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Miasmatic Evaluation and Efficacy of Nitricum Acidum and Graphites in the Management of Fissure-in-ano

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ABSTRACT

Dr. Hahnemann spent 12 years, investigating miasms and collecting proof of his findings, the results of which can be found in his work, the chronic diseases, He named three miasms; Psora, sycosis, and syphilis. For every homoeopath, it is necessary to know about the miasms. Some might say as long as one prescribes according to the law of prescribing according to the law of similimum, he cures his case. The important factor here is so long as he selects the most similar remedy as possible unless we understand the phenomenon of acting miasm. The true similimum is always based on existing miasm. It makes the difference between fighting the disease in the dark and in bright light when one knows the understanding principle of homoeopathy. Fissure-in-ano is a very common and painful condition for almost all age groups with equal frequency in both sexes. And most often occur in younger and middle-aged persons (between 21 to 50 years).

Key words: Miasmatic evaluation, Nitricum Acidum, Graphites & Fissure-in-ano.

Background:

Homoeopathy has an answer for fissure-in-ano many remedies indicated based on miasm and constitution. In this study there is special approach or trial of Nitricum Acidum and Graphites on fissure-in-ano patients. Every patient is unique and deserves a treatment plan tailored to suit their individual needs. Knowledge of all miasmatic phenomenon would be a complete knowledge of all that is known as disease. Hahnemann discovered the miasm due to the fact these ailments kept coming back, year after year. Even when the correct remedy was given, there was no permanent cure. Hahnemann's proof of the existence of miasms was the persistency of these chronic diseases even after case of other disease condensing factors like diet, hygiene etc.

Result of the Study:

In Group A, 23 patients were Improved, 07 were Not-improved. In Group B, 20 patients were Improved, 10 were Not-improved.

Conclusion-

Finally, it can be concluded that, **Only Nit-ac and Graph are not effective** in the management of Fissure-in-ano.

1. Homoeopathic Management

1.1 Nitricum Acidum –

- Adapted to person of thin, weak, and debilitated persons with rigid musculature, dark complexion, black hair and eyes with ugly looking appearance with broken down cachectic constitution, anemic and emaciated, old people with morning diarrhea.
- Nitricum Acidum covers all 3 miasms; psora, sycosis, syphilis and patient are chilly with hemorrhagic diathesis and nervous and irritable temperament.
- Bleeding after stool with burning, there is splinter, tearing, sharp like pain in the anal or rectal region. Violent cutting pains after stool lasting for hours. It feels as if some splinter has lodged in the area. Another feeling is as if rectum is torn. There is offensive discharge from the fissure.
- In William Boericke, material medica- Fissures with pain during stool, as if rectum were torn. All discharges, very offensive, urine, faces, and perspiration. Persons who have chronic diseases, and take cold easily and disposed to diarrhea. Abdomen having great straining, but little passes, rectum feels torn, bowels constipated with fissure-in-ano.
- In S.R. Phatak's, material medica, Stools tear the anus, even though soft. Prolonged pain after stools; rectum feels torn; fissures in rectum. Painful, easily bleeding piles. Anus; itching, eczematous or oozes moisture. Burning in rectum; after urination.
- Diarrhea is also quite frequently present; stool is quite soft. Despite the stool being soft, one has to strain to pass the stool. The reason for the diarrhea is as usual dependent upon some virulent poison, bad effects of loss of vital fluids, hemorrhage, broken-down cachectic constitution, etc.
- Great desire for stool, but passes little at a time. There is insufficient urging for stool. Feels that a large amount of stool remains in the rectum to be expelled, but patient is unable to do so. Diarrhea is acrid; slimy and watery.
- Mental affection from continued loss of sleep, long lasting anxiety, over exertion of mind and body, anguish from loss of a dearest an nearest friend, chronic disease etc. Desire for fat, indigestible thing such as a chalk, charcoal, stone chips and aversion to meat and bread.
- Aggravation at evening and night, change of weather and feels better while riding in a carriage.

1.2 Graphites

- Graphites is indicated to fair, fat and flabby, having irregular deposition of fat at selected location of body, waxy and anemic face, split of hair, unhealthy skin, brittle and deformed nails, suffering from habitual constipation. psoric miasm is present.
- Graphites patient is generally constipated, stool is hard, in large lumps, difficult to evacuate. There is dryness of mucous membrane of rectum, with fissure-in-ano. There is sharp, smarting and sore pain with burning in anus after stool.
- The skin is found to be dry. Cracks, fissures and rhagades are innumerable. They appear on skin between fingers and toes, nipples, around anus.
- Diarrhea is present; stool is brown, fluid, mixed with undigested substance and of an intolerable fetor. but constipation is more frequent, a large hardened fecal matter although lubricated with mucus, the anus becomes fissured.

2. Methods and Materials

2.1 Study Design-

Prospective study

2.2 Study Setting-

The study will be conducted at Ananya College of Homoeopathy & attached Hospital, P.G. institute, Peripheral OPD, IPD and Camps conducted in Kalol, Gujarat.

2.3 Duration of Study-

Study was completed in 6 months.

2.4 Method of Selection of Study Subject

a) Inclusion criteria-
   - Diagnosed patients of fissure-in-ano having signed and symptoms like fissure bed with or without sentinel tag, pain in ano, per rectal bleeding and history of constipation.
   - Cases of 21 to 50 years and both sexes; various constitution irrespective of socioeconomic status.

b) Exclusion criteria-
   - Patients suffering from cancer of ano-rectum, fistula, rectal polyp, congenital anal stricture and stenosis were excluded from this study
   - Positive cases for HIV, venereal diseases research laboratory and Hepatitis were also excluded.
   - Cases with irregular follow ups and non-co-operative patients
   - Cases with patient might have another systemic disease and advance pathology.

2.5 Comparison/Control group-

Randomized control trial.

2.6 Specification of instruments and related measurements-

Proctoscope if necessary.

2.7 Sample Size-

60 cases.

2.8 Sample Technique-

Simple randomized sampling method for data analysis.

2.9 Study Instruments/ Data Collecting Tools

- By standard case taking proforma.
- Proper analysis and evaluation.
- Repertorisation- All cases will be repertorised properly with the help of appropriate repertory as per the need of the case.
- Follow up chart.

2.10 Plan for Statistical Analysis-

Primary statistical methods and unpaired t test and Wilcoxon test as the test for significance.

3. Observations and Results

3.1 Distribution of patients

Group	**No of Patients**		
	Included	**Drop out**	**Studied**
Trial Group (A)	36	06	**30**
Control Group (B)	33	03	**30**
Total	**69**	**09**	**60**

Table 1-Shows distribution of patients in groups

3.2 Age

Table 2-Shows Age wise distribution in both groups

Sr. No.	No of Patients			Total	Percentage		
	Age	Group A	Group B		Group A	Group B	Total
1	**21-30**	9	13	22	18	26	22
2	**31-40**	15	10	25	30	20	25
3	**41-50**	6	7	13	12	14	13
4	**Total**	**30**	**30**	**60**	**60**	**60**	**60**

In Group A, 9 patients were from 21-30 yrs, 15 were from 31-40 yrs and 6 were from 41-50 yrs age group. In Group B, 13 patients were from 21-30 yrs, 10 were from 31-40 yrs and 7 were from 41-50 yrs age group.

3.3 Result

Table 3-Shows Result wise distribution in both groups

Sr. No.	No of Patients			Total	Percentage		
	Result	Group A	Group B		Group A	Group B	Total
1	**Imp.**	23	20	43	46	40	43
2	**N-Imp.**	7	10	17	14	20	17
3	**Total**	**30**	**30**	**60**	**60**	**60**	**60**

In Group A, 23 patients were Improved, 15 were Not-improved. In Group B, 20 patients were Improved, 10 were Not-improved.

Fig. 1- shows distribution of results in both groups

3.4 Miasm

Table 4-Shows Miasm wise distribution in both groups

Sr. No.	No of Patients			Total	Percentage		
	Miasm	Group A	Group B		Group A	Group B	Total
1	**P-sy-syp**	7	10	17	14	20	17
2	**Sy-syp**	10	10	20	20	20	20
3	**Syph**	13	10	23	26	20	23
10	**Total**	**30**	**30**	**60**	**60**	**60**	**60**

In Group A, 7 patients were from P-sy-syp, 10 were from Sy-syp and 13 were from syphilitic miasm. In Group B, 10 patients were from P-sy-syp, 10 were from Sy-syp and 10 were from syphilitic miasm.

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