

Review Article

Homoeopathic Management in Case of Hemorrhoids – A Case Report

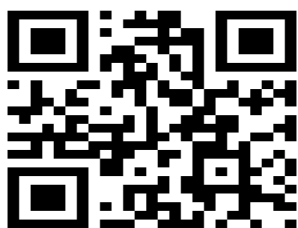
Sujit Pal* and Dipali Sonar

Guru Mishri Homoeopathic Medical College and PG Institute, Shelgaon, Jalna

ABSTRACT

The Hemorrhoids seem to be a new emerging issue due to modern lifestyle. Treatment strategies are classified according to the severity of the hemorrhoids which are a mixture of conservative management, OPD based procedures and surgical intervention however these invasive methods may lead patients to the relapse, stenosis of anus, postoperative pain, prolonged convalescences and postoperative pain. On the other hand, Homoeopathy works upon the root cause of the disease. Individual approach helps patients to deal with pain, rectal bleeding and recurrence. The presented case explores the psychosomatic axis and shows the efficacy of individualistic similimum in the case of Hemorrhoids.

Keywords: Case report, Hemorrhoids, Homoeopathy, Bleeding piles



QR Code for Mobile Users

Address for Correspondence:

Dr. Sujit Pal

Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna (MS) India

Conflict of Interest: None Declared!

(Received 10 March 2022; Accepted 25 March 2022; Published 5 April 2022) ISSN: 2347-8136 ©2022 JMPI

INTRODUCTION

hemorrhoids develop when the venous drainage around anus is altered although the exact etiology and pathophysiology behind development remains unknown, they are common due to modern lifestyle along with the contributing factors like age, obesity, pregnancy, chronic constipation, chronic diarrhea, low fiber diet, spicy food and alcohol¹. The appropriate prevalence is unknown as some have different personal and financial reasons so do not seek help from the physician. Hemorrhoids are more observed in the age group of 45 to 65 years.^{2,3} Around 40 million patients suffer from hemorrhoids in India. Even though the burden of the disease is unknown the recent study of patient undergoing the cancer screening of rectum and colons found to have prevalence of 39% for hemorrhoids and 55% among them were asymptomatic.² Hemorrhoids form mainly veins function is altered, prolapse of cushions of rectum,

distention of rectal vein and artery anastomosis which leads to deformation of surrounding tissue. They can be found above or below the dentate line which is the junction of squamous and columnar epithelium, these are known as internal and external hemorrhoids respectively. Internal are again classified into 4 grades on degree of prolapse as following⁴
 GRADE I – Non prolapsing hemorrhoids
 GRADE II – Prolapsing hemorrhoids on straining but reduce spontaneously
 GRADE III – Prolapsing hemorrhoids requiring manual reduction
 GRADE IV – Non reducible prolapsing hemorrhoids which include acutely thrombosed, incarcerated hemorrhoids.
 They are usually painless but complication leads to main common sign and symptoms such as pain, itching, swelling, anal discomfort, frank rectal bleeding.⁵ The main aim of the treatment is to lessen the acute

symptom rather than actually curing the hemorrhoids. Conventional mode of treatment is based upon severity and grading. They are divided into conservative, opd based and surgical intervention.⁶ Opd based strategies do not help in all grades of hemorrhoids and are observed to have complications. The failure of opd therapy lead patient to surgical treatment and ask to deal with possible complication such as relapse, pain, stenosis and fecal urgency , however homeopathy ensures the cure as according to 6th edition of organon of medicine cure as “the highest ideal of cure is rapid gentle and permanent restoration of health, or removal and annihilation of disease in its whole extend in shortest most reliable and most harmless way on easily comprehensible principle.”⁷ Casual clinical experiences talks about efficacy of homoeopathic treatment in cases of hemorrhoids though more clinical evidence based study is needed to validate the result.

CASE: A 23-year-old female patient consulted us for the treatment of frank bleeding per rectum while passing stools. Sensation of burning, pulsating pain while passing stools. Constipation, hard stools. Complaints aggravate after eating spicy food and in summer. Patient also complains of periodic headaches with pulsating and throbbing pain in the forehead which aggravates after suppressed anger and sunlight. Another complaint she narrates is generalized weakness, aggravated after physical exertion. The patient was on Ayurvedic treatment for the same before a few months but discontinued afterwards. After screening and obtaining consent, a physical and rectal examination of the patient was done, she was diagnosed with grade 2 internal hemorrhoids.

Family history: Mother – apparently healthy, Father – k/c/o HTN, hemorrhoids, Sister – apparently healthy.

Physical and mental generals: Craving for spicy and salt. Dreams about daily activities, appetite thirst adequate, stools constipated; painful evacuation. Mentally patient expresses herself to be very shy and does not

share anything easily except to her mother, Gets offended easily. All the complaints appeared after her disappointment in love, hatred towards the person who once disappointed her. After that she became more awkward in public and cannot even use the washroom when someone is around. Gets angry when someone consoles her and doesn't want sympathy from people.

General Physical Examination: Height – 5'1”, Weight – 45Kgs. Anemia – Nil, Jaundice – Nil, Cyanosis – Nil, Generalized lymphadenopathy – Nil, Pulse –76 / min, Temperature 98.40° F, Respiratory rate -16 / min, BP -120 /82 mm Hg. Tongue - clean and moist, nails – brittle

Systemic Examination: Respiratory, Gastro-intestinal, Loco-motor and Nervous System are found to be normal

Local examination: Internal-intra-rectal mass soft and tender, large and prolapsed Internal piles prolapses while straining Bleeding frank in nature No other discharge

Therapeutic intervention: Detailed case taking was done as per Hahnemannian guidelines of case taking given in Organon of medicine followed by analysis and evaluation of the symptoms done. Totality is erected and prescription on the basis of striking metal and physical general is done.

Analysis and evaluation
Reportorial sheet

Complaints	Location	Sensation	Modality	Concomitant
Ailments from disappointed love				Mental general symptom
Ailments from embarrassment				Mental general symptom
Anger at trifles				Mental general symptom
Company aversion, cannot use washroom in presence of others				Mental general symptom
Sympathy consolation aggravation (fear of pitied being)				Mental general symptom
Desire salt				Physical general symptom
constipation		Hard stools		Physical general symptom
Periodical frontal headache	Head	Throbbing	Day time	Complete particular symptom
Bleeding hemorrhoids	rectum	Bleeding, burning pain	< constipation	Complete particular symptom

Selection of Remedy: After repertorial analysis, strong indication of symptom similarity and with the help of *Materia medica*, the selection of *Natrum Muriaticum* is done.

Susceptibility, posology and repetition: The disease manifestation in this case shows a gradual progress with no characteristic physical complaints. The patient shows marked sensitivity at the mental level with prominent dispositional and mental expressions, so the sensitivity is high. The

pathology is structurally reversible and the miasm is psorosycosis. Hence, the susceptibility of the patient is moderate to high. Thus, 200 potency was selected and was repeated infrequently.

1ST PRESCRIPTION: *Natrum Muriaticum*

200, single dose followed by placebo for 15 days.

Follow-ups

Date	Complaints	Interpretations	Prescription
FOLLOW-UP 1 (08/09/2021):	Complaints of constipation relieved slightly, pain and bleeding reduced slightly, not offending on small things, company aversion and consolation aggravation not checked as patient is not encountered with that.no episode of Periodical frontal headache.	Improvement	placebo prescribed and follow up after 15 days
FOLLOW-UP 2 (24/09/2021):	Frank bleeding reduced , pain less while passing the stools , constipation relieved slightly , less difficult evacuation of stools , mentally feels calm and general weakness reduced.	Improvement	Placebo prescribed , follow up after 15 days
FOLLOW-UP 3: (11/10/2021):	Having good quality sleep on alternating days. Difficulty in initiating sleep. Day time fatigue appeared. Fear resurfaced after attending funeral of relative. Thirst and appetite normal.	The action of medicine must be disturbed due to the incident in family, repetition is given.	Natrum mur 1M 1 dose, follow up after 15 days.
FOLLOW-UP 4: (27/10/2021):	Constipation and difficulty in passing stools reduced considerably, pain lesser than before, bleeding reduced , mentally better , energy level improved.	Improvement	Placebo repeated for 15 days.
FOLLOW-UP 5: (13/11/2021):	no significant improvement after last follow up, pain and bleeding as	Case came to standstill point, after restudying the natrum mur was still the	Prescribed natrum muriaticum 1 M and follow up after 15 days

	previous follow up, offending on small things.	indicated.	
FOLLOW-UP 6: (28/11/2021):	Had spicy and outside food after that all complaints got aggravated, angry upon small things and does not want to talk to anyone, periodical frontal headache episode once	Standstill case, repetition in higher potency.	Prescribed natrum mur 10 M and follow up after 15 days
FOLLOW-UP 7: (13/12/2021):	Constipation relieved completely, no difficulty in passing stools, pain and bleeding reduced, general weakness improved, mentally feeling fresh and calm	Improvement	Prescribed placebo and follow up after 15 days
FOLLOW-UP 8: (30/12/2021):	No constipation, no bleeding per rectum, no pain, no episode of periodic headaches, desire for salt reduced, general weakness reduced. mentally feels calm	Improvement	Prescribed placebo and follow up after 15 days

Management and outcome: Patient were generally advised to:

1. Improve eating habits, high fiber diet.
2. Avoid mental stress if possible.
3. Anger management.
4. Yoga, meditation.
5. Sitzbath.

The duration of treatment was around 4 months after that patient felt better both mentally and physically and the patient himself stopped coming for follow up as she had no complaints, patient was in contact for 6 months, had no complaints far so over that time period

Discussion: The treatment of hemorrhoids is quite difficult as relapse of complaint is observed often. It can be multifactorial but several risk factors have been claimed to be etiology of Hemorrhoids development

including age, obesity, depression, pregnancy, chronic constipation and diarrhea, low fibred diet, spicy food. In our case patient had 2nd degree of internal hemorrhoids, hemorrhoids are usually painless but case was complicated because of constipation. In such conditions prescription of homoeopathic similimum based upon individualization can act thoroughly and give relief. As there was difficulty because of maintaining cause and case comes to standstill in the 5th follow up so according to Kents second prescription the case was reevaluated and same remedy in higher potency was prescribed followed by prescriptions of placebo. As there was no relapse of symptoms, we can say cure was gentle and rapid.

CONCLUSION: Homoeopathy useful in

treating the cases of hemorrhoids when prescribed on the basis of individualization. More study is needed to validate the result.

REFERENCES

1. Cataldo P, Ellis CN, Gregorcyk S, Hyman N, Buie WD, Church J, *et al.* Practice Parameters for the Management of Haemorrhoids. *Dis Colon Rectum* 2005;48:189-94.
2. Riss S, Weiser FA, Schwameis K, *et al.* The prevalence of hemorrhoids in adults. *Int J Colorectal Dis.* 2012;27(2):215–220.
3. Chong PS, Bartolo DC. Hemorrhoids and fissure in ano. *Gastroenterol Clin North Am.* 2008;37(3):627–644.
4. Clinical Practice Committee, American Gastroenterological Association. American Gastroenterological Association medical position statement: Diagnosis and treatment of hemorrhoids. *Gastroenterology.* 2004;126:1461–2.
5. Riss S, Weiser FA, Riss T, Schwameis K, Mittlböck M, Stift A. Haemorrhoids and quality of life. *Colorectal Dis.* 2011;13:e48–52.
6. Everhart JE, Ruhl CE. Burden of digestive diseases in the United States part II: Lower gastrointestinal diseases. *Gastroenterology.* 2009;136:741–54.
7. Hahnemann, S. *Organon of medicine.* 6. B. Jain publisher. 1906.