

Review Article

Haemorrhoids and Its Homoeopathic Management

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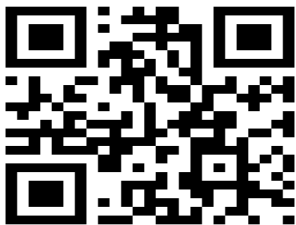
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ABSTRACT

Hemorrhoids or piles are enlarged or slided down vascular cushions within the anal canal. Approximately 50% to 66% of people have problems with hemorrhoids at some point in their lives. Males and females are both affected with about equally affected.

This article deals with an overview of haemorrhoids, its classification, causation, pathophysiology, sign and symptoms, diagnosis, prevention and its treatment with homoeopathic approach.

Keywords: Haemorrhoids, piles, homoeopathy



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Conflict of Interest: None Declared!

INTRODUCTION

Hemorrhoids are dilated vessels of the hemorrhoidal plexus in the anal canal.

Hemorrhoids, also spelled haemorrhoids, are vascular structures in the anal canal. In their normal state, they are cushions that help with stool control. They become a disease when swollen or inflamed; the unqualified term "hemorrhoid" is often used to refer to the disease. The signs and symptoms of hemorrhoids depend on the type present. Internal hemorrhoids often result in painless, bright red rectal bleeding when defecating. External hemorrhoids often result in pain and swelling in the area of the anus. If bleeding occurs it is usually darker. Symptoms frequently get better after a few days. A skin tag may remain after the healing of an external hemorrhoid.

Approximately 50% to 66% of people have problems with hemorrhoids at some point in their lives. Males and females are both affected with about equal frequency. Hemorrhoids affect people most often between 45 and 65 years of age and they are

more common among the wealthy. Outcomes are usually good.

Classification



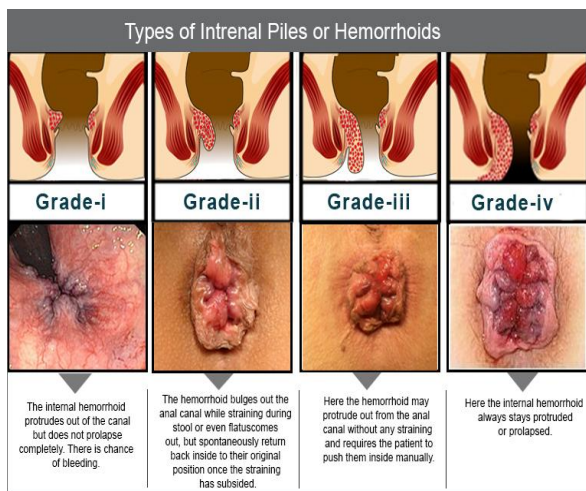
Anus With Hemorrhoids

External haemorrhoids are located below the dentate line and are covered by squamous epithelium.

Internal haemorrhoids are located above the dentate line and are lined by rectal mucosa. Hemorrhoids typically occur in the right anterior, right posterior, and left lateral zones. They occur in adults and children. They were classified in 1985 into four grades based on the degree of prolapse.

Internal haemorrhoid is mentioned in different grade

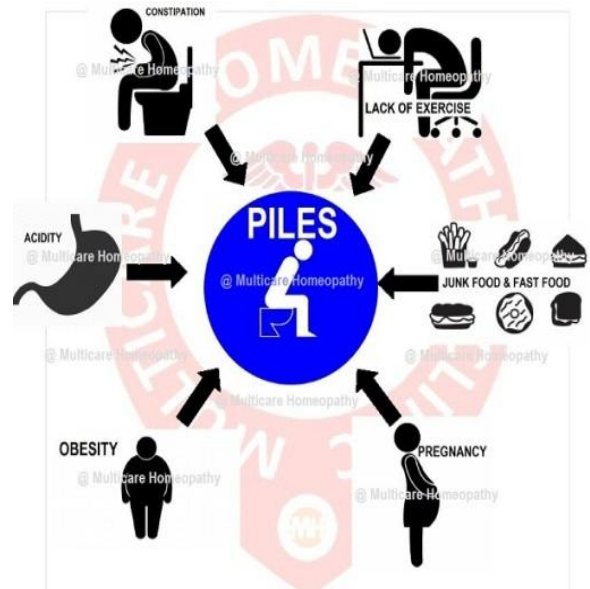
- First degree- hemorrhoidal venous plexus that do swell up and bleed while straining at stool.
- Second degree - hemorrhoidal venous plexus that prolapse with straining, but reduce spontaneously
- Third degree - hemorrhoids that remain outside of the anal canal unless manually replaced.
- Fourth degree- hemorrhoids that cannot be reduced



CAUSES

The cause of piles is based on one factor i.e. increased intra abdominal pressure. The effect of increased intra abdominal pressure do increases the pressure effect in the anal vein situated at the rectum and anal region. Thus the abdominal pressure increases in the following conditions.

- Constipation – if there is constipation you will put more strain while passing stool and that will indirectly increase the intra abdominal pressure and affect upon the rectal venous pressure
- Hard stool- if you have hard stool due to lack of taking fibers rich diet then it will make you to give more strain during stool and cause piles
- Chronic- hyperacidity and flatulency condition also increases the intra abdominal pressure and causes piles



- Prolonged -sitting for hours together – if you are in a job where you have to sit for hours together like those who working in IT sector or corporate sector also contribute the chance of increasing intra abdominal pressure due to pressure build up by sitting long time in a seat. So ultimately develop piles.

- Lacks of physical activities – Lack of physical activities affect the smooth rhythmical peristaltic bowel movement thus contribute a factor for developing constipation and piles.

- Obesity – the gaining weight or obesity also plays a role for developing piles by increasing pressure in anal venous areas.

- Pregnancy- the pregnancy also contributes a factor of increasing intra abdominal pressure and developing piles.

- Chronic diarrhea also have the chance of developing piles

During pregnancy, pressure from the fetus on the abdomen and hormonal changes cause the hemorrhoidal vessels to enlarge. The birth of the baby also leads to increased intra-abdominal pressures. Pregnant women rarely need surgical treatment, as symptoms usually resolve after delivery.

Pathophysiology

Gross pathology of hemorrhoids, showing engorged blood vessels.

Hemorrhoid cushions are a part of normal human anatomy and become a pathological disease only when they experience abnormal changes. There are three main cushions

present in the normal anal canal. These are located classically at left lateral, right anterior, and right posterior positions. They are composed of neither arteries nor veins, but blood vessels called sinusoids, connective tissue, and smooth muscle. Sinusoids do not have muscle tissue in their walls, as veins do. This set of blood vessels is known as the hemorrhoidal plexus. Hemorrhoid cushions are important for continence. They contribute to 15–20% of anal closure pressure at rest and protect the internal and external anal sphincter muscles during the passage of stool. When a person bears down, the intra-abdominal pressure grows, and hemorrhoid cushions increase in size, helping maintain anal closure. Hemorrhoid symptoms are believed to result when these vascular structures slide downwards or when venous pressure is excessively increased. Increased internal and external anal sphincter pressure may also be involved in hemorrhoid symptoms. Two types of hemorrhoids occur: internals from the superior hemorrhoidal plexus and externals from the inferior hemorrhoidal plexus. The pectinate line divides the two regions.

Signs and symptoms

In about 40% of people with pathological hemorrhoids there are no significant symptoms. Internal and external hemorrhoids may present differently; however, many people may have a combination of the two. Bleeding enough to cause anemia is rare and life-threatening bleeding is even more uncommon. Many people feel embarrassed when facing the problem and often seek medical care only when the case is advanced.

External

If not thrombosed, external hemorrhoids may cause few problems. However, when thrombosed, hemorrhoids may be very painful. Nevertheless, this pain typically resolves in two to three days. The swelling may, however, take a few weeks to disappear. A skin tag may remain after healing. If hemorrhoids are large and cause issues with hygiene, they may produce irritation of the surrounding skin, and thus itchiness around the anus.

Internal

Internal hemorrhoids usually present with painless, bright red rectal bleeding during or following a bowel movement. The blood typically covers the stool (a condition known as hematochezia), is on the toilet paper, or drips into the toilet bowl. The stool itself is usually normally coloured. Other symptoms may include mucous discharge, a perianal mass if they prolapse through the anus, itchiness, and fecal incontinence. Internal hemorrhoids are usually painful only if they become thrombosed or necrotic.

Diagnosis

Hemorrhoids are typically diagnosed by physical examination. A visual examination of the anus and surrounding area may diagnose external or prolapsed hemorrhoids. A rectal exam may be performed to detect possible rectal tumors, polyps, an enlarged prostate, or abscesses. This examination may not be possible without appropriate sedation because of pain, although most internal hemorrhoids are not associated with pain. Visual confirmation of internal hemorrhoids may require anoscopy, insertion of a hollow tube device with a light attached at one end. The two types of hemorrhoids are external and internal. These are differentiated by their position with respect to the pectinate line. Some persons may concurrently have symptomatic versions of both. If pain is present, the condition is more likely to be an anal fissure or an external hemorrhoid rather than an internal hemorrhoid.

Internal

Internal hemorrhoids originate above the pectinate line. They are covered by columnar epithelium, which lacks pain receptors. They were classified in 1985 into four grades based on the degree of prolapse.

- First degree- hemorrhoidal venous plexus that do swell up and bleed while straining at stool.
- Second degree - hemorrhoidal venous plexus that prolapse with straining, but reduce spontaneously
- Third degree - hemorrhoids that remain outside of the anal canal unless manually replaced.
- Fourth degree- hemorrhoids that cannot be reduced

External

A thrombosed external hemorrhoid.

External hemorrhoids occur below the dentate (or pectinate) line. They are covered proximally by anoderm and distally by skin, both of which are sensitive to pain and temperature.

Differential diagnosis

Many anorectal problems, including fissures, fistulae, abscesses, colorectal cancer, rectal varices, and itching have similar symptoms and may be incorrectly referred to as hemorrhoids.

Rectal bleeding may also occur owing to colorectal cancer, colitis including inflammatory bowel disease, diverticular disease, and angiodysplasia.

If anemia is present, other potential causes should be considered. Other conditions that produce an anal mass include skin tags, anal warts, rectal prolapse, polyps, and enlarged anal papillae. Anorectal varices due to increased portal hypertension (blood pressure in the portal venous system) may present similar to hemorrhoids but are a different condition. Portal hypertension does not increase the risk of hemorrhoids.

Prevention

- Avoid all junk and fast foods, oily spices food
- Add more natural fruits and raw vegetables to your diet
- Never skip your breakfast. Add more fruits and vegetables to your regular breakfast
- Regular exercise and morning walk is always advisable
- Take your breakfast and all meals in time.
- Late night sleep and night shifting duty is harmful for your health and a cause for piles
- Take plenty of water minimum 2 to 3 liters daily
- Avoid of taking coffee, tea not more than once in a day
- Avoid smoking as the smoking causes more acidity and that causes piles
- Maintain your weight within the normal range as per your age and height. Obesity also contributes a factor for developing piles
- Avoid extra stress and try to keep

yourself always joyful and happy

- Practice yoga and pranayam regularly

Scope & line of treatment

- Acute case: The line of treatment regarding an acute stage is a symptomatic one, mostly an indicated Dosage and repetition of medicine depends on the susceptibility of the case.

In acute diseases, case taking will be easier because the symptoms will be fresh in the patients memory and still new and striking. Often you will not have a “never well since” or mental/emotional symptoms in the acute cases. However, if present remember that they marks higher than the physical symptoms. Finding the acute totality which should include complete symptom with its characteristic location, peculiar sensation and modalities. Concomitants, if present is invaluable gift for a homoeopathic physician to find the correct prescription. These differentiating factors are referred to, as singular, uncommon, striking, any peculiar features of the case, by Dr Hahnemann.

- Chronic case: A detailed case history is necessary as it should individualize the patient. So, according to that basis correct remedy should be selected. And have seen in most of the cases an intercurrent remedy is necessary to arrest the recurrence, along with the perfect constitutional Each case differs, so the duration of treatment differs in each individual case of the patient. The main thing to be observed in each follow up is the frequency and intensity of the symptoms. As it lessens this means the way of treatment is in a correct path.

Treatment

- Symptomatic: Stool softeners, sitz baths, analgesics
- Occasionally excision for thrombosed external hemorrhoids
- Injection sclerotherapy, rubber band ligation, or infrared photocoagulation for internal haemorrhoids.

Homoeopathic management

Aesculus hippocastanum

When this remedy is needed, hemorrhoids are sore and aching, with a swollen feeling. Pain may last for hours after the bowels have moved. People who need this remedy often have the sensation of a lump, or a feeling that a lot of small sharp sticks are inside the rectum, poking them. ShPrimary arp and shooting pains may be felt in the rectum and back. A person who needs this remedy may also have low back problems.

Aloe socotrina

Hemorrhoids that are swollen and protrude "like a bunch of grapes" and are soothed by cold soaks or compresses may be helped with this remedy. Hemorrhoids may alternate with diarrhea, and the person may have a lot of flatulence

Nux vomica

Haemorrhoids causes by nighwatching, stress.Burning sensation over anal region. Hemorrhoids caused by a sedentary lifestyle, and overeating and drinking, especially of spicy and rich foods and alcohol.

Pulsatilla

When this remedy is indicated, hemorrhoids are itchy and uncomfortable, with sticking pains. They are likely to protrude, with improvement after lying down. Warmth often aggravates the symptoms. This is a very helpful remedy for hemorrhoids that appear during pregnancy or around the menstrual period.

Sulphur

Itching, burning, oozing hemorrhoids accompanied by a feeling of fullness and pressure in the abdomen suggest a need for this remedy. The anus is inflamed and red and may protrude significantly. The person may feel worse from warmth and bathing, and have flatulence with a strong, offensive odor.

Graphites

relieves constipation without urges, very large and dry stools, with feeling of heaviness in the lower abdomen, and often associated with anal itching and burning and hemorrhoids.

Other Remedies

Arnica montana

Sore, bruised-feeling hemorrhoids may be relieved with this remedy, especially when

straining or over-exertion (for instance, childbirth or heavy lifting) has brought on the hemorrhoids.

Calcarea fluorica

This remedy may be indicated for hemorrhoids with bleeding and itching in the anal region, or internal hemorrhoids causing soreness in the very low back and sacrum. The person may also have problems with flatulence and constipation.

Hamamelis virginiana

Improves venous circulation and relieves hemorrhoids that are painful with the slightest contact and bleed easily.

Ignatia

Hemorrhoids accompanied by spasms and stabbing pain in the rectum suggest a need for this remedy—especially if the person is sensitive and emotional. Stitching pains can be felt in the rectal area when coughing. Bleeding and pain are often worse when the stool is loose, and rectal prolapse sometimes follows bowel movements.

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