



HERBAL TREATMENT FOR HAEMORRHOIDS

Reema Rani¹, Dr. Rupali Tasgaonkar¹, Radhika Kokate¹, Shubham Kapse¹, Omkar Kare¹

¹Yadavrao Tasgaonkar Institute of Pharmacy, Bhivpuri Road, Karjat

ABSTRACT :

One of the most frequent causes of anal pathology is haemorrhoids. Consequently, individuals and medical experts attribute almost any anorectal complaint to hemorrhoids. Because the term "haemorrhoid" has been used to describe both normal and diseased anatomical features, confusion frequently results. The use of herbs to cure haemorrhoidal venous cushions is the focus of this essay. Unless there has been a previous intervention, haemorrhoidal venous cushions are ubiquitous and typical anorectal structures. They are frequent causes of anal pathology due to their rich vascular supply, extremely sensitive position, and propensity for engorgement and prolapse. The symptoms might vary from minor irritations like itching to serious ones like rectal hemorrhage. Although many people are too ashamed to ever seek therapy, it is a common illness diagnosed in professional practice. As such, it is unknown how common pathologic haemorrhoids actually are. As an alternative to current surgical treatments, home remedies and herbal remedies for haemorrhoids are described, along with their contraindications.

Keywords : Hemorrhoids, Hemorrhoids venous cushions and Rectal bleeding

INTRODUCTION :

Venous oedema and inflammation in the rectum and anus are known as haemorrhoids. "Haemorrhoids" are officially "cushions of tissue filled with blood vessels at the junction of rectum and the anus," according to anatomical terminology [1]. Nonetheless, the phrase is frequently used to describe the haemorrhoid tissue's varicosity. Sometimes, perianal hematomas are mislabeled as haemorrhoids and misdiagnosed, but they have separate origins and therapies. Leaning to move stool can cause haemorrhoids [2]. Pregnancy, ageing, persistent diarrhoea or constipation, and anal intercourse are other contributing factors. Haemorrhoids can be found beneath the skin around the anus externally or inside the anus internal [3]. There are two distinct sources from which haemorrhoids form. The blood from the anus and lower rectum is drained by two pairs of veins [4]. Internal hemorrhoids can develop from swelling of the internal veins. Unlike external hemorrhoids, internal hemorrhoids are invisible unless they are very severe [5]. External haemorrhoids can also develop from swelling of the external veins. On the outside of the anus, external haemorrhoids are visible and frequently palpable [6].

CHRONOLOGICAL INSPECTION OF HAEMORRHOIDS :

Both men and women are thought to be susceptible to haemorrhoids [7]. Every culture's old medical texts include reference to haemorrhoids. Hippocrates first used the term "haemorrhoids," which comes from the Greek words "haema" (blood) and "rhoos" (flowing), to refer to the flow of blood from the anus's veins [8]. Since this illness may not always be accompanied by bleeding, the term piles is more appropriate for this ailment. The word pile is derived from Latin and means a mass [9]. According to John Andrene, the French refer to them as figs, which means to clot, whereas the general public calls them piles and the nobility haemorrhoids [10].

HISTOLOGY OF HAEMORRHOIDS :

Every person has haemorrhoidal tissue, which are cushions of tissue in the anal canal that contain blood vessels and supporting tissue composed of muscle and elastic tissue [11]. Haemorrhoids are categorised based on their anatomical origin. External haemorrhoids originate below the dental line and have an epithelial component, while internal haemorrhoids are composed of the superfluous mucus membrane of the anal canal and originate above the dentate line [12]. The degree of tissue descent into the anal canal determines the further grading of internal haemorrhoids or real haemorrhoids. The first of haemorrhoids "The mucosa hardly prolapses, but the anal sphincter may close and trap it under extreme effort" [13]. Venous congestion then sometimes happens, which causes pain and/or bleeding. Haemorrhoids of the second degree "The patient complains of an obvious lump with further mucosal protrusion, but this goes away quickly and spontaneously after defecation unless thrombosis occurs [14]." Haemorrhoids of the third degree "The anal sphincter dilates as a result of the haemorrhoids' continuous prolapsing in chronic haemorrhoidal disease, and the hemorrhoids protrude with little provocation and typically need to be replaced manually [15]." Haemorrhoids of the fourth degree Unless the patient replaces them, lies down, or raises the foot of the bed, these are constantly protruding and are typically referred to as external haemorrhoids. The dentate line likewise stretches in these fourth-degree haemorrhoids, and there is a changeable external component made up of permanent, superfluous perianal skin [16]. Three main haemorrhoidal cushions, referred to as the 3, 7, and 11 o'clock positions of the anal, are often derived from the right posterior, right anterior, and left lateral positions based on the lithotomy posture [17].

DIAGNOSIS OF HAEMORRHOIDS :

It is wise to conduct a comprehensive evaluation, which includes a rectal examination, a proctoscopic examination, and in certain situations, a sigmoidoscopy or colonoscopy, if the patient experiences rectal discomfort, swelling, pain, discharge, and blood during defecation [18]. In addition to performing a close rectal examination using a gloved, lubricated finger to feel for irregularities, the doctor will inspect the anus and rectum for enlarged blood vessels, which are indicative of haemorrhoids [19]. An anoscope is a hollow, illuminated tube that is effective for viewing internal haemorrhoids. Since there is no pain until difficulties arise, any patient who complains of "painful haemorrhoids" should be suspected of having another ailment and evaluated appropriately [20]. It is best to consult a physician if a patient experiences rectal bleeding because haemorrhoids can mimic the symptoms of several other illnesses, such as colon cancer, anal or rectal carcinoma, and other digestive issues [21].

ETIOLOGY :

There is no recognised cause for haemorrhoids [22]. Temperament, bodily habits, customs, passions, sedentary lifestyles, tight-fitting clothing, climate, and seasons are some of the early causes that have been suggested [23]. In addition to constipation, recurrent diarrhoea, poor toilet habits, delaying bowel movements, and a low-fiber diet, haemorrhoids are common in people with spinal cord injury [24]. Recent research has linked increased intra-abdominal pressure to a variety of factors, such as prolonged forceful Valsalva defecation, pregnancy-related venous outflow obstruction, constipated stool in the rectal ampulla, genetic predisposition, gravity, and intrinsic blood vessel wall weakness [25]. Severe haemorrhoids may result from portal occlusion caused by alcoholic cirrhosis or other conditions. It is less common, but far more significant, for haemorrhoids to be a reflection of collateral anastomotic channels that form due to portal hypertension [26].

- a) Haemorrhoids may result from increased straining during bowel motions brought on either diarrhoea or constipation. As a result, it is a prevalent condition among women who are menstruating or having premenstrual syndrome because of constipation brought on by water retention [27].
- b) Because of the portocaval anastomoses—connections between the portal vein and vena cava—that take place in the rectal wall, hypertension, especially portal hypertension, can also result in haemorrhoids [28].
- c) Elevated rectal vein pressure is a contributing factor to obesity. The rectal veins may be too compressed as a result of poor posture or muscle tone [29].
- d) Pregnancy is frequently linked to haemorrhoids since it can cause hypertonia and increase strain during bowel movements [30].

SIGNS AND SYMPTOMS :

In most cases, haemorrhoids are not harmful or fatal. Usually, haemorrhoidal symptoms disappear in a few days.

Internal haemorrhoids: The most typical sign of internal Bright red blood coating the faeces (hematochezia), toilet paper, and/or toilet bowl is known as hemorrhoidal radiation. The internal haemorrhoid may painfully and irritably emerge through the anus. The term "protruding haemorrhoid" describes this [31].

External Haemorrhoids: Painful swelling or a hard lump around the anus that develops when a blood clot forms are signs of external haemorrhoids. A thrombosed external haemorrhoid is the term for this condition [32]. Prolapsed haemorrhoids are a condition that can result from haemorrhoids. When the internal haemorrhoids expand and spread via the anus, this happens. From the outside, you may then feel the haemorrhoids near your anus. In many cases, the issue can be resolved by gently pushing the haemorrhoids back through the anus [33]. The haemorrhoids may expand even more and become trapped outside of the anus if they are unable to be moved back [34]. You will need to consult a doctor if your haemorrhoids become trapped.

TREATMENT :

HOME REMEDIES FOR HAEMORRHOIDS

Relieving symptoms, not enhancing the anal canal's appearance, should be the goal of treatment for piles (haemorrhoids). Constipation and piles have been linked for ages, and it is often advised to alter one's diet to avoid constipation and straining. According to one study, a high-fiber diet reduces symptoms more effectively than a placebo. The fibre treated group with first and second degree piles showed a notable improvement in another trial that used ispaghula husk [35].

- Add some powdered black mustard to a bowl of yoghurt. Be sure to chew the mustard gently while eating it. This is followed by a glass of buttermilk.
- Soak pomegranate peels in a dish of water. Set the dish over a fire and bring the water to a boil. Switch off the heat, strain the mixture, and allow it to cool. This should be consumed once in the morning and once at night.
- Use cow's milk to make some buttermilk. To this, add rock salt, ginger, and peppercorns. Consume this concoction twice day.
- Aescin, a saponin found in horse chestnut extract (*Aesculus hippocastanum*), possesses venotonic, anti-inflammatory, and anti-edema properties. Aescin strengthens the vein's support structure by improving vein wall tone.
- In order to reduce the aggravation of pre-existing haemorrhoids, eating a diet high in fibre and drinking lots of water aid to make the stool softer and easier to pass.
- For bleeding piles, leave 1/4 litre of goat's milk overnight to curdle. Add the same amount of carrot juice in the morning and blend. Sip this concoction.
- Having bowel movements while crouching.
- Radish works well to cure piles. Juice the white radish and combine it with honey. Put this mixture on the area that is impacted. The treatment of piles will benefit from this.

- Natural botanicals like Butcher's Broom, Horsechestnut, Hem-eez, and bioflavonoids can be a useful adjunct to haemorrhoid treatment, and dietary supplements can help treat and prevent numerous haemorrhoid issues.
- Mash a ripe banana in a cup of milk. To relieve the pain associated with piles, take this mixture three or four times a day.
- Leave three or four figs in a glass of water to soak overnight. Eat them first thing in the morning when you're not hungry.
- Squeeze out the bitter gourd leaves. Mix two teaspoons of this juice with a glass of buttermilk and drink it every morning on an empty stomach.
- Take out roughly 150 millilitres of turnip juice. After mixing this juice with any other vegetable juice, like spinach, watercress, or carrots, drink it.
- Increase your intake of dry figs, Indian gooseberries, papayas, radishes, bitter gourds, turnips, onions, rice, wheat, mango seeds, sesame seeds, and Java plum (black berry) fruits.
- Yoga poses are another option. The greatest yoga poses for piles are bow pose and cobra pose.
- To help your body rid itself of waste and pollutants, drink a lot of water. Constipation can be avoided by drinking water, which also helps to maintain regular bowel motions.
- Choose an Indian-style toilet since it allows you to squat, which promotes natural defecation.
- Ruscogenins, which are found in butcher's broom extract, or *Ruscus aculeatus*, have anti-inflammatory and vasoconstrictor properties that aid in vein tightening and strengthening.
- Mango seeds are pulverised, stored, and shade-dried. Doses of 1.5 to 2 g of this powder, with or without honey, should be administered twice a day.
- Add 60 g of sugar to 30 g of onion that has been finely rubbed in water. You should take it twice a day.
- Crushed onions can be applied to sore piles for positive effects.

HERBAL TREATMENT FOR HAEMORRHOIDS

➤ **Rue Care Oil or Rutagraveolens :-**

Rue Care Oil is a topical remedy that has been specifically created and proved to heal haemorrhoids. All forms of haemorrhoids, including internal and external haemorrhoids, bleeding haemorrhoids, fissures, thrombosed piles, and prolapsed haemorrhoids, can be effectively treated with Rue Care Oil. Rue Care Oil contains only the best natural oils (olive, sesame, and rue) and is based on ancient herbal knowledge for treating haemorrhoids [36].

➤ **Rue Oil or Rutagraveolens :-**

For millennia, rue has been used as a medicinal plant to cure a wide range of illnesses. In China, Mexico, Iran, India, and Lebanon, rue is still widely used in folk medicine [37]. It helps relieve varicose veins and fortifies weak blood vessels. Additionally, it is used to treat rheumatic pain, sciatica, and gout [38].

➤ **Sesame Seed Oil or Sesamumindicum :-**

For thousands of years, people have utilised sesame seed oil as a therapeutic oil. It is a natural anti-inflammatory, antiviral, and antibacterial agent. The oil from sesame seeds absorbs and permeates bone marrow and other tissues rapidly. Thus, it is suitable for use as a carrier oil. Vitamin E-rich sesame seed oil is also used to treat haemorrhoids [39].

➤ **Olive Oil or Oleaeuropaea :-**

The skin is revitalised by olive oil. Omega-3 fatty acids are abundant in it. It has beneficial effects on cholesterol management and LDL cholesterol oxidation, as well as anti-inflammatory and antioxidant qualities that improve arterial flexibility and lower the risk of coronary heart disease [40].

➤ **White lupine or Lupinus albus :-**

α -Lupaline, an essential oil extract from Lupin, has been demonstrated to have 10,000 times the potency of vitamin E and 5000 times the potency of vitamin C. In order to promote skin healing and recovery, this is used to support the action of the skin repair enzyme [41].

➤ **White dammar or Vateria Indica :-**

In India, the piney tree's bitter resin has been used for ages to treat haemorrhoids. It speeds up healing and has anti-inflammatory properties [42].

➤ **Mint (Mentha Piperita) :-**

This herb, also called peppermint, has little purple-white blooms and downy leaves. It produces a strong oil that is used as a flavouring. Use to lessen itching and relieve haemorrhoids' pain [43].

CONTRAINDICATIONS :

It's important to make sure that symptoms aren't brought on by other perianal illnesses, such as parasites, infectious diseases, inflammatory bowel diseases, fissures, or fistulas. It goes without saying that treating haemorrhoids won't resolve these issues [44]. A complete medical history can often rule out the aforementioned illnesses. It is necessary to rule out inflammatory bowel conditions like Crohn's disease and ulcerative colitis as the source of the symptoms. Treatment regimens may also be modified by immunosuppressive illnesses such as HIV infection [45].

CONCLUSION :

For patients with varying degrees of haemorrhoids, herbal treatment is preferred over alternative approaches. Because it explains how to treat haemorrhoids with common household items, it is regarded as one of the greatest at-home treatment options [46].

REFERENCES :

- [1] Gibbons CP, Bannister JJ, Read NW. Role of constipation and anal hypertonia in the pathogenesis of haemorrhoids. *Br J Surg.* Jul 1988; 75(7):656-60.
- [2] Bernstein WC. What are hemorrhoids and what is their relationship to the portal venous system? *Dis Colon Rectum.* Dec 1983;26(12):829-34
- [3] Hosking SW, Smart HL, Johnson AG, et al. Anorectal varices, haemorrhoids, and portal hypertension. *Lancet.* Feb 18 1989; 1(8634):349-52.
- [4] Johansen K, Bardin J, Orloff MJ. Massive bleeding from hemorrhoidal varices in portal hypertension. *JAMA.* Nov 7 1980; 244(18):2084-5.
- [5] Chawla Y, Dilawari JB. Anorectal varices--their frequency in cirrhotic and non-cirrhotic portal hypertension. *Gut.* Mar 1991; 32(3):309-11.
- [6] Katz JA, Rubin RA, Cope C, et al. recurrent bleeding from anorectal varices: successful treatment with a transjugular intrahepatic portosystemic shunt. *AmJGastroenterol.* Jul 1993; 88(7):1104-7.
- [7] Moesgaard F, Nielsen ML, Hansen JB, et al. High-fiber diet reduces bleeding and pain in patients with hemorrhoids: a double-blind trial of Vi-Siblin. *Dis Colon Rectum.* Jul-Aug 1982; 25(5):454-6.
- [8] Saleeby RG Jr, Rosen L, Stasik JJ, et al. Hemorrhoidectomy during pregnancy: risk or relief. *Dis Colon Rectum.* Mar 1991; 34(3):260-1.
- [9] Yuksel BC, Armagan H, Berkem H, et al. Conservative management of hemorrhoids: a comparison of venotonic flavonoid micronized purified flavonoid fraction (MPFF) and sclerotherapy. *Surg Today.* 2008; 38(2):123-9.
- [10] Faucheron JL, Gangner Y. Doppler-guided hemorrhoidal artery ligation for the treatment of symptomatic hemorrhoids: early and three-year follow-up results in 100 consecutive patients. *Dis Colon Rectum.* Jun 2008; 51(6):945-9.
- [11] Johanson JF, Rimm A. Optimal nonsurgical treatment of hemorrhoids: a comparative analysis of infrared coagulation, rubber band ligation, and injection sclerotherapy. *Am J Gastroenterol.* Nov 1992; 87(11):1600-6.
- [12] Barron J. Office ligation treatment of hemorrhoids. *Dis Colon Rectum.* Mar-Apr 1963; 6:109-13.
- [13] Thornton SC. Sclerotherapy of hemorrhoids. In: *Selected Topics in Colon and Rectal Surgery.* vol 5. 1992:72-5.
- [14] Leff EI. Hemorrhoidectomy--laser vs. nonlaser: outpatient surgical experience. *Dis Colon Rectum.* Aug 1992; 35(8):743-6.
- [15] Corman M. Hemorrhoids. In: *Colon and Rectal Surgery.* Philadelphia, Pa: Lippincott-Raven; 1998:154-6.
- [16] Mazier WP. Hemorrhoids surgery of the colon. In: *Rectum and Anus.* WB Saunders: Philadelphia, Pa; 1995:229-54.
- [17] Esser S, Khubchandani I, Rakhmanine M. Stapled hemorrhoidectomy with local anesthesia can be performed safely and cost-efficiently. *Dis Colon Rectum.* Jul 2004; 47(7):1164-9.
- [18] Raahave D, Jepsen LV, Pedersen IK. Primary and repeated stapled hemorrhoidopexy for prolapsing hemorrhoids: follow-up to five years. *Dis Colon Rectum.* Mar 2008; 51(3):334-41.
- [19] Jayaraman S, Colquhoun PH, Malthaner RA. Stapled hemorrhoidopexy is associated with a higher long-term recurrence rate of internal hemorrhoids compared with conventional excisional hemorrhoid surgery. *Dis Colon Rectum.* Sep 2007;50(9):1297-305.
- [20] Ceci F, Picchio M, Palimento D, et al. Long-term outcome of stapled hemorrhoidopexy for Grade III and Grade IV hemorrhoids. *Dis Colon Rectum.* Jul 2008; 51(7):1107-12.
- [21] Dodi G, Bogoni F, Infantino A, et al. Hot or cold in anal pain? A study of the changes in internal anal sphincter pressure profiles. *Dis Colon Rectum.* Apr 1986; 29(4):248-51.
- [22] Duthie HL, Gairns FW. Sensory nerve-endings and sensation in the anal region of man. *Br J Surg.* May 1960; 47:585-95.
- [23] Haas PA, Fox TA Jr, Haas GP. The pathogenesis of hemorrhoids. *Dis Colon Rectum.* Jul 1984; 27(7):442-50.
- [24] Hiltunen KM, Matikainen M. Anal manometric findings in symptomatic hemorrhoids. *Dis Colon Rectum.* Nov 1985; 28(11):807-9.
- [25] Hosking SW, Johnson AG. Bleeding anorectal varices--a misunderstood condition. *Surgery.* Jul 1988; 104(1):70-3.
- [26] Bailey HR. Innovations for age-old problem: hemorrhoids in the female patient. *Female Patient.* 2004; 29:17-23.
- [27] Heaton ND, Davenport M, Howard ER. Symptomatic hemorrhoids and anorectal varices in children with portal hypertension. *J Pediatr Surg.* 1992; 27(7): 833-835.
- [28] Navarra L, Pietroletti R, Maggi G, Leardi S, Simi M. Diagnosis and treatment of haemorrhoids in the elderly: results from 291 patients. *Techniques in Coloproctology.* 2000; 3(3): 127-130.
- [29] Liebach JR, Cerda JJ. Hemorrhoids:modern treatment methods. *Hosp Med.* 1991; 53: 68.
- [30] Madoff RD, Fleshman JW. American Gastroenterological Association technical review on the diagnosis and treatment of hemorrhoids. *Gastroenterol.* 2004; 126:1463-1473.