



Treatment of Hemorrhoids with Individualized Homeopathy: An Observational Review

Author

Bhasker Sharma

M.D (Homoeopathy), Ph.D (Homoeopathy), Sharma Homoeopathy Chikitsalya and Research Center, Itwa Bazar, Dist- Siddharth nagar, Utter Pradesh, Pin -272192, India

Abstract

The most common symptoms of haemorrhoids include pain, itching, swelling, anal discomfort, and rectal bleeding in severe cases. All such symptoms affect severely patient's quality of life. Homeopathy offers promising treatment for chronic conditions. Several risk factors have been associated with etio-pathogenesis of haemorrhoid development including aging, obesity, depression, pregnancy, chronic constipation and diarrhoea. The best way to prevent haemorrhoids is to maintain softstools and easy passing of stools. To prevent typical haemorrhoids and reduce symptoms, few things should be taken in consideration. Various subjects suffering from chronic diseases like haemorrhoids, asthma, anemia have been benefited from homeopathy. The aim of the review was to study the pathophysiology and features of haemorrhoids along with the role of homeopathy in the management of the same.

Keywords: Homeopathy, haemorrhoids, obesity.

Introduction

Haemorrhoids are basically the distal displacement and prolapse of the haemorrhoidal cushions, distension of the haemorrhoidal arterio-venous anastomoses, or dilation of the veins of the internal haemorrhoidal venous plexus which occurs due to deterioration of anchoring connective tissue.⁽¹⁾ The most common symptoms of haemorrhoids include pain, itching, swelling, anal discomfort, and also rectal bleeding in severe cases. All such symptoms affect severely patient's quality of life.⁽²⁾ In Indian population this condition affects about 39-52% of adults.⁽³⁾⁽⁴⁾ The incidence of haemorrhoids is also extremely high in developed countries, with millions affected worldwide.⁽⁵⁾ The true burden of disease is

difficult to capture as many patients are reluctant to seek any medical help for personal, cultural, and socio-economic reasons.⁽⁶⁾⁽⁷⁾ Homeopathy offers promising treatment for chronic conditions. Various subjects suffering from chronic diseases like haemorrhoids, asthma, anemia have been benefited from homeopathy. The aim of the review was to study the pathophysiology and features of haemorrhoids along with the role of homeopathy in the management of the same.

Signs and Symptoms

Signs and symptoms of haemorrhoids might include: (a) Painless bleeding during bowel movements, also one might notice small amounts of bright red blood in the anal region while

changing undergarments, (b) Itching or irritation, Pain or discomfort also swelling around anus is the most extensive symptom and (c) A lump near the anus, which might be suppurating, are the most common symptoms observed in case of mild haemorrhoids. In sever form of haemorrhoids, pain is of extensive nature and irritation is also unbearable. Patients suffering from severe form are unable to sit or even lay down.

Etio-Pathogenesis and Classification of Haemorrhoids

Several risk factors have been associated with etio-pathogenesis of haemorrhoid development including aging, obesity, depression, pregnancy, chronic constipation and diarrhoea. Other reasons are low-fibre diet, spicy foods, and alcohol intake, etc.⁽⁸⁾ Haemorrhoids are commonly classified on the basis of their location; (A) Internal (originates above the dentate line and covered by anal mucosa), (B) External (originates below the dentate line and covered by anoderm), and (C) Mixed type. Further Internal haemorrhoids are classified on their appearance and extent of prolapse.⁽⁹⁾ (A) Grade I: Non-prolapsing haemorrhoids, (B) Grade II: Prolapsing haemorrhoids on straining but reduce spontaneously, (C) Grade III: Prolapsing haemorrhoids requiring manual reduction; and (D) Grade IV: Non-reducible prolapsing haemorrhoids which include acutely thrombosed, incarcerated haemorrhoids.

Complications and Prevention

Complications of haemorrhoids are extremely rare but might include; (a) Anaemia: Seldom, chronic blood loss from haemorrhoids may cause anaemia. (b) Strangulated haemorrhoid: in case the blood supply to any internal haemorrhoid is compromised, the haemorrhoid may be called as strangulated. This leads to of extreme pain and discomfort.

The best way to prevent haemorrhoids is to maintain softstools and easy passing of stools. To prevent typical haemorrhoids and reduce symptoms, few things should be taken in

consideration. (a) Diet should be rich in high-fibre foods, fruits, vegetables and whole grains. This softens the stool and increases bulk, which in-turn helps to avoid the straining which can causes haemorrhoids. (b) Drinking plenty of fluids. Drink at-least six to eight glasses of water and other liquids (not alcohol) each day to help softening of stools. (c) If diet lacks fibre content, fibre supplements should be considered. Majority people don't get enough of the recommended amount of fibre i.e. 25 grams a day for women and 38 grams a day for men in their daily diet. Studies have suggested that fibre supplements, such as Metamucil and Citrucel, improve overall symptoms and bleeding from haemorrhoids. Such products help keep stools soft and regular. If fibre supplements are used, one should be sure to drink at least eight glasses of water or other fluids every day. Otherwise, the supplements being used may cause constipation or make constipation worse. Straining and holding your breath while trying to pass a stool creates much greater pressure in the veins in the lower rectum. Use the toilet as soon as the urge is felt. If one waits to pass a bowel movement and the urge goes away, your stool could become dry and be harder to pass, worsening the condition.

Exercising and adopting active life style. Stay active to help prevent constipation and to reduce pressure on veins, which can occur with long periods of standing or sitting. Exercise can also help you lose excess weight that may be contributing to your hemorrhoids.

Avoid long periods of sitting. Sitting too long, particularly on the toilet, can increase the pressure on the veins in the anus.

Standard Treatment

The treatment options mainly depend on the type and severity of haemorrhoids, patient's preference, and the expertise of physician. The present therapy can be grouped into conservative management, office-based procedures, and surgical treatment. Conservative management include, increased fibre intake, medical therapies,

and lifestyle alterations.^{(10),(11)} The basic of medical treatment is to control the acute symptoms of haemorrhoids rather than to cure the underlying haemorrhoids.⁽¹²⁾ In-office modalities include rubber-band ligation, injection sclerotherapy. Techniques like laser photocoagulation, bipolar diathermy; cryotherapy, Doppler-guided haemorrhoidal artery ligation and infrared coagulation are preferred these days.⁽¹³⁾ Yet all techniques are not suitable for all grades of haemorrhoids and also have recognized complications. Whenever an in-office therapy is ineffective, patients can consider further intervention such as haemorrhoidectomy, thrombectomy of external haemorrhoids, and stapled haemorrhoidectomy. Interestingly, no single technique has been universally accepted as completely effective.⁽¹⁴⁾ Based on the clinical practice and knowledge, it is assumed that surgery is effective for severe form of prolapsing haemorrhoids. But post-operative complications are very difficult to manage. Such as relapse, pain, prolonged convalescence, faecal urgency, and anal stenosis in extreme cases is observed.⁽¹⁵⁾⁽¹⁶⁾

Role of Homeopathy

As a non-invasive treatment option homeopathy has become the most popular choice among the traditional, complementary, or alternative medicine therapy. Homeopathy, according to its “law of similar,” treats all its patients with a remedy that in an asymptomatic individual causes similar symptoms. Thus, similar diagnosis can be treated with various remedies in different type of patients. This depends upon totality of symptoms, and consideration of various complex issues.⁽¹⁷⁾⁽¹⁸⁾ Homeopathic literature presents with, anecdotal data on the usefulness of homeopathic therapy in patients suffering from haemorrhoids. Considerable cure of haemorrhoids with homeopathic medicines in day-to-day clinical experiences has been noted and yet research evidence remains highly compromised.^{(19) (20)} After exclusive homeopathic treatment of the patients suffering from symptomatic

haemorrhoids, there was statistically significant lowering of mean VAS values, measuring of bleeding, pain, and heaviness and anal examination score over 3rd and 6th months. The discharge VAS values also reduced but that was non-significant statistically. Improvement was also observed in itching VAS but over a period of 6 months only. The effective size of the severity ratings after 3 and 6 months were moderate to almost severe. Assessments of disease severity showed considerable improvements, although the disease was long-standing, chronic, and mostly pre-treated in most of the cases.⁷ The most commonly prescribed medicines were sulfur ($n = 14$; 26.9%), nux vomica ($n = 9$; 17.3%), calcarea phosphorica and natrum muriaticum ($n = 4$ each; 7.7%), and causticum ($n = 3$; 5.8%). Other medications like, *Aesculus hippocastanum*, *Collinsonia canadensis*, muriatic acid, ratanhia, millefolium, and *Hamamelis virginiana* were used in lower centesimal potencies (6C, 30C). The Mother tinctures as “acute” (rescue) remedies were used as and when required. Baseline prescriptions comprised of both centesimal ($n = 44$; 84.6%) and 50 millesimal ($n = 6$; 11.5%) potencies. Randomized controlled trials are the gold standard for medical research investigating the efficacy of new interventions.

Whereas, randomised controlled trials unquestionably hold many advantages over the observational studies. It should be noted that they also have many flaws that render them as failure under certain conditions. Randomised control trials might suffer from low external conditions, such as; rigid design control could decrease the ability to generalized results. Another aspect relating to randomised control trials is the fact that recruitment, randomization, and blinding are not possible in every case. This occurs because of technical or ethical issues. Therefore, specific statistical analyses were conducted to detect specific treatment effects of individual remedies

Indication of each drug:

- A. Sulphur: bleeding and painful piles, severe constipation, itching during and after passing of stools.
- B. Nux-vomica: bleeding and swelling of anus, constipation, pain in abdomen after meals.
- C. Calcarea phosphorica: severely aggravated piles and bleeding piles.
- D. Natrum muriaticum: severe constipation, dry hard stools, painful defecation.
- E. Causticum: swelling of piles, suppuration and bleeding.

Conclusion

Under the “classical” or “individualized” homeopathic treatment protocol of 6 months, the severity of haemorrhoidal symptoms – pain, bleeding, heaviness, and itching improved considerably. Yet, there was no significant lowering of discharge initially. Overall, homeopathic treatment appeared to be promising but required further rigorous exploration in different designs for achieving a confirmatory conclusion.

References

1. Ganz RA. The evaluation and treatment of hemorrhoids: A guide for the gastroenterologist. *Clin Gastroenterol Hepatol.* 2013;11:593–603.
2. Riss S, Weiser FA, Riss T, Schwameis K, Mittlböck M, Stift A. Haemorrhoids and quality of life. *Colorectal Dis.* 2011; 13:e48–52.
3. Riss S, Weiser FA, Schwameis K, Riss T, Mittlböck M, Steiner G, et al. The prevalence of hemorrhoids in adults. *Int J Colorectal Dis.* 2012;27:215–20.
4. Johanson JF, Sonnenberg A. Constipation is not a risk factor for hemorrhoids: A case-control study of potential etiological agents. *Am J Gastroenterol.* 1994;89:1981–6.

5. Lohsiriwat V. Hemorrhoids: From basic pathophysiology to clinical management *World J Gastroenterol.* 2012;18:2009–17.
6. Everhart JE, Ruhl CE. Burden of digestive diseases in the United States part II: Lower gastrointestinal diseases. *Gastroenterology.* 2009;136:741–54.
7. Acheson AG, Scholefield JH. Management of haemorrhoids. *BMJ.* 2008;336:380–3.
8. Pigot F, Siproudhis L, Allaert FA. Risk factors associated with hemorrhoidal symptoms in specialized consultation *Gastroenterol Clin Biol.* 2005;29:1270–4.
9. Clinical Practice Committee, American Gastroenterological Association. American Gastroenterological Association medical position statement: Diagnosis and treatment of hemorrhoids. *Gastroenterology.* 2004;126:1461–2.
10. Hall JF. Modern management of hemorrhoidal disease. *Gastroenterol Clin North Am.* 2013;42:759–72.
11. Song SG, Kim SH. Optimal treatment of symptomatic hemorrhoids. *J Korean Soc Coloproctol.* 2011;27:277–81.
12. Lohsiriwat V. Treatment of hemorrhoids: A coloproctologist’s view. *World J Gastroenterol.* 2015;21:9245–52.
13. ASGE Technology Committee Siddiqui UD, Barth BA, Banerjee S, Bhat YM, Chauhan SS, et al. Devices for the endoscopic treatment of haemorrhoids *Gastrointest Endosc.* 2014;79:8–14.
14. Giamundo P. Advantages and limits of hemorrhoidal dearterialization in the treatment of symptomatic haemorrhoids *World J Gastrointest Surg.* 2016;8:1–4.
15. Argov S, Levandovsky O, Yarhi D. Milligan-Morgan hemorrhoidectomy under local anesthesia - An old operation that stood the test of time. A single-team experience with 2,280 operations. *Int J Colorectal Dis.* 2012;27:981–5.
16. Wang ZG, Zhang Y, Zeng XD, Zhang TH, Zhu QD, Liu DL, et al. Clinical

observations on the treatment of prolapsing hemorrhoids with tissue selecting therapy. *World J Gastroenterol* 2015;21:2490–6.

17. Hahnemann CF. *Organon of Medicine* 5th, 6th ed. New Delhi: B. Jain Publishers Pvt., Ltd; 2002.
18. Hahnemann CF. *The Chronic Diseases, their Peculiar Nature and their Homoeopathic Cure*. I, II. New Delhi: B. Jain Publishers Pvt., Ltd; 2009.
19. Bodman F. Haemorrhoids. *Homoeopathy*. 1990;40:143–5.
20. Sudarshan SR. A case of bleeding piles cured with Pulsatilla. *Homoeopathic Herit*. 1991;16:195–6.