



A Study to Ascertain the Effect of Homoeopathic Medicines in Cases of Haemorrhoids with its Miasmatic Analysis

Geetanjali¹, Shivangi², Sunil Kumar², Dimple Malhotra², Vinay Kumar²

¹PGT, ²Sri Ganganagar Homoeopathic Medical College Hospital & Research Institute, Sri Ganganagar

Abstract

Haemorrhoids are conditions on which the poorly haemorrhoidal veins become dilated and varicose anoractal. It caused by constipation, low fiber food, less physical work and sitting. **Methodology:** Fifty cases of Haemorrhoids were treated with homoeopathic medicines prescribed on the basis of totality of the symptoms and miasm. Selection of dose and potency was done as per the susceptibility of patients. Treatment outcomes were assessed using Haemorrhoids Symptoms Severity Scale (HSSS).

Key Word- Homoeopathy, Haemorrhoids, Prolapse, Paired t-test and miasm, HSSS.

Corresponding Author: - **Geetanjali, PGT, Sri Ganganagar Homoeopathic Medical College Hospital & Research Institute, Sri Ganganagar, Rajasthan**

Received – 18/02/2021

Revised- 25/3/2021

Accepted – 30/03/2021

INTRODUCTION

Numbers of patients who suffer from problems associated with venous insufficiency. Two of the most common manifestations of venous insufficiency are varicose veins and Haemorrhoids

Worldwide, the prevalence of symptomatic hemorrhoids is estimated at 4.4% in the general population. The results, which were similar regardless of sex, showed a prevalence rate of hemorrhoidal disease with a peak between 45 and 65 years old and a decline after age

Haemorrhoids are dilated veins occurring in relation to the anus. These are varicosities of the haemorrhoidal vein they are called internal piles if dilation is of superior haemorrhoidal plexus covered by mucus membrane, and external piles if they involve inferior haemorrhoidal plexus cover over the skin.

How to Cite this Article- Getanjali, Shivangi, Kumar S., Malhotra D., Kumar V., A Study to Ascertain the Effect of Homoeopathic Medicines in Cases of Haemorrhoids with its Miasmatic Analysis. TUJ. Homo & Medi. Sci. 2021;4(1):025-31.

They are common lesions in the elderly and in pregnant women. They commonly result from increase venous pressure. These usually present with itching, rectal pain, or rectal bleeding, feeling of incompletely emptying the bowels even after a bowel motion. There is feeling of something coming down, or bulge or lump at the anus.

A number of factors may lead to the formation of haemorrhoid including irregular bowel habits, exercise, nutrition, depends on fast food, liver disease, increased intra abdominal pressure, pregnancy, genetics, absence of valves within the haemorrhoidal veins and aging.

In this article haemorrhoids comes in modern medicine in surgery but surgery is not the solution because haemorrhoids again appear in future because cause is persist and no change in lifestyle and diet. But homoeopathic medicine works as a whole in a person not the disease. Only Homoeopathic medicines cure the haemorrhids without any incision and remove the cause.

This artical would be a small attempt to highlight the significance of homoeopathy in miasmatic changes in person all complain start from mental stress (psoric miasm) then changes in physically (sycotic miasm) destruction in physical plain (syphilitic miasm) and the

management of Haemorrhoids. According to the principle of homoeopathy with the growing number of cases of haemorrhoids due to increase in mental stress and changes in dietary habits and due to less physical work or prolonged sitting.

Aim: To ascertain the Miasmatic influence of Homoeopathic medicines in case of Haemorrhoid

Objectives:

1. To study the effect of Homoeopathic medicines on different Miasmatic Constitution.
2. To evolve the most effective Homoeopathic Medicines in the treatment of Haemorrhoids.

Definition: Haemorrhoids as “Varicosities of the veins of the Haemorrhoidal plexus, often complicated by inflammation, thrombosis, and bleeding.

Types of Haemorrhoids:

1. External Haemorrhoids: External Haemorrhoids develop near the anal opening which is covered by sensitive skin. It is a small clot occurring in the perianal sub cutaneous connective tissue.

2. Internal Haemorrhoids: Internal Haemorrhoids develop inside the anal canal.

Prolapsed Hemorrhoids are internal Hemorrhoids that are so distended that they are pushed outside the anus.

Strangulated Hemorrhoid - If the anal sphincter muscle goes into spasm and traps a prolapsed Hemorrhoid outside the anal opening, the supply of blood is cut off, and the Hemorrhoid becomes a strangulated Hemorrhoid.

3. Interno- external Haemorrhoids:

Both varieties together.

Classification of Haemorrhoids:

Classification-1: Haemorrhoids based on their Location

- **Primary Haemorrhoids:** located at 3,7,11 o'clock position, related to the branches of the superior haemorrhoidal vessel which divides on the right side into left side it continues as one.
- **Secondary Haemorrhoids:** one which occurs between the primary sites.
 1. Left lateral piles (3 o'clock position)
 2. Right posterior piles (7 o'clock position)
 3. Right anterior ;piles (11 o'clock position)
 4. Secondary piles.

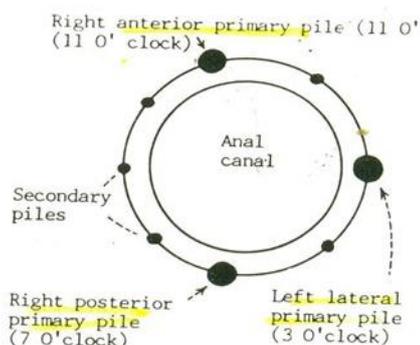


Fig 1 Classification of Piles

Classificaton- 2: Haemorrhoids based on Prolapses

- **First Degree:** Piles within that may bleed but does not come out.
- **Second Degree:** Piles that prolapse during defaecation, but return back spontaneously.
- **Third Degree:** Piles prolapse during defaecation can be replaced back only manual help.
- **Fourth Degree:** Piles that are permanently prolapsed.

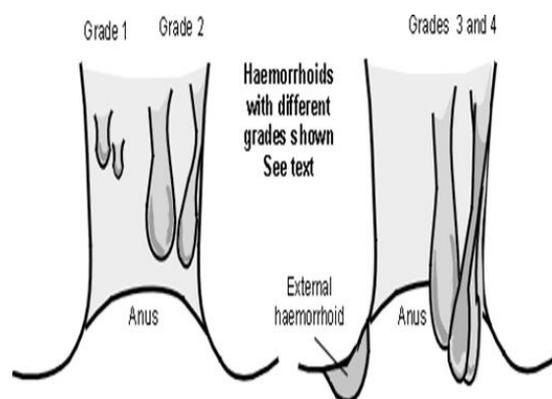


Fig. 2 Anatomical Classification

CLINICAL FEATURES

Haemorrhoidal symptoms are divided into internal and external sources.

Internal Haemorrhoids:

- **Pain-** Internal Haemorrhoids cannot cause cutaneous pain, as they are above the dentate line and are not innervated by cutaneous nerves.
- **Pruritis-** Irritation and itching is caused by deposition of an irritant into the sensitive perianal skin.
- **Prolapse-** Internal Haemorrhoids can cause perianal pain by prolapsing and

causing spasm of the sphincter complex around the Haemorrhoids.

- **Strangulation-** Internal Haemorrhoids can also cause acute pain when incarcerated and strangulated
- **External Thrombosis** causes acute cutaneous pain. This consternation of symptoms is referred to as acute Haemorrhoidal crisis.
- **Painless Bleeding** Internal Haemorrhoids most commonly cause painless bleeding with bowel movements.
- **Mucous Discharge** - Internal Haemorrhoids can deposit mucus onto the perianal tissue with prolapse.

External Haemorrhoids: Cause symptoms in 2 ways.

1. First, acute thrombosis of the underlying external Haemorrhoidal vein can occur. Acute thrombosis is usually related to a specific event, for example, physical exertion, straining with constipation, a bout of diarrhea, or a change in diet. These are acute, painful events.
2. Pain results from rapid distension of innervated skin by the clot and surrounding edema. The pain lasts 7-14 days and resolves with resolution of the thrombosis. With resolution of the thrombosis, the stretched anoderm persists as excess skin or skin tags.

METHODOLOGY

Inclusion Criteria :

- 1) All patients who are coming to the OPD of Sri Ganganagar Homoeopathic Hospital OPD were included in the study.
- 2) 50 patients of Haemorrhoids were included after receiving informed consent.
- 3) Patients of both sexes and in 21 to 70 age person were considered for study

OBSERVATION AND RESULT

For the study "A Study To Ascertain The Effects Of Homoeopathic Medicine In Cases Of Haemorrhoids With Miasmatic Analysis", 50 cases of Haemorrhoids have been included. The data obtained was sorted out in the form of different charts and tables.

Table-1 Distribution of 50 cases of Haemorrhoids according to age group.

Age Group (in years)	No. of Cases	(%)
21-30	07	14%
31-40	12	24%
41-50	22	44%
51-60	07	14%
61-70	02	04%
Total	50	100%

As shown in above table out of 50 cases of Haemorrhoids maximum cases were observed in age group 41-50 years

i.e. 22 cases (44%), whereas minimum cases i.e. 2 cases (4%) were observed in age group 61-70 years.

Table-2 Distribution of 50 cases of Haemorrhoids according to sex incidence.

Gender	No. of Patient	%
Male	33	66%
Female	17	34%
Total	50	100%

As shown in above table out of 50 cases maximum cases of Haemorrhoids were observed in males i.e. 33 cases (66%), whereas 17 cases (34%) of Haemorrhoids were observed in females.

Table-3 Distribution of 50 Cases of Haemorrhoids according to Miasmatic Influence

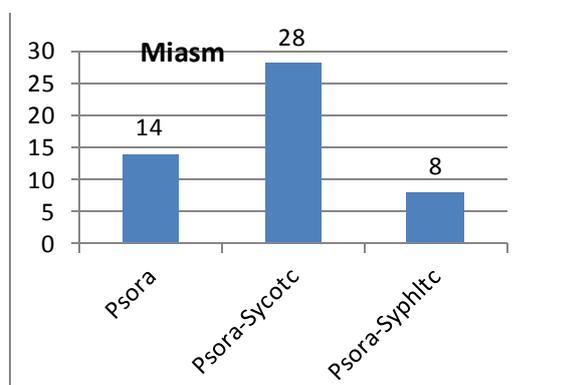


Fig 3 Miasmatic Influence

As shown in above graph, out of 50 cases maximum cases of Haemorrhoids were observed Psora-Sycotic being the predominant one, in 28 patients (56%), Psora in 14 patients (28%) minimum cases

of Psora-syphilitic in 8 patients (16%), of Haemorrhoids.

Table - 4 Distribution of 50 Cases of Haemorrhoids according to Medicine prescribed

Name of Medicine	No. of Cases	%
Sulphur	12	24%
Nitricum Acidum	8	16%
Nux Vomica	7	14%
Lycopodium Cla.	5	10%
Aloe Soco.	5	10%
Hamamelis Virg.	4	8%
Aesculus Hippo.	3	6%
Phosphorus	2	4%
Collinsonia Cana.	2	4%
Thuja Occidentalis	2	4%
Total	50	100

As shown in above table, out of 50 cases Haemorrhoids in maximum cases Sulphur was prescribed as indicated remedy i.e 12 cases (24%) followed by Nitricum Acidum in 8 cases (16%), Nux Vomica in 7 cases (14%), Lycopodium Clavatum in 5 cases (10%), Aloe Socrot. in 5 cases (10%), Hamamelis Virginiana in 4 cases (8%), Aesculus Hippocastum in 3 cases (6%), Phosphorus, Collinsonia Canadensis, and Thuja Occidentalis each in 2 cases (4%).

Table-5 Distribution of 50 Cases of Haemorrhoids according to Results Obtained

Results	No. of Cases	%
Marked	17	34%
Moderate	18	36%
Mild	12	24%
Status quo	03	06%
Total	50	100%

As shown in above table, out of 50 cases of Haemorrhoids maximum cases i.e 18 cases (36%) have shown Moderate Improvement, 17 cases (34%) have shown Marked Improvement, 12 cases (24%) have shown Mild improvement whereas only 03 cases (06%) have shown no change in their symptoms (Status quo).

CONCLUSION

The current study was conducted to observe the effect of homoeopathic medicines on Haemorrhoids on male and female population of Northern India. The current study was categorized as an observational study and has obtained promising results. The test sample involved 33 Male and 17 Female patients; however the male group of patients which belonged to the upper and service class was found to be more prone to Haemorrhoids. The reasons behind it are

constipation; prolong sitting, mental stress, less physical work and improper dietary intake. The current study showed that interventions of homoeopathic medicines are significantly effective in management and treatment of Haemorrhoids. However, 3rd grade haemorrhoids require surgical intervention and cannot be treated solely by the homeopathic medicines. Moreover, it was found that Homoeopathic remedy acted on Haemorrhoids without any incision and treats the prolapse. Therefore, we conclude that Homoeopathic medicines can be regarded as an effective treatment of Haemorrhoids.

REFERENCE

1. Allen J H, "The chronic miasm", Pseudo Psora" volume 1 & 2, Page no 237: Reprint edition 2009, New Delhi: B. Jain Publishers (P) Ltd.
2. Banerjee Subrata, "Miasmatic diagnosis, Practical tips with clinical comparisons", B. Jain Publishers (p) Ltd.
3. Chaurasia's B.D "Human Anatomy", Volume Two lower limb and abdomen Edition Third. Page no. 331-332,335-338. CBS Publishers & Distributors New Delh.
4. Chaudhuri Sujit K, "Concise Medical Physiology", Second Edition- 1993, no. 139, Page New Central Book Agency (P) LTD.

5. Das. S, “A concise textbook of surgery”, edition Third, page no.1055 to1060. Publisher : Dr Somen Das – Kolkata
6. M. Bhat Sriram, “Manual of Surgery” 5th edition , Page no.970-971, The Health Sciences Publisher, Jaypee Brothers Medical Publishers (P) LTD New Delhi.
7. Sarkar B.K, “Hahnemann’s Organon of Medicine, Ninth Revised Edition , Page no. 331, Birla Publications: 2003-2004.New Delhi, India. B. Jain Publishers (P) LTD, New Delhi, India.
8. Burkitt, D .P.(1922) Varicose veins, deep veins, thrombosis and haemorrhoid, Epidemiology and suggested Aetiology British Medical Journal,2,556
9. P. Shah Dr. Indrajeet, Journal of medical science and cilinical research, Prospective Clinical Study of Hemorrhoids with Individualized Homeopathic Treatment, volume 6, issue 12; December 2018.
10. www.emedicine.medscape.com/article/775407
11. www.hemorrhoidcures.biz/history-of-hemorrhoids-momentous-medical-events/

Conflict of Interest: None

Source of Support: Nil

