



## Scope of Homoeopathy in the Management of Haemorrhoids

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### ABSTRACT

Hemorrhoids are common in the general population. Its prevalence in India is 47/1000 (according to NIH), which is probably higher than what is seen in clinical practice, as most patients do not seek medical attention.

It affects men and women of different ages.

Patients with hemorrhoids are the people who suffer the most. These patients are usually in pain, often anxious and often embarrassed about the examination.

We therefore wanted to focus on these diseases and investigate the effect of homeopathic medicines on hemorrhoids.

The effort was to integrate all the options that can help us solve the difficulties that patients face in the treatment of hemorrhoids.

An observational study was conducted with a sample size of 30. An individualistic approach was adopted in each case of hemorrhoids so that the complete phenomenon of the disease could be understood and prejudices avoided. The study concludes that homeopathic medicines are effective in the treatment of hemorrhoids.

**KEYWORDS:** Haemorrhoids, Piles, Homoeopathic Treatment, Homeopathy and Homeopathic Medicine.

### INTRODUCTION

Hemorrhoids are distal displacement and prolapse of hemorrhoidal cushions, distension of hemorrhoidal arterio-venous anastomoses, or dilation of the veins of the internal hemorrhoidal venous plexus due to damage to the anchoring connective tissue. Common symptoms include pain, itching, swelling, anal discomfort, and rectal bleeding; all of which severely affect the patient's quality of life. This condition affects 39-52% of adults. The prevalence of hemorrhoids is extremely high in Western and other industrialized societies, with millions affected worldwide. However, the true burden of disease is difficult to capture because many patients are reluctant to seek medical referrals for a variety of personal, cultural, and socioeconomic reasons. The prevalence of hemorrhoids in India is around 40 million according to recent surveys. Several risk factors have been postulated as etiologies for the development of hemorrhoids, including aging, obesity, depression, pregnancy, chronic constipation and diarrhea, low-fiber diet, spicy foods, and alcohol intake. Hemorrhoids are generally classified by their location; internal (emerges above the dentate line and is covered by anal mucosa), external (emerges below the dentate line and is covered by endoderm) and mixed type. Internal hemorrhoids are further classified according to their appearance and degree of prolapse:

- Grade I: Non-prolapsing hemorrhoids;
- Grade II: Prolapsing hemorrhoids on exertion but spontaneously decreasing;
- Grade III: Prolapsed hemorrhoids requiring manual reduction; and
- Grade IV: Irreducible prolapsing hemorrhoids, which include acutely thrombosed, incarcerated hemorrhoids.

Treatment options depend mainly on the type and severity of hemorrhoids, the patient's preferences and the expertise of the doctors. Current therapies can be grouped into conservative treatment, office procedures and surgical treatment. Conservative treatment options for nonthrombotic hemorrhoids include increased fiber intake, drug therapy, and lifestyle changes. The main goal of medical treatment is to control the acute symptoms of hemorrhoids rather than to cure the underlying hemorrhoids. In-office procedures include rubber band ligation, injection sclerotherapy, laser photocoagulation, bipolar diathermy, cryotherapy, Doppler-guided hemorrhoidal artery ligation, and infrared coagulation; however, they are not suitable for all degrees of hemorrhoids and have known complications. If office treatment is still ineffective, patients may consider further intervention such as hemorrhoidectomy, external hemorrhoid thrombectomy, and sutured hemorrhoidectomy; however, no single technique was universally accepted as superior. Based on clinical

practice, surgery is believed to be effective for severe prolapsed hemorrhoids, but postoperative complications such as relapse, pain, prolonged recovery, fecal urgency, and anal stenosis are difficult to deal with. there is still consensus on treatment strategies.

Homeopathy is one of the most popular among traditional, complementary or alternative medicines. According to its "law of similar", homeopathy treats patients with a drug that causes similar symptoms in a healthy person. Thus, the same diagnosis can be treated with different drugs in different patients ("individualization") depending on the "completeness of symptoms" and the consideration of various complex issues (eg, "sensitivity", "miasma", etc.). Homeopathic literature reports anecdotal data on the usefulness of homeopathic remedies for hemorrhoids. Although remarkable cures for hemorrhoids using homeopathic remedies have been reported in randomized clinical trials, the research evidence remains seriously compromised. Until recently, a single-blind, randomized, placebo-controlled trial of homeopathic use of 50 millesimal potencies in acute attacks of hemorrhoidal disorders was published, demonstrating the effectiveness of individualized homeopathic treatment. Another recent work reports hemorrhoids as one of the most common clinical conditions in homeopathic hospital surgical and medical outpatients in West Bengal, India, and is treated with a significant success rate of 60.3-82.3%. This study aimed to investigate the role of individualized homeopathic remedies in the treatment of hemorrhoids in an open observational study under real-world conditions.

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## REVIEW OF LITERATURE

Hemorrhoids are a frequently observed entity in everyday practice

Every general practitioner sees a large number of patients who suffer from problems associated with venous insufficiency

Two of the most common manifestations of venous insufficiency are varicose veins and hemorrhoids

More than 40 percent of people worldwide suffer from hemorrhoids at some point in their lives

Poor lifestyle, sedentary lifestyle, lack of exercise are the most common causes of hemorrhoids

Hemorrhoids are a vascular structure in the anal canal that helps control stool, they become pathological or accumulate when there is swelling or inflammation

In its physiological state, it acts as a cushion composed of arterio-venous channels and connective tissue, which help the passage of stool.

Symptoms of pathological hemorrhoids depend on the type present. internal hemorrhoids are usually manifested by painless rectal bleeding, external hemorrhoids by pain in the anus area Recommended treatment consists of increased fiber intake, oral fluids to maintain hydration, NSAID analgesics, sitz baths and rest.

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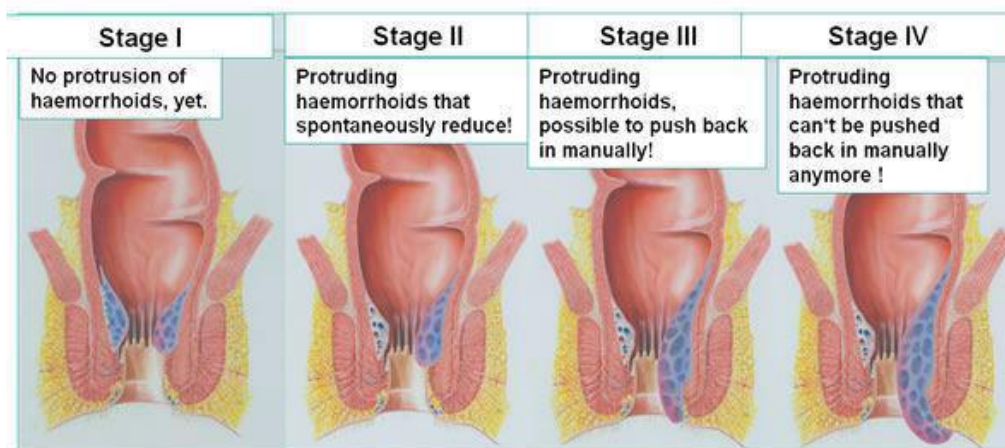
## HEMORRHOID

### DEFINITION

Hemorrhoids (also known as hemorrhoids or haemorrhoids) are enlarged and congested blood vessels in or around the anus. They are varicosities or swellings and inflammations of the hemorrhoidal plexus of veins located in the loose submucous sheath of the anal canal and the lower part of the rectum. They can be bleeding or non-bleeding.

**GRADING OF HAEMORRHOIDS**

## Grading of Haemorrhoids/Piles

**EXTERNAL HEMORRHOIDS**

They are those that occur outside the anal rim (distal end of the anal canal) under the skin. This is less common than internal hemorrhoids. Sometimes they are painful and may be accompanied by swelling and irritation. Itching, although often considered a symptom of external hemorrhoids, is more often caused by skin irritation

**INTERNAL HEMORRHOIDS**

They are those that occur inside the anus or anus above Hilton's line and are covered with mucous. Because this area lacks pain receptors, internal hemorrhoids usually don't hurt, and most people don't realize they have them. However, internal hemorrhoids can bleed when irritated.

Internal hemorrhoids can be divided into two main types –

- (a) Vascular hemorrhoids in which there is extensive dilatation of the terminal superior hemorrhoidal Venus plexus—common in younger individuals, especially men
- (b) Mucous hemorrhoids – in which the thickened mucous membrane that covers the underlying veins is shed.

For practical purposes, internal piles can be divided into four grades:

Hemorrhoids of the 1st or 1st degree - are those in which the hypertrophy of the internal hemorrhoidal Venus plexus remains completely in the anal canal, because the mucosal suspensory ligaments remain intact. Patients at this stage usually have rectal bleeding and discomfort or irritation. Bleeding is the predominant symptom, which has clear blood and occurs during defecation as a splash in the pelvis. It can take months or even years. These are small swellings on the inner lining of the rear passage that cannot be seen or felt from outside the anus. Grade 1 hemorrhoids are common. In some people, they further increase to grade 2 or more.

2nd or 2nd degree hemorrhoids - occur when the internal hemorrhoids continue to hypertrophy and the mucosal suspensory ligaments loosen and the piles descend so that they protrude during defecation, but then spontaneously reduce. A small skin tag, mucus discharge, soreness and irritation may occur.

Grade 3 or 3 – Hemorrhoids are those that prolapse during defecation but require manual replacement. He may feel one or more small, soft lumps hanging from the anus. However, they can be pushed back inside the anus with a finger. The mucosa overlying such hemorrhoids undergoes squamous metaplasia. Mucous discharge and pruritis ani become difficult and anemia becomes apparent.

Grade 4 or 4 Hemorrhoids – Permanently hanging down from the anus and cannot be pushed back in. Sometimes they become quite large. Untreated internal hemorrhoids can lead to two serious forms of hemorrhoids: prolapsed and strangulated hemorrhoids: Prolapsed hemorrhoids are internal hemorrhoids that are so distended that they are pushed out of the anus.

**INTERO-EXTERNAL HEMORRHOIDS.**

If the anal sphincter muscle spasms and traps a prolapsed hemorrhoid outside the anus, the blood supply is cut off and the hemorrhoid becomes a strangulated hemorrhoid. Some people have internal and external hemorrhoids at the same time. This condition where both varieties coexist is called intero-external hemorrhoids.

ETIOLOGY: Causes of hemorrhoids include:

i) Hereditary - often seen in members of the same family, there must be a genetic predisposition such as weak rectal vein walls and/or valves. Due to poor muscle tone or poor posture, straining during a bowel movement can put too much pressure on the rectal veins.

ii) anatomical - internal hemorrhoids have long been assumed to be a natural consequence of human adaptation to upright posture, (a) absence of valves in the superior hemorrhoidal veins, (b) veins pass through the rectal musculature 10 cm above the anus causing vein occlusion and congestion during defecation, (c) The radicles of the superior rectal vein lie without support in the loose submucosal connective tissue of the rectum.

iii) Excitatory factors – Parks suggested that straining to expel constipation causes dilatation of the venous plexus. As soon as the venous plexus would dilate and also partially prolapse with each bowel movement, the mucosal suspensory ligament would be stretched. Excessive purging and diarrhea of colitis, dysentery, enteritis, etc. aggravate latent hemorrhoids. Other factors that can affect the course of hemorrhoids, especially in people with a genetic predisposition, are obesity and a sedentary lifestyle.

iv) Physiological causes - some surgeons have recently considered the extensive venous plexus of the superior anal canal to be physiological. The pathology of the so-called hemorrhoidal plexus is actually a corpus cavernosum with direct arteriovenous communication. This plexus is called the corpus cavernosum rectum, which is a normal component in the upper third of the anal canal. Hyperplasia of the corpus cavernosum of the rectum may be the result of a failure of the mechanism controlling arterial venous shunts producing superior varicosity of the hemorrhoidal veins and thus hemorrhoids.

v) Squatting – Using a squat toilet is believed to reduce strain and thus reduce the incidence of hemorrhoids. However, medical research on this topic is scarce and there is no clear evidence for this hypothesis. Hemorrhoids are very rare in countries where people squat to defecate, but this epidemiological argument does not necessarily prove causation.

vi) Diet

1. Inadequate hydration (caused by not drinking enough water or drinking too much diuretic fluid such as coffee or cola) can cause hard stools, which can lead to irritation of hemorrhoids.

2. Excess lactic acid in the stool, a product of overconsumption of dairy products such as cheese, can cause irritation, so reducing consumption can provide relief.

3. Vitamin E deficiency is also a common cause.

4. Excessive alcohol consumption can cause diarrhea, which in turn can irritate hemorrhoids.

5. They are said to be more common in countries where the diet is traditionally more processed and low in fiber.

**SECONDARY HEMORRHOIDS**

The main causes are those things that cause the pressure in the abdomen to increase.

Those who are chronically strained by constipation. After or during pregnancy - Fetal pressure in the abdomen, as well as hormonal changes

Rectal cancer – compresses the upper rectal veins and causes hemorrhoids.

Uterine tumors can compress veins and cause hemorrhoids

Difficulty urinating – a stricture of the urethra or an enlarged prostate will cause an increase in intra-abdominal pressure and thus an increase in venous pressure and the formation of hemorrhoids.

Hemorrhoids may also result from portal hypertension due to portacaval anastomoses.

People with hard work.

**CLINICAL SIGNS**

Bleeding – the main and earliest symptom, especially after a bowel movement. At first it is weak, bright red, painless and occurs along with defecation. The patient complains that the stool splashes into the pelvis when passing. This can take months or even years. Along with this, many surgeons believe that hemorrhoids can be divided into two main types

1) Vascular hemorrhoids

2) Mucous hemorrhoids, in which the thickened mucosa slides downwards. This mucous hemorrhoid along with prolonged dilatation of internal hemorrhoids can also cause 3rd degree hemorrhoids or prolapsed hemorrhoids.

Prolapse – is a later symptom. Initially, the prolapse is minimal and occurs only during stool and reduction is spontaneous. They do not need to reduce themselves over time, but must be digitally replaced by the patient. Still later, prolapse occurs during the day in addition to defecation often when patients are tired or exerting themselves. It causes discomfort and a feeling of heaviness in the anus, but is usually not acutely painful.

According to prolapse, hemorrhoids can be divided into four grades

FIRST DEGREE - hemorrhoids do not come out of the anus

SECOND DEGREE - hemorrhoids come out only during defecation and spontaneously decrease after defecation

THIRD DEGREE - hemorrhoids only come out during defecation and do not return on their own, but must be manually replaced and then remain reduced.

FOURTH DEGREE - hemorrhoids that are permanently prolapsed. At this stage we complain of great discomfort with a feeling of heaviness in the anus.

Discharge – Mucous discharge is a common symptom of prolapsed hemorrhoids, which softens and peels the skin in the anus and is caused by the blood-filled mucous membrane. Pruritis will not be caused by such discharge of mucus.

Pain - absent unless complications arise.

Itching (Pruritis ani) – Although itching of the anus is not a symptom of hemorrhoids, if they are painful, it can be difficult to keep the area clean, which can lead to itching from mucous discharge.

Anemia - Very rarely, blood loss from hemorrhoids can cause anemia and is seen in long-term cases of hemorrhoids with profuse and persistent bleeding, but it is almost never serious and can be avoided with early treatment.

Various symptoms – such as often feeling like something is coming down, or a lump or lump in the anus. A feeling of incomplete emptying of the bowels even after a bowel movement.

These symptoms occur with both internal and external hemorrhoids. If the hemorrhoids are external, they will have a painful swelling or lump around the anus. They may be gently pushed back into the anus with a finger, or they may return on their own. However, an internal hemorrhoid may protrude through the anus like a grape and recede. Sometimes the mass prolapses and always protrudes outside the anus.

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## HOMOEOPATHIC APPROACH

The homeopathic system of medicine arose from the perfect observation, infallible interpretation, rational explanation and scientific construction of the great Hahnemann from the simple unknown principle of the natural law *similia similibus curentur*. In this noble and noble system, diseases are treated according to the similarity of symptoms with a single medicine in minute doses, resulting in a quick, gentle and permanent cure.

The very basis of homeopathic practice considers a person not only as an individual, but as a whole in itself, all parts of which form a well-balanced whole. Therefore, homeopathy does not consider any part as diseased, but considers the manifestation of disease in one part in relation to the whole person.

Illness is considered a dynamic disorder of the vital force within a person and manifests outwardly as signs and symptoms perceptible by our senses. With this dynamic disorder man is afflicted in a totum which rationally requires constitutional management for the eradication of the disease, which completely leads to a permanent restoration of health, which inevitably prevents its recurrence and transmission to posterity, and this can only be achieved through symptomatic individual antimiasmatic constitutional treatment administered by the homeopathic system.

In homeopathy, hemorrhoids are not treated as local, but as a disorder of the dynamic vital force, which manifests itself in signs and symptoms of bleeding, pain, itching, and prolapse, and is corrected only by dynamic medicines capable of artificially inducing similar ailments. in healthy individuals in a safe, gentle and effective way.

Homeopathy deals not only with curative management, but also with general disease management. General management includes diet and regimens to be followed in chronic diseases, which is well explained in his works by Dr. Hahnemann.

1) Medicine: There is nothing specific about homeopathy. Each medicine acts on the basis of its individualistic properties, as individualization is the basic principle of homeopathy both in the disease, the patient, and in medicine. However, the repertoire reveals a group of drugs that have a greater preponderance in the rectal area with symptoms of bleeding, itching, prolapse, mucus discharge, pain and constipation. They are discussed in the repertoire representation section.

2) Dose: In addition to choosing the most similar homeopathic medicine, the homeopathic doctor must also be aware of some other vital facts, which include the correct dose and potency of the chosen medicine.

3) Potency: In general, it can be stated that any curable diseases can be cured by any potency when the indicated medicine is administered; but that the treatment can be significantly accelerated by choosing the potency or dosage suitable for the individual case. Sc191. This choice depends on the

susceptibility of the patient, the location of the disease, the nature and intensity of the disease, the stage and duration of the disease, and the previous treatment of the disease.

4) The only remedy: "It is useless to use many means where simplicity achieves its purpose."

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## MIASMATIC ANALYSIS OF RECTAL SYMPTOMS

In Aphorism 5 (26) Hahnemann says: "Physicians are useful in helping him to cure, details of the most probable exciting cause of an acute disease, and also of the most significant points in the whole history of a chronic disease. enable him to discover its root cause, which is generally due to chronic miasma. These examinations take into account the ascertainable physical constitution of the patient (especially in the case of a chronic disease), his way of life and habits, his social and domestic relations, his age, sexual functions, etc.'

In Aphorism 80 (26) Hahnemann also says: "However, incalculably greater and more important than the two chronic miasmata just named is the chronic miasma of Psora, which, while the latter reveal their specific internal dyscrasia, that caused by genital chancre. , the second in cauliflower as outgrowths, also does after the completion of the internal infection of the whole organism; heralded by a peculiar skin eruption, sometimes consisting only of a few vesicles accompanied by an intolerable sensuous tickling itch (and a peculiar odor), a monstrous internal chronic miasma - psora, psora being the only real root cause and the originator of all the other numerous.

Hahnemann's discovery of chronic miasmata was a fatal blow to the misconceptions about the etiology of disease in his time, and it is still true today, although a hundred years and an army of thinkers lie between them. and investigators in this direction arose, and many of them departed this life, for Hahnemann said that Psora was the parent or elemental element of all that is known as disease."

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## CONCLUSION

This study was designed to study the usefulness of homeopathic medicine in hemorrhoids. A total of 30 cases were selected according to the inclusion and exclusion criteria.

After a detailed observation and analysis of 30 cases of hemorrhoids, the following conclusion was drawn

- 1) the prevalence of hemorrhoids is common in both men and women and is not limited to any particular gender. It is 53.% for men and 47% for women.
- 2) Incidence of hemorrhoids cases studied, age groups were considered. 11 Cases of age group 16 to 30 years, 13 cases of age group 31 to 45 years, 4 cases of age group 46-60 years and 2 cases of geriatric age group 61-75 years were treated.
- 3) In 30 cases, 50% of patients have low sensitivity, 30% have medium sensitivity and 20% have high sensitivity
- 4) out of 30 cases, 4 cases treated with nux vomica, 6 cases treated with phos, 1 case treated with lachesis, 2 cases treated with sepia, 7 cases treated with sulfur, 1 case treated with lychee, 1 case treated with chin, 1 case treated with thread. acid, 4 cases treated with nat. Mur, 1 case treated with staphylococcus. , 1 case treated with hamemalis, 1 case treated with kali carb.
- 5) Out of 30 cases of hemorrhoids, 2 cases have psoric miasm, 5 cases syphilitic miasm and 23 cases sycotic miasm.
- 6) Average pain rating before treatment was 5.66 and after treatment it decreased to 2.33 for hemorrhoids

From the evaluation of the results obtained after the statistical analysis of the pain scores before and after the treatment, it is clear that the constitutional drugs selected on the basis of the summary of symptoms are highly effective in the treatment of hemorrhoids.

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