of the cases.
- Calculated value of t (9.948) was greater than table value of t (2.062).
- Thus, we conclude that severity of pain can be reduced by the use of homoeopathic remedies.

### DISCUSSION

From the above study of 30 cases of hemorrhoids, selected from OPD of the college following are the points which we need to consider before concluding this study.

The study shows commonest age group affected by hemorrhoids are from 21-40 years age group showing 12 cases (80%), other were above 41 years having 5 cases (16%), 1-20 years 1 case (3%). In this study we found maximum number of cases in age group 21-40 in which 53% were female and 47% were males, causative factors being different but most cases showed emotional or work-related stress, sedentary life, Genetic factor or dietary factor.

Hemorrhoid is common to both males and females. In this study, in 30 cases, 47% were male and 53% were female. In the study, females were more affected than male. In females the prevalence is more due to unavoidable reasons like pregnancy, dietic errors, low fiber diet, genetic factor and mental stress.

As the sample size was 30 and cases were chosen randomly it can't be concluded as a universal phenomenon.

From the study, it was found there were 5 cases with severe hemorrhoidal pain (16%), 6 cases with moderate hemorrhoidal pain (20%), 11 cases with mild hemorrhoidal pain (36%), 8 cases with no pain (26%) after the treatment.

Maximum number of cases showed Sycotic and syphilitic Miasm being the predominant miasms, and some cases showed psora-sycosis Miasm, psora may be due to chronicity of the diseased condition, skin manifestation like itching and burning. Sycosis due to dilation of veins, overgrowth and syphilis due to bleeding from rectum.

### MANAGEMENT OF CASE

In the 30 cases of hemorrhoids treated homeopathically various strategies were employed for management, Individualization of each and every case being the key to cure the case, 13 cases (87%) were improved with constitutional treatment & 2 cases (13%) were not improved. And In 15 cases we prescribed Allopathic Medicines out of which 12 cases (80%) were improved & 3 cases (20%) were not improved.

frequently used remedies to treat the cases were Lycopodium 3 cases, Phosphorus 3 cases, Calc carb 3 cases, Sulphur 2 cases, Carcinosis 1 case, Nux vom 1 case, Aurum met 1 case, Staphysagria 1 case.

### **REPETITION OF DOSES IN CASES OF HEMORRHOIDS:**

In 30 cases, 15 cases were treated with single dose as other case was treated in among 15 cases with allopathic medicines according to the need of cases. It was also observed that in one dose, constitutional remedy acted in better way with 100% cure. In allopathic cases, the under lying factor was maintaining cause as Stress, genetic factor and dietary factor leading to obstacle to bring permanent cure.

### **NOT IMPROVED CASES-**

In this study of 30 cases, we found 5 cases which didn't show any enhancement inspite of retaking the case and changing the remedy. cases like hemorrhoids due to genetic factor couldn't be treated due to the maintaining cause and hence relapse of symptoms can be seen.

This being an observation of just 30 cases, more studies are needed to be done to reach at any conclusion.

### **CONCLUSION**

After Studying 30 cases of hemorrhoids in depth in all aspects clinically as well as Homeopathically, we had drawn a few conclusions, which are as follows:

The Age Distribution of the cases showed a prevalence of hemorrhoids in the age group- of 20 to 40 years. As this age group is more affected due to stress, sedentary life, dietary factors.

IN SEX RATIO- It has found that females are more affected by hemorrhoids than males in this study but it cannot be universally accepted as phenomenon.

On GRADING hemorrhoids in these 30 cases, various clinical presentations of hemorrhoids are identified which were categorized into mild, moderate, severe.

Most predominantly DOMINANT MIASM observed was Syco-Syphilis in the study.

SUSCEPTIBILITY in these cases was mostly moderate and few cases with high susceptibility.

After administration of Homoeopathic remedy, it was seen that even though there were recurrences in many cases the susceptibility had improved as evidenced by the characteristic form of symptoms available in the follow up, ultimately these symptoms also subsided leading to cure. After choosing the correct remedy the potency was selected based on the overall judgement of susceptibility, Miasm etc. The commonest potency used was 200 potency because with understanding gradual progress, miasmatic background of psora with number characteristic, intensity of symptoms.

After analyzing the various management strategies employed in these 30 cases, which includes, individualization, the type of treatment administered, the potency of homoeopathic medicine used and repetition of medicine that was followed we conclude that the most widely used strategy to manage these cases was to give Constitutional medicine in 200 potency with infrequent repetitions.

When compared to conventional medication, the treatment of hemorrhoids with homoeopathic remedies appears to be safer and more satisfactory to the case, with an enhancement in quality of life and general health.

### **Conflict of Interest**

None

### **Acknowledgment**

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