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Repertorial Approach Towards Acute Phase of Post Pregnancy Haemorrhids with the Help of Kents' Repertory

Dr. Suryankant S. Gite

M.D. Hom., Professor and HOD, Department of Repertory, Foster Development's Homoeopathic Medical College, Aurangabad.

ABSTRACT

Hemorrhoids is a very common condition and tends to run in families. One out of four adults suffer from this condition. In fact, half the population over 50 years of age suffer from haemorrhoids. In India, it seems that about 75-80% pregnant women suffer from haemorrhoids.

Haemorrhoids has emerged as a common disease is developing as well as developed nations. Its prevalence is rapidly increasing in India. In this country thousands of Homoeopathic Practitioners are serving the common man at their door-steps and providing primary health care. These practitioners can play a major role in the outcome of lifestyle disorders like Haemorrhoids by early identification and patient education and judicious medical intervention.

Keywords: Hemorrhoids, Piles, Post Pregnancy, bleeding, Homoeopathy, and Repertory

INTRODUCTION

Haemorrhoids are generally classified as external and internal. External haemorrhoids are painful, swollen and accompanied with itching. They occur at the distal end of anal canal. Internal haemorrhoids are inside the anal canal. As this area lacks pain receptors, internal hemorrhoids are usually not painful and most people are not aware that they have them. Internal hemorrhoids, however, may bleed when irritated. Internal hemorrhoids can get complicated into prolapsed and strangulated hemorrhoids.

Causative factors include: Constipation, Pregnancy Standing or sitting for long periods. Apart from all this, various other causes such as obesity, mental stress, irregular meal times, highly spicy food, excess of tea, coffee, tobacco and alcohol & indiscriminate use of pain killers etc. are also responsible for the steep rise of this condition in the population.

Treatment:

Treatment of first degree piles is aimed at reducing the chances of prolapsing. This is done by increasing the amount of fiber in the diet and if needed taking mild laxatives. However, modern medicine advocates surgery by various methods such as Band ligation, sclerotherapy, coagulation, & haemorrhoidectomy etc but still recurrence is very common and hence Homoeopathy being a unique branch of medicine where we treat the man in disease and not the disease in man, can have a permanent solution for this condition.

The advent of Homoeopathy and its holistic concept opened a new era in the world of medicine. The holistic concept of disease takes not only the clinical symptoms of haemorrhoids into congnizance, but also the biological, social, psychological aspect of man to give the appropriate treatment. Holistic concept of cure gives a special meaning to the word *cure*. It means not just relieving the clinical symptoms of the disease but the removal of the whole of the perceptible signs and symptoms, the totality of symptoms and annihilation of the morbid derangement of vital force.

MATERIAL AND METHODS

Sources of data:

The subjects for this study have been selected from those patients (Females) with disease of Haemorrhoids who attended in the O.P.D. as per the inclusion criteria.

Method of collection of data:

- Clinical history.
- All the patients were subjected based on the

- Clinical presentation
- Clinical examination and
  - ♦ All cases were recorded and processed on the standardized case record.
  - ♦ Treatment has been given Homoeopathically,
  - ♦ A total of 30 cases were selected for this study from the OPD.
  - ♦ The similimum has been selected by appropriate methods.
  - ♦ The samples were divided randomly into high and low potency groups.
  - ♦ The follow-up criteria have been drawn up in advance, to study the manner and rate of response of the symptoms in both the groups.
  - ♦ In most of the cases a start was made with low potency and observed for 3-4 weeks or more. Then they were switched on to high or higher potencies to find out the speed of improvement and duration of the period of relief.

Inclusion Criteria:

For this study I have selected my patients under the following inclusion criteria:

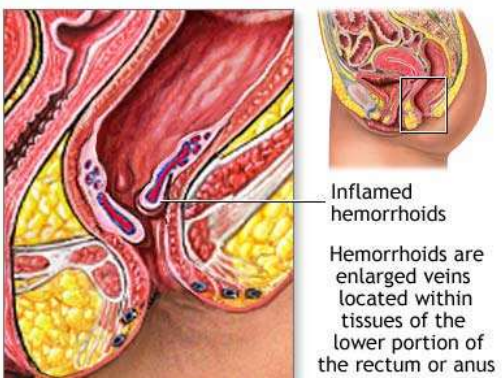
- ♦ All patients with Haemorrhoids were included for this study.
- ♦ Only females have been taken for the study.
- ♦ The duration of this study for each case has been kept for 1-15 days unless the patient shows dramatic response before the scheduled time.
- ♦ In this study I have considered the potencies upto 30c as lower potency and the potencies 200C and above as higher potency.

1. Data receiving: Each patient will be given adequate time and data will be elicited in comprehensive manner as to elicit proper Patient's picture in the disease.
2. Processing of the case will be done as per the principles and guidelines of Homoeopathy.
3. References from Repertory will be availed for the selection of a remedies. All the cases will be followed up for sufficient period required as per the guidelines from Organon of Medicine and Homoeopathic Philosophy.
4. References from materia medica will be availed for selection of a single remedy out of indicated group of remedies.
5. Summary will be drawn after study of all relevant patients.
6. Result and discussions.
7. Summery and conclusion will be drawn by applying the statistics in concern to the post pregnancy Haemorrhoids.

REVIEW OF LITERATURE

HAEMORRHOIDS

A precise definition of Haemorrhoids does not exist, but they can be described as masses or clumps ("cushions") of tissue within the anal canal that contain blood vessels and their surrounding, supporting tissue made up of muscle and elastic fibers. The anal canal is the last four centimeters through which stool passes as it goes from the rectum to the outside world. The anus is the opening of the anal canal to the outside world.



Although most people think Haemorrhoids are abnormal, they are present in everyone. It is only when the haemorrhoidal cushions enlarge that Haemorrhoids can cause problems and be considered abnormal or a disease.

The arteries supplying blood to the anal canal descend into the canal from the rectum above and form a rich network of arteries that communicate with each other around the anal canal. Because of this rich network of arteries, haemorrhoidal blood vessels have a ready supply of arterial blood. This explains why bleeding from Haemorrhoids is bright red (arterial blood) rather than dark red (venous blood), and why bleeding from Haemorrhoids occasionally can be severe. The blood vessels that supply the haemorrhoidal vessels pass through the supporting tissue of the haemorrhoidal cushions.

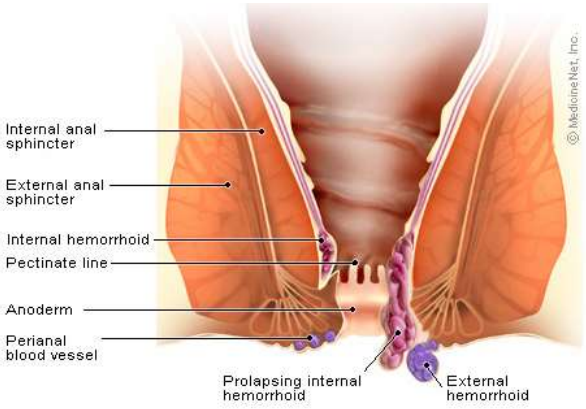
The anal veins drain blood away from the anal canal and the Haemorrhoids. These veins drain in two directions. The first direction is upwards into the rectum, and the second is downwards beneath the skin surrounding the anus. The dentate line is a line within the anal canal that denotes the transition from anal skin (anoderm) to the lining of the rectum.

INCIDENCE OF HAEMORRHOIDS:

Although Haemorrhoids occur in everyone, they become large and cause problems in only 4 percent of the general population. Haemorrhoids that cause problems are found equally in men and women, and their prevalence peaks between 45 and 65 years of age.

The number of hospital haemorrhoidectomies is declining. A peak of 117 haemorrhoidectomies per 100,000 people was reached in 1974; this rate declined to 37 haemorrhoidectomies per 100,000 people in 1987. Obviously, outpatient and office treatment of Haemorrhoids account for some of this decline.

Pathophysiology of Haemorrhoids:



The term haemorrhoid is usually related to symptoms caused by Haemorrhoids. Haemorrhoids are present in healthy individuals. When these vascular cushions produce symptoms, most laypersons and physicians refer to them as Haemorrhoids. Haemorrhoids generally cause symptoms when they become enlarged, inflamed, thrombosed, or prolapsed.

Most authors agree that low-fiber diets cause small-caliber stools, which result in straining with defecation. This increased pressure causes engorgement of the Haemorrhoids, possibly by interfering with venous return. Pregnancy and abnormally high tension of the internal sphincter muscle can also cause haemorrhoidal problems, presumably by means of the same mechanism. Decreased venous return is thought of as the mechanism of action. Prolonged sitting on a toilet (eg, while reading) is believed to cause a relative venous return problem in the perianal area (a tourniquet effect), resulting in enlarged Haemorrhoids. Aging causes weakening of the support structures, which facilitates prolapse. Weakening of support structures can occur as early as the third decade of life.

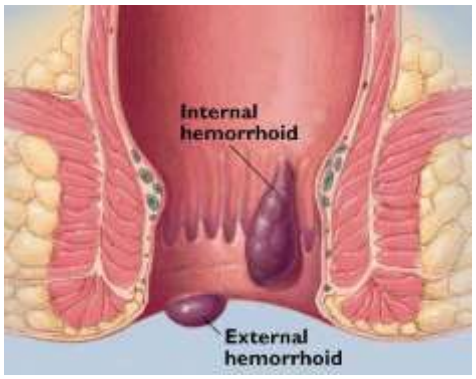
Straining and constipation have long been thought of as culprits in the formation of Haemorrhoids. This may or may not be true. Patients who report Haemorrhoids have a canal-resting tone that is higher than normal. Of interest, the resting tone is lower after haemorrhoidectomy than before. This change in the resting tone is the mechanism of action of Lord dilatation, which is most commonly performed in the United Kingdom.

Pregnancy clearly predisposes women to symptoms from Haemorrhoids, although the etiology is unknown. Notably, most patients revert to their previously asymptomatic state after delivery. The relationship between pregnancy and Haemorrhoids lends credence to hormonal changes or direct pressure as the culprit.

Portal hypertension has often been mentioned in conjunction with Haemorrhoids. Haemorrhoidal symptoms do not occur more frequently in patients with portal hypertension than in those without. Massive bleeding from Haemorrhoids in these patients is unusual. Bleeding is very often complicated by coagulopathy. If bleeding is found, direct suture ligation of the offending column is suggested.

Anorectal varices are common in patients with portal hypertension. Varices occur in the mid rectum, at connections between the portal system and the middle and inferior rectal veins. Varices occur more frequently in patients who are noncirrhotic, and they rarely bleed. Treatment is usually directed at the underlying portal hypertension. Emergent control of bleeding can be obtained with suture ligation. Portosystemic shunts and, more recently, transjugular intrahepatic portosystemic shunts (TIPS) have been used to control hypertension and, thus, the bleeding.

There are two types of nerves in the anal canal, visceral nerves (above the dentate line) and somatic nerves (below the dentate line). The somatic (skin) nerves are like the nerves of the skin and are capable of sensing pain. The visceral nerves are like the nerves of the intestines and do not sense pain, only pressure. Therefore, internal Haemorrhoids, which are above the dentate line, usually are painless.



As the anal cushion of an internal haemorrhoid continues to enlarge, it bulges into the anal canal. It may even pull down a portion of the lining of the rectum above, lose its normal anchoring, and protrude from the anus. This condition is referred to as a prolapsing internal haemorrhoid. In the anal canal, the haemorrhoid is exposed to the trauma of passing stool, particularly hard stools associated with constipation. The trauma can cause bleeding and sometimes pain when stool passes. The rectal lining that has been pulled down secretes mucus and moistens the anus and the surrounding skin. Stool also can leak onto the anal skin. The presence of stool and constant moisture can lead to anal itchiness (pruritus ani), though itchiness is not a common symptom of Haemorrhoids. The prolapsing haemorrhoid usually returns into the anal canal or rectum on its own or can be pushed back inside with a finger, but it prolapses again with the next bowel movement. Less commonly, the haemorrhoid protrudes from the anus and cannot be pushed back inside, a condition referred to as incarceration of the haemorrhoid. Incarcerated Haemorrhoids can have their supply of blood shut off by the squeezing pressure of the anal sphincter, and the blood vessels and cushions can die, a condition referred to as gangrene. Gangrene requires medical treatment.

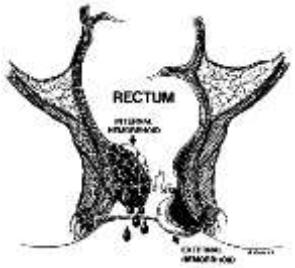
For convenience in describing the severity of internal Haemorrhoids, many physicians use a grading system:

- **First-degree Haemorrhoids:** Haemorrhoids that bleed but do not prolapse.
- **Second-degree Haemorrhoids:** Haemorrhoids that prolapse and retract on their own (with or without bleeding).
- **Third-degree Haemorrhoids:** Haemorrhoids that prolapse but must be pushed back in by a finger.
- **Fourth-degree Haemorrhoids:** Haemorrhoids that prolapse and cannot be pushed back in. Fourth-degree Haemorrhoids also include Haemorrhoids that are thrombosed (containing blood clots) or that pull much of the lining of the rectum through the anus.

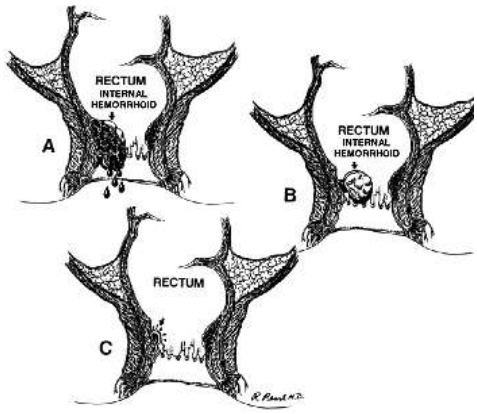
In general, the symptoms of external Haemorrhoids are different than the symptoms of internal Haemorrhoids. External Haemorrhoids can be felt as bulges at the anus, but they usually cause few of the symptoms that are typical of internal Haemorrhoids. This is perhaps, because they are low in the anal canal and have little effect on the function of the anus, particularly the anal sphincter. External Haemorrhoids can cause problems, however, when blood clots inside them. This is referred to as thrombosis. Thrombosis of an external haemorrhoid causes an anal lump that is very painful (because the area is supplied by somatic nerves) and often requires medical attention. The thrombosed haemorrhoid may heal with scarring and leave a tag of skin protruding from the anus. Occasionally, the tag is large, which can make anal hygiene (cleaning) difficult or irritate the anus.

ETIOLOGY OF HAEMORRHOIDS:

It is not known why Haemorrhoids enlarge. There are several theories about the cause, including inadequate intake of fiber, prolonged sitting on the toilet, and chronic straining to have a bowel movement (constipation). None of these theories has strong experimental support. Pregnancy is a clear cause of enlarged Haemorrhoids though, again, the reason is not clear. Tumors in the pelvis also cause enlargement of Haemorrhoids by pressing on veins draining upwards from the anal canal.



One theory proposes that it is the shearing (pulling) force of stool, particularly hard stool, passing through the anal canal that drags the haemorrhoidal cushions downward. Another theory suggests that with age or an aggravating condition, the supporting tissue that is responsible for anchoring the Haemorrhoids to the underlying muscle of the anal canal deteriorates. With time, the haemorrhoidal tissue loses its mooring and slides down into the anal canal.



One physiological fact that is known about enlarged Haemorrhoids that may be relevant to understanding why they form is that the pressure is elevated in the anal sphincter, the muscle that surrounds the anal canal and the Haemorrhoids. The anal sphincter is the muscle that allows us to control our bowel movements. It is not known, however, if this elevated pressure precedes the development of enlarged Haemorrhoids or is the result of the Haemorrhoids. Perhaps during bowel movements, increased force is required to force stool through the tighter sphincter. The increased shearing force applied to the Haemorrhoids by the passing stool may drag the Haemorrhoids downward and enlarge them.

DIAGNOSIS OF HAEMORRHOIDS:

Most individuals who have Haemorrhoids discover them in one of several ways. They either feel the lump of an external haemorrhoid when they wipe themselves after a bowel movement, note drops of blood in the toilet bowl or on the toilet paper, or feel a prolapsing haemorrhoid (protruding from the anus) after bowel movements. Severe anal pain may occur when an external haemorrhoid thromboses or a prolapsing internal haemorrhoid becomes gangrenous. Symptoms of anal discomfort and itching may occur, but anal conditions other than Haemorrhoids are more likely to cause these symptoms than Haemorrhoids. (Haemorrhoids often get a “bum rap” for such symptoms since both Haemorrhoids and other anal conditions are common and may occur together. For example, up to 20% of individuals with Haemorrhoids also have anal fissures.)

By the history of symptoms, the physician can suspect that Haemorrhoids are present. Although the physician should try his or her best to identify the Haemorrhoids, it is perhaps more important to exclude other causes of haemorrhoid-like symptoms that require different treatment. These other causes—anal fissures, fistulae, perianal (around the anus) skin diseases, infections, and tumors—can be diagnosed on the basis of a careful examination of the anus and anal canal. If necessary, scrapings of the anus to diagnose infections and biopsies of the perianal skin to diagnose skin diseases can be done.

External Haemorrhoids appear as a bump and/or dark area surrounding the anus. If the lump is tender, it suggests that the haemorrhoid is thrombosed. Any lump needs to be carefully followed, however, and should not be assumed to be a haemorrhoid since there are rare cancers of the perianal area that may masquerade as external Haemorrhoids.

The diagnosis of an internal haemorrhoid is easy if the haemorrhoid protrudes from the anus. Although a rectal examination with a gloved finger may uncover an internal haemorrhoid high in the anal canal, the rectal examination is more helpful in excluding rare cancers that begin in the anal canal and adjacent rectum. A more thorough examination for internal Haemorrhoids is done visually using an anoscope. An anoscope is a three-inch long, tapering, metal or clear plastic hollow tube approximately one inch in diameter at its viewing end. The anoscope is lubricated and inserted into the anus, through the anal canal, and into the rectum. As the anoscope is withdrawn, the area of the internal Haemorrhoids is well seen. Straining by the patient, as if they are having a bowel movement, may make the Haemorrhoids more prominent. Anoscopy also is a good way for diagnosing anal fissures.

At times, indirect anoscopy may be helpful. Indirect anoscopy uses a special mirror for visualizing a patient’s anus while the patient is seated and straining on a toilet. Indirect anoscopy allows the doctor to see the effects of gravity and straining on the anus. For example, the physician may be able to determine if what is prolapsing is a haemorrhoid, rectal lining, a rectal polyp, or the rectum itself (a condition called procidentia in which the rectum turns inside out and protrudes from the anus).

Whether or not Haemorrhoids are found, if there has been bleeding, the colon above the rectum needs to be examined to exclude important causes of bleeding other than Haemorrhoids. Other causes include, for example, colon cancer, polyps, and colitis (inflammation of the rectum and/or colon). This examination can be accomplished by either flexible sigmoidoscopy or colonoscopy, procedures that allow the doctor to examine approximately one-third or the entire colon, respectively.

MANAGEMENT

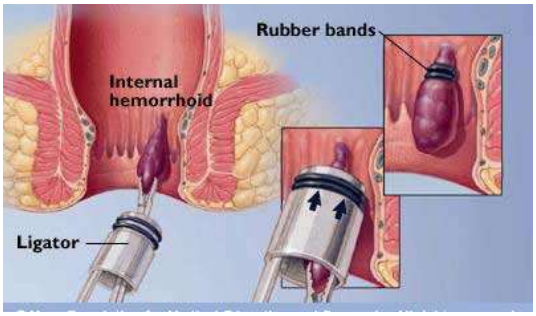
SURGICAL PROCEDURES FOR HAEMORRHOIDS

There are several nonoperative treatments for internal Haemorrhoids. All of them have the same effect. These procedures cause inflammation in the haemorrhoidal cushions, which then produces scarring. The scarring causes the cushions to shrink and attach to the underlying muscle of the anal canal.

This prevents the cushions from being pulled down into the anal canal. These treatments do not require anesthesia since they do not cause pain. (The treated area contains only visceral nerves.)

Sclerotherapy. Sclerotherapy is one of the oldest forms of treatment. During sclerotherapy, a liquid (phenol or quinine urea) is injected into the base of the haemorrhoid. Inflammation sets in, and ultimately scarring takes place. Pain may occur after sclerotherapy but usually subsides by the following day. Symptoms of Haemorrhoids frequently return after several years and may require further treatment.

Rubber band ligation. The principle of ligation with rubber bands is to encircle the base of the haemorrhoidal anal cushion with a tight rubber band. The tissue cut off by the rubber band dies and is replaced by an ulcer that heals with scarring. It can be used with first-, second-, and third-degree Haemorrhoids and may be more effective than sclerotherapy. Symptoms frequently recur several years later but usually can be treated with further ligation. The recurrence of symptoms may be less with ligation than with sclerotherapy.



The most common complication of ligation is pain, which may occur slightly more often than with sclerotherapy, but it tends to be mild. Bleeding one or two weeks after ligation occurs occasionally and can be severe. Bacterial infection may begin in the tissues surrounding the anal canal (cellulitis). Rarely, the infection spreads to the tissues within the pelvis and results in an abscess, or the infection may enter the bloodstream (sepsis). Infectious complications may be more common in patients who have defective immune systems, e.g., from AIDS, cancer, chemotherapy, or severe diabetes.

Heat coagulation. There are several treatments that use heat to kill haemorrhoidal tissue and promote inflammation and scarring, including bipolar diathermy, direct-current electrotherapy, and infrared photocoagulation. Such procedures kill the tissues in and around the Haemorrhoids and cause scar tissue to form. They are used with first-, second-, and third-degree Haemorrhoids. Pain is frequent, though probably less frequent than with ligation, and bleeding occasionally occurs. Sclerotherapy, ligation, and heat coagulation are all good options for the treatment of Haemorrhoids.

Cryotherapy. Cryotherapy uses cold temperatures to obliterate the veins and cause inflammation and scarring. It is more time consuming, associated with more posttreatment pain, and is less effective than other treatments. Therefore, this procedure is not commonly used.

Dilation. Forceful dilation of the anal sphincter by stretching the anal canal has been used to weaken the anal sphincter, the assumption being that the increased sphincter pressure is responsible for the Haemorrhoids. Unfortunately, the dilation frequently damages the sphincter itself and many patients become incontinent or unable to control their stool after dilation. For this reason, dilation is rarely used to treat Haemorrhoids.

Doppler ligation. Recently, the use of a special, illuminated anoscope with a Doppler probe that measures blood flow has enabled doctors to identify the individual artery that fills the haemorrho/idal vessels. The doctor then can tie off (ligate) the artery. This causes the haemorrhoid to shrink. The Doppler probe is expensive and seems to offer little advantage over rubber band ligation.

Sphincterotomy. Occasionally, the internal portion of the anal sphincter is partially cut in an attempt to reduce the pressure of the sphincter within the anal canal. This procedure is rarely used alone, and there is concern about incontinence (loss of control) of stool as a potential complication.

Haemorrhoidectomy. Non-operative treatment is preferred because it is associated with less pain and fewer complications than operative treatment. Surgical removal of Haemorrhoids (haemorrhoidectomy) usually is reserved for patients with third- or fourth-degree Haemorrhoids.

During haemorrhoidectomy, the internal Haemorrhoids and external Haemorrhoids are cut out. The wounds left by the removal may be sutured (stitched) together (closed technique) or left open (open technique). The results with both techniques are similar. At times, a proctoplasty also is done. A proctoplasty extends the removal of tissue higher into the anal canal so that redundant or prolapsing anal lining also is removed.

PREVENTION

- **Eat high-fiber foods.** Eat more fruits, vegetables and grains. Doing so softens the stool and increases its bulk, which will help lessen the straining that can cause Haemorrhoids.
- **Drink plenty of liquids.** The exact amount of water and other fluids you should drink each day varies and depends on your age, sex, health, activity level and other factors.
- **Consider fiber supplements.** Over-the-counter products such as Metamucil and Citrucel can help keep stools soft and regular. Check with your doctor about using stool softeners. If you use fiber supplements, be sure to drink at least eight to 10 glasses of water or other fluids every day. Otherwise, fiber supplements can cause constipation or make constipation worse. Add fiber to your diet slowly to avoid problems with gas.

- **Exercise.** Stay active to reduce pressure on veins, which can occur with long periods of standing or sitting, and to help prevent constipation. Exercise can also help you lose excess weight.
- **Avoid long periods of standing or sitting.** If you must sit for long periods, don't use an inflatable doughnut cushion to pad your chair. It can increase the pressure on the veins in the anus.
- **Don't strain.** Straining and holding your breath when trying to pass a stool creates greater pressure in the veins in the lower rectum.
- **Go as soon as you feel the urge.** If you wait to pass a bowel movement and the urge goes away, your stool could become dry and be harder to pass.

SELF-CARE

One can temporarily relieve the mild pain, swelling and inflammation of most haemorrhoidal flare-ups with the following self-care measures:

- **Keep the anal area clean.** Bathe (preferably) or shower daily to cleanse the skin around your anus gently with warm water. Soap isn't necessary and may aggravate the problem. Gently drying the area with a hair dryer after bathing can minimize moisture, which can cause irritation.
- **Soak regularly in a warm bath.** Do this several times daily.
- **Apply cold.** Apply ice packs or cold compresses on the anus to relieve swelling.
- **Push back a prolapsed haemorrhoid.** If a haemorrhoid has prolapsed, gently try pushing the haemorrhoid back into the anal canal.
- **Use a sitz bath with warm water.** A sitz bath fits over the toilet. You can get one at a medical supply store or some pharmacies.

These self-care measures may relieve the symptoms, but they won't make the haemorrhoid disappear.

Hahnemann says in his *organon* 9th Aphorsim- “In the healthy condition of man, the spiritual vital force (autocracy), the dynamic that animates the material body (organism), rules with unbounded sway and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purpose of our existence.”

10th Aphorism:- “ The material organism, without the vital force is capable of no sensation, no function, no self preservation; it derives all sensations and performs all the functions of life solely by means of the immaterial being(the vital principal) which animates the material organism in health and in disease”.

11th Aphorism:- When a person falls ill, it is only this spiritual self-acting(automatic) vital force, everyone present in his organism, that is primarily deranged by the dynamic influence upon it of a morbific agent inimical to life; it is only the vital principal, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for as a power invisible in it self, and only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is by morbid symptoms and in no other way can it make itself known”.

Close defines, “Life is the invisible, substantial, intelligent, individual, co-ordinating power and cause, directing and controlling the force involved in the production and activity of any organism possessing individuality”.

Health is that condition of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism and the normal development of the individual.

Disease is an abnormal vital process, a changed condition of life, which is inimical to the true development of the individual and tends to organic dissolution”.

Hahnemann says in the 80th Aphorism of his *organon* “ Incalculably greater and more important than the two chronic miasms, just named however, is the chronic miasm of psora, which whilst those two reveal their specific internal dichasia, the one by the venereal chancre the other by the cauliflower-like growths, does also after the completion of the internal infection of the whole organism, announced by a peculiar cutaneous eruption sometimes consisting only of a few vesicles accompanied by intolerable voluptuous ticking itching(and a peculiar odor),the monstrous internal chronic miasm-the psora, the only real fundamental cause and producer of all other numerous, I may say innumerable, forms of disease”.

Hahnemann, regarding psora says “ Psora is that most ancient, most universal, most destructive and yet misapprehended chronic miasmatic disease, which for many thousands of years has disfigured and tortured mankind and which during the last centuries has becomes the mother of all the thousands of incredibly various(acute and chronic) non-venereal diseases, by which the whole civilized human race on the inhabited globe is being more and more afflicted. At least seven-eight of all the chronic maladies spring from syphilis and sycosis, or from a complication of two of the three miasmatic chronic diseases or (which is rare) from a complication of all three of them”.

Regarding sycosis he says “First then concerning sycosis as being that miasma which has produced by-far the fewest chronic disease, and has only been dominant from time to time. This fig-wart disease, was treated almost always, in an inefficient and injurious manner, internally with mercury, because it was considered homogenous with the venereal chancre-disease. After the violent treatment of fig-warts by allopathic physicians, we often find developed

Psora complicated with sycosis when the psora as is often the case was latent before in the patient. At times when a badly treated case of venereal chancre disease had proceeded, both these miasms are conjoined in a three-fold complication with syphilis".

And regarding syphilis he says, "The second chronic miasma which is more widely spread than the fig wart disease and which for three and a half (now four) centuries has been the source of many other chronic ailments is the miasm of the venereal disease proper, the chancre-disease (syphilis)".

Hahnemann says in his *Organon-Aophrism79th* "Hitherto syphilis alone has been to some extent known as such a chronic miasmatic disease, which when uncured ceases only with the termination of life. Sycosis (the condylomatous disease) equally ineradicable by the vital force without proper medical treatment was not recognized as a chronic miasmatic disease of a peculiar character, which it nevertheless undoubtedly is and physicians imagined they had cured in when they had destroyed the growths upon the skin but the persisting dyscrasia occasioned by escaped their observation".

Kent says about Psora as " Psora is the beginning of all physical sickness. Had psora never been established as miasm upon the human race, the other two chronic diseases would have been impossible and susceptibility to acute diseases would have impossible. All the diseases of man are built upon psora; hence it is the foundation of sickness; all other sickness came afterwards". He writes about syphilis as, the books speak of the primary contagion as the only contagion in connection with the syphilitic miasm, but let me tell you something. Suppose we assume that the syphilitic miasm is disease that would run for a define time and suppose that an individual has gone through with the primary manifestation and is told by his physician that he can safety marry; if he marries his wife becomes an invalid; but she does not go through the primary manifestations the initial lesion and the roseola but she has the syphiloderma and the symptoms which belong to the later stage of the disease. This disease is transferred from husband to wife and it is taken up in the stage, in which it then exists from there goes on in a progressive way". He writes about sycosis as, "The majority of the cases of gonorrhea are acute, i.e. there is a period of prodrome, a period of progress and a period of decline, being thus in accordance with the acute miasms. The acute may really and truly be called as gonorrhea, because about all there is of it is this discharge. If the suppressive treatment be resorted to in the acute the system is sufficient vigorous in most cases to throw off the after effects. The suppression cannot bring on the constitutional symptoms called sycosis. It cannot be followed by fig-warts nor constitutional states such as anemia, but while constitutional symptoms cannot follow the suppression of the acute miasm. They will follow suppression of the chronic miasm and becomes very serious. Most of the cases of true sycosis that are brought before the physician at the present time are those that have been suppressed. And they are a dozen times more grievous than in the primary stage".

Ortega writes about psora as," Though this psora is the oldest most universal and most pernicious chronic miasmatic disease, yet it has been misapprehend more than any other. For thousands of years it has disfigured and tortured mankind and during the last centuries it has becomes the cause of those thousand incredibly different, acute as well as chronic, non-venereal diseases with which the civilized portion of mankind becomes more and more infected upon the whole inhabited globe. Psora is just as tedious as syphilis and sycosis unless it is thoroughly cured it lasts until the last breath of the longest life , not even the robust of constitution, by it own unaided efforts is able to annihilate and to extinguish psora". Regarding sycosis he writes," Sycosis is the miasm to constitutional state of excess of exuberance of ostentation, of flight. Morbific causes are aggressive, confronted with aggression the psoric condition produces inhibition while the sycotic one is stimulated to flight". Regarding syphilis he writes," The third miasm which we call syphilis, (and which, as suggested by Flores Toledom must be distinguished some what from its meaning in traditional medicine) is the constitutional state engendering perversion, i.e. destruction, degeneration, aggressiveness".

Hahnemann writes in his *organon* (Aphorism204), "If we deduct all chronic affections, aliments and diseases that depends on a persistent unhealthy mode of living as also those innumerable medical maladies caused by the irrational, persistent, harassing and pernicious treatment of diseases often only of trivial character by physicians of the old school, most of the remainder of chronic diseases result from the development of these three chronic miasms, internal syphilis, internal sycosis, but chiefly and in infinitely greater proportion internal psora. Each of these infections was already in possession of the whole organism and had penetrated it in all directions before the appearance of the primary, vicarious local symptom of each of them(in the case of psora the scabious eruption, in syphilis the chancre or the bubo and in sycosis the condylomata) that prevented their outburst and these chronic miasmatic diseases, if deprived of their local symptom, are inevitably destined by mighty nature sooner or later to become developed and to burst froth and thereby propagate all the nameless misery the incredible number of chronic disease which have plagued mankind for hundreds and thousands of year none of which would so frequently have come into existence, had physicians striven in a rational manner to cure radically and to extinguish in the organism, these miasms without employing local remedies for their corresponding external symptoms, relying solely on the proper internal homeopathic remedies for each".

Physical expressions of the miasms

The mind and body work together as a unit and the disturbances are expressed in both spheres.

- A.- Psoric Miasm: reaction of body on exposure to environmental stimuli to ones surroundings like noise, light, and odors, producing functional disturbances like headache, nausea, and discomfort.
- B.- Sycotic Miasm: hypersensitive response to something specific arising from a deficiency of the normal response like tumors, allergies, keloids. Deficient feeling gives rise to an increased attempt to repair the fault.
- C.- Syphlitic Miasm: Not manageable, finding destruction like gangrene, ulceration. Body and mind destroy itself, give-up.
- D.- Tuburcular Miasm: respiratory imbalance, weak lungs, offensive, head sweat, worse with exposure to cold, re-occurring epistaxis, bleeding gums, long eyelashes, craving for salt, enuresis, bleeding stools, milk disagrees causing diarrhea, anemic, weakness, ringworm, acne, white spots on nails, nightmares.

Personality types

- A.- Psoric Miasm: highs and lows, struggling with outside world, becomes apparent at times of stress, lack of confidence, constant anxiety feelings, fear, like he can't do it, insecurity, anxiety about the future but always having hope, mentally alert.
- B.- Sycotic Miasms: secretiveness, hide his weakness, tense, constantly covering up situations, fixed habits, suspicious, jealous, forgetful.
- C.- Syphlitic Miasm: strong pessimistic view on life, cannot modify what is wrong, give-up, destroy, no point in trying to adjust, sudden impulsive violence directed at himself or others, dictational rigid ideas. Mental paralysis, mentally dull, suicidal, stupid, stubborn, and homicidal.
- D.-Tuburcular Miasm: dissatisfaction, lack of tolerance, changes everything, does harmful thing to one's self.

General Nature of the Miasm

- A.-Psoric Miasm- itching, burning, inflammation leading to congestion.- philosopher, selfish, restless, weak, fears.
- B.-Sycotic Miasm: over production of growth like warts, condylomata, fibrous tissue, attack internal organs, pelvis, sexual organs.
- C.-Syphlitic Miasm- destructive, disorder everywhere, ulceration, fissures, deformities, ignorance, suicidal, depressed, memory diminished.
- D.-Tuburcular Miasm: changing symptomology, vague, weakness, shifting in location, depletion, dissatisfaction, lack of tolerance, careless "problem child", cravings that are not good for them.

Dermatological Symptoms of the Miasms

- A.-Psoric Miasm- dirty, dry, itching without pus or discharge, burning, scaly eruptions, eczema, cracks in hands and feet, sweat profuse < during sleep offensive.
- B.-Sycotic Miasm- Warty, moles, unnatural thickening skin, herpes, scars, nails are thick and irregular—corrugated, oily skin with oozing, disturbed pigment in patches.
- C.-Syphlitic Miasm- Ulcers, boils, discharge of fluids and pus offensive, slow to heal, leprosy, copper colored eruptions < by heat of bed, spoon shape thin nails that tear easily, gangrene putrid.
- D.-Tuburcular Miasm- ringworm, eczema, urticaria, herpes, re-occuring boils with pus and fever. Does not heal fast. Leprosy < by warmth of bed > by cold nails white spots.

Pains Of Miasms

- -Psoric Miasm: neurological type, sore, bruised, >rest <motion.
- -Sycotic Miasm: Joint pains, rheumatic pains are < cold, damp > motion, stitching, pulsating, wandering
- C.- Syphlitic Miasm: Bone Pains, tearing, bursting, burning
- D.- Tuburcular Miasm: Great exhaustion, never enough rest, sun> give strength.

Miasmetic Clinicals

- A.-Psoric Miasm: Acidity, burning, cancer, sarcomas, constipation, epilepsy, flatulence, hoarseness, itching of skin, leprosy, burning of spinal cord, watery discharge from nose and eyes with burning
- B.-Sycotic Miasm: Abortion, acne without pus, angina pectoris, anemia, appendicitis, cough (whooping), colic, pelvic disease + sexual organs, piles, prostatitus, nephritis (kidney), gout, arthritis, dry asthma, dysmenorrhoea, herpes, rheumatism, warts, urinary ailments.
- C.-Syphlitic Miasm: discharges putrefaction, blindness, boil in veins and bones, carcinomas, fistula, fungal infection of extremities, gangrene, hyperextension, bone marrow inflammation, insanity due to depression, leucorrhoea, rheumatism of long bones, skin disease with ooze + pus, sore throat, history of abortions, sterility, immature death, cardiac attacks, suicidal deaths, insanity, cancer, tuberculosis, ulcers of ear, nose, urinary organs, mouth
- D.-Tubercular Miasm: Aching pain in knees, swelling without any cause, asthma, bedwetting, cancer, carious teeth, destruction of bone marrow, diabetes, dry cough (barking), eczema, emaciation, epilepsy, extreme fatigue, weakness, glands enlarged, tonsils, influenza, insanity, obstruction of intestines, malaria, insomnia, nocturnal perspiration, palpitation, profuse haemorrhage of any orifice, pneumonia, ring worm, short temper, nasal coryza, worms.

The inheritance of the miasms is not genetic and actually takes place because the "vital force" of parents is tainted by such states. As observed with mother and father at time of conception. Miasms are seen to be transmitted to the offspring. It is not the pathology which shows the miasm but the state. The characteristics in that individual, keeping with the mental and physical state. The three together reflect the miasm. The mental = delusion and the physical = type of reaction. A disease state is usually a combination of miasms with it's main focus on one miasm,. It is important to perceive each miasmatic state of the remedy, in order to understand the disease state, because then we become aware of how a person perceives and react to his surroundings, how he perceives himself and how he reacts when things became unmanageable and stressful. We need to understand the remedy as how it's related to the miasm. This understanding comes from study of the symptoms both physical and mental. The understanding of the mental delusions of a particular miasm in a remedy. The delusion of that remedy must lie in that particular miasm.

Example: Arsenic (syphlitic) despair of recovery, suicidal disposition, weakness, feels unloved, insecure

Arsenic (psoric)"delusion sees theives"

Arsenic (sycotic) cannot trust people, obsessive, compulsive

There are only a few remedies that belong to one miasm : psora - psorinum, sycosis- medorrhinum, syphilis- syphilinum. To study one remedy "syphlinum" is to study a syphlitic miasm. Or a syphillis characteristic.

Rubics- antisocial, abusive, indifferent to the future, hopeless despair of recovery, desperation, his efforts are lost of no use. The situation is beyond his capacity to salvage it, manic tendencies, manic religiousness, Manic washing hands, yet hopeless so compensates into antisocial behavior. "I don't care" attitude, mind goes slow/ paralyzed, desire to kill, all fascists, all anarchists and exploiters in history are the product of the syphlitic miasm, Napoleon, Chritopher Columbus, Aedie Amin, Hitler. Will reguard appropriate both the death of an individual, or an atom bomb explosion over an entire town. The pathologies are concerned with destruction, ulceration, poor reaction, it's as if the body and mind decided to destroy itself because it sees no hope. Syphilis itself is a taint which slowly destroys, with a difficult death. Syphilis in a mother's body shows itself in forms of habitual abortions. The fetus is already in a process of self-destruction. "I wish I had never been born". Once we can understand the miasmatic element in a person we can see the out come of the case with certainty.

Why is it necessary for a homeopath to know the chronic miasms? Some might say as long as one prescribes according to the law of similia he cures his cases. The important factor here is "so long as he selects the most similar remedy as possible." The fact is, we cannot select the most similar remedy possible unless we understand the phenomena of the acting miasm.

The true similia is always based on the existing miasm. It makes the difference between fighting the disease in the dark and in bright light when one knows the underlying principle that fathers the phenomena. If one has no knowledge of the laws of action and reaction, how can we watch the progress of a case without a definite knowledge of the disease forces (miasms) with their mysterious and persistent progressions. So, if we can know nothing about the traits and characteristics of our enemy, it's impossible to wage war against the disease.

Theses things Hahnemann wrote about in his theory of disease. The physician skilled in anti-miasmatic prescribing dips deeper into the case and applies an agent that has a deeper and closer relationship with the prevented life force. The results are always better. "The suffering of the immediate vital principle which animates the interior of our bodies, when it is morbidly disturbed, produces symptoms in the organism that are manifest"——Organon

A knowledge of all miasmatic phenomena would be a complete knowledge of all that is known as disease. Hahnemann discovered the miasms due to the fact these ailments kept coming back, year after year. Even with the correct remedy given, still no permanent cure. Hahnemann's proof of the existence was the persistency of these chronic diseases considering, diet, hygiene, health still a come-back in the disease constantly repeating itself. They seem to come from within the organism itself, from some peculiar dynamis within, from something that was deranged. Within the life-force itself, inherent, internal, pre-existing within the dynamis. Hahnemann wrote in a footnote in "chronic diseases" about the third book of Moses (Leviticus) where the word psora is mentioned, given to eruptive diseases. The miasms run through our history from the beginnings. (Greek = psora = itch).

When complicated suppressive drugs came about, the psora also became complicated. Drugs such as arsenic, quinine, mercury used to suppress ailments became used more frequently. Soon a more malignant manifestation presented itself in forms of epidemics. When a suppression took place in an organism with two or more miasms present, all conditions magnified and intensified.

Observations

TABLE - I - AGE DISTRIBUTION IN GENERAL		
Sl No.	**Age Group**	**Total**
1	21 to 30	**09**
2	31 to 40	**13**
3	41 to 50	**04**
4	51 to 60	**04**
	Total	**30**

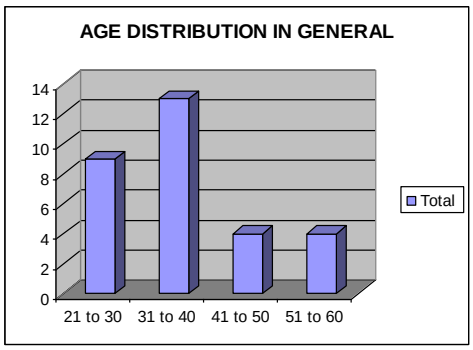


TABLE - II - MIASMATIC BACKGROUND OF CASES			
Sl. No.	**Miasm**	**No. of Cases**	**%**
1	Psora	10	33%
2	Sycosis	16	54%
3	Syphilitic	04	13%
	Total	**30**	

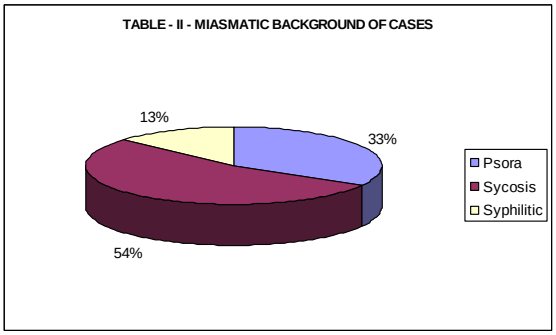


TABLE - III - DISTRIBUTION OF POTENCIES			
Sl. No.	**Potencies**	**No. of Cases**	**%**
1	30	08	27%
2	200	19	63%
3	1 M	03	10%

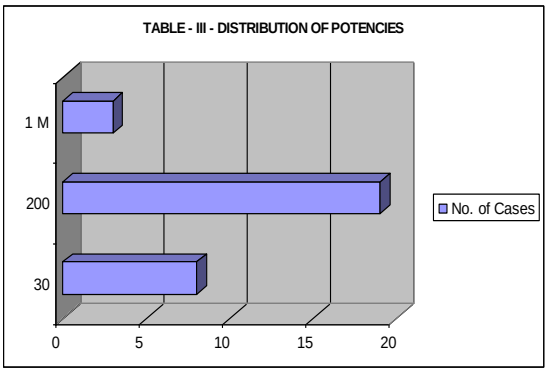


TABLE – IV - DISTRIBUTION OF SUSEPTIBILITY			
Sl. No.	**Susceptibility**	**No. of Cases**	**%**
1	Low	05	17%
2	Moderate	21	70%
3	High	04	13%

TABLE – IV DISTRIBUTION OF SUSEPTIBILITY

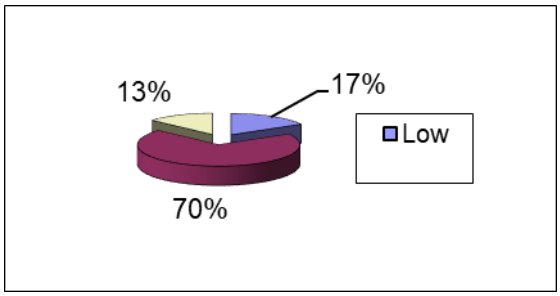


TABLE - V – DISTRIBUTION OF REMEDIES			
Sl. No.	**Remedy**	**No. of Cases**	**%**
1	Aesculus Hippo.	04	13%
2	Aloes Soc.	06	20%
3	Collinsonia	02	07%
4	Graphitis	01	03%
5	Hamamelis	05	17%
6	Lycopodium	02	07%
7	Nux Vomica	06	20%
8	Ratanhia	01	03%
9	Sepia	01	03%
10	Sulphur	02	07%
	Total	**30**	**100%**

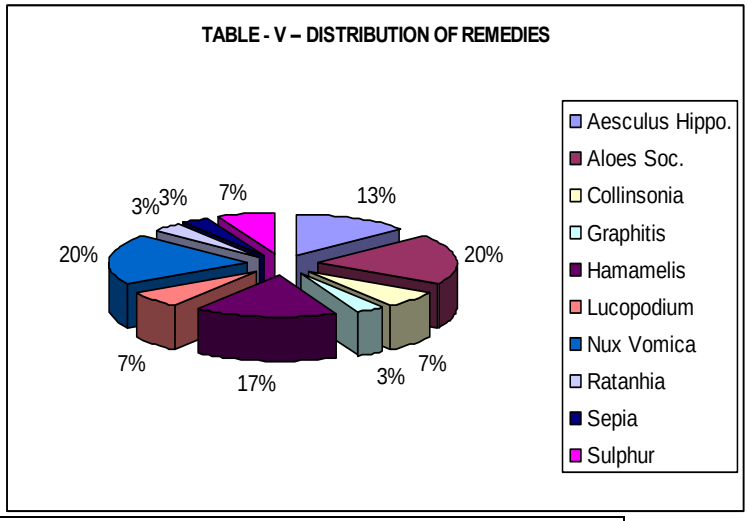
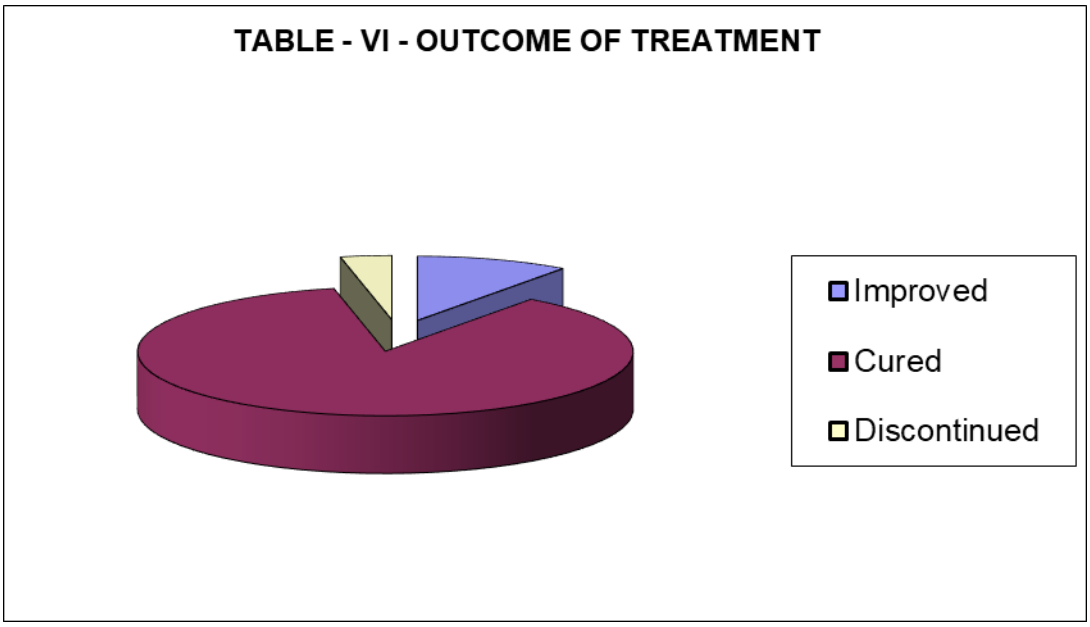


TABLE - VI - OUTCOME OF TREATMENT			
Sl. No.	**Out Come of Treatment**	**No. of Cases**	**%**
1	Improved	03	10%
2	Cured	26	87%
3	Discontinued	01	03%



Discussion

The case material taken for study in this Dissertation has been drawn after extensive practice based on integrated methodology. They represent a wide spectrum of Homoeopathic medical practice This spectrum covers the acute diseases caused by acute miasm and the acute exacerbation encountered in the course of management of Mental diseases, the chronic diseases caused by chronic miasms.

They vary in nature, type, mode of onset, suppression, palliation, emotional and in their extent of gravity.

Homeopathic case taking is an art and is so vital in treating the sick. The patient is allowed to let out all his troubles without our interpretation and is made to feel relieved at the end of the session having let out the bottled up emotions. The privacy should be maintained and the patient given liberty to speak.

Homoeopathic case taking permits no short cuts. A physician confining himself to enquiry of the presenting symptoms and trying to fix a remedy for it does deceive to the patient and robs himself of an opportunity to know the totality of the case. The general totality, his expression, the mental and physical generals of the patient have to be taken accurately. The physical appearance of the patient is also important and needs to be noted in the case. A tall, slim individual having a pointed chin and delicate eyelashes or a lean and lanky, dirty, stoop shouldered individual or a fair, fat and flabby child are self expressions of the remedy. The patients dream and his mental state provides a lot of information about the state of mind.

Inspite of wide variations in the cases, all of them were recorded as completely as possible. Every data pertaining to the different areas that could be ascertained was recorded. The chief complaint, the associated complaints, the physical the description of the patient his appetite, thirst, craving, dislikes, addiction, Idiosyncrasies, Sex functions , life space, sleep and dream, sensitivity to temperature, weather, form of posture, bath , approach to life, past and family history and the physical and pathological findings as well as findings obtained from specialized technology have also been recorded in each case.

In all chronic cases attempts were made to define the problem of the patient. This has facilitated by arranging the symptoms chronologically from the birth till the present time.

The uncommon symptoms were then arranged logically in that order, from causation, modalities, sensation including complaints in general as well as pathological generals, followed by mental generals to the characteristics particulars of the disease, keeping tag on the subtle changes occurring in the expression during their transit from one miasm to the other.

Once the above miasmatic cleavage was achieved, it permitted the formation of an evolutionary totality, from this point onwards the simillimum could be worked out by two methods Repertorial and the Non-repertorial. Where the simillimum becomes evident from the evolutionary totality. Itself the repertorization were not needed.

Since the patient was studied as a individual and the disease he suffered from was perceived as an evolutionary totality, it become imperative for studying the drug also in a similar fashion in the homeopathic materia-medica, so that the natural and artificial disease portraits could be compared for their similarity for the successful application of the law of similars.

The first and most essential criterion was to induct time into such a study. The second criterion was identifying the group of symptoms that were common to a disease and separate them from the uncommon one. The symptoms common to the group and those differentiating each member of it could also be separate for grater clarity. Thirdly the miasmatic evolution each drug had to be studied through the same potential differential field was constituted the by the drugs that had prominently emerged in the repertorization and rubrics considered for differentiating them.

Quite often during the management of a case, the indicated remedy fails to hold on after a certain length of time, giving a higher potency or increasing the frequency of reputation also fails bring the desired effect. It is obvious that there is a deep seated miasmatic block preventing the action of the remedy. This can be over come by the administration of a suitable intercurrent remedy. This remedy acts deep enough at the structural level having been determined by the indications available at the levels of predisposition and disposition of the patient. Nosodes act deep enough in the system and bring about lasting change. But by no means and intercurrent remedy has to be only a nosodes. Any antimiasmatic remedy from among those listed by Hahnemann in chronic disease for the different miasm could be indicated.

From the analysis of the results obtained, it is obvious that the **Homoeopathic medicines are very effective in the treatment of Haemorrhoids.**

Summary

The patient characteristics of present study are as follows:

‹ Prevalence of Haemorrhoids is found more frequently in the age group of 31-40 years (43.3%)

‹ 26 patients (87.00%) were found recovered with well selected simillimum.

‹Miasmatic prevalence as fundamental miasm is Sycotic miasm in 16 cases (53.33%) and Dominant miasm is Psora in 10 cases (33.33%).

‹The statistical scale used for the assessment of the effect of the treatment also showed significant improvement after treatment. Out of 30 patients more than half the number of cases that is **26 (87.00%)** patients got tremendous improvement within **7** months.

‹Out of 30 cases, 26 cases [87.00%] completely cured. 03 cases [10%] showed a significant improvement after the Homoeopathic treatment. It indicates the efficacy of the application of the holistic science.

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