



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2024; 8(2): 385-389

Received: 14-03-2024

Accepted: 13-04-2024

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Exploring the benefits of homoeopathy in the care of grade IV hemorrhoids: A case report

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DOI: <https://doi.org/10.33545/26164485.2024.v8.i2f.1160>

Abstract

Hemorrhoids, often referred to as piles, are swollen, inflamed veins in the anal canal. Hemorrhoids are generally classified as internal or external based on their location. Grade IV Hemorrhoids are the most severe form and may protrude outside the anal canal, requiring more intensive medical treatment or surgical intervention. Treatment options vary based on the severity of the condition. They range from home remedies and over-the-counter medicines to more advanced medical procedures. For Grade IV Hemorrhoids, treatments may include rubber band ligation, sclerotherapy, infrared coagulation, or surgical options such as hemorrhoidectomy. Homeopathic remedies serve greatly in reducing the symptoms and improving the quality of life of patients suffering from severe hemorrhoids without going through invasive procedures.

Keywords: Hemorrhoids, surgery, homeopathy, quality of life

Introduction

Hemorrhoids: Hemorrhoids are cushions of submucosal vascular tissue located in the anal canal starting just distal to the dentate line^[1]. The term "hemorrhoidal disease" should be used specifically for symptoms secondary to abnormalities of the intern hemorrhoidal plexus^[2]. Patients with portal hypertension with rectal varices should not be confused with hemorrhoids.

These are broadly of two Types:^[3]

1. Internal hemorrhoids
2. External hemorrhoids

Internal hemorrhoids (Greek: haima = blood, rhoos = flowing; synonym: piles, Latin: pila = a ball) are symptomatic anal cushions and characteristically lie in the 3, 7, and 11 o'clock positions.

External hemorrhoids relate to venous channels of the inferior hemorrhoidal plexus deep in the skin surrounding the anal verge and are not true hemorrhoids^[3].

Causes^[3]

1. Man's upright posture
2. Lack of valves
3. Raised abdominal pressure (obesity, pregnancy, etc.)
4. Portal hypertension (causing anal varices)
5. Fibre-deficient diet
6. Constipation
7. Straining at stool
8. Sitting for prolonged periods on the lavatory
9. Anal hypertonia
10. Ageing
11. Shearing forces acting on the anus

Clinical features^[3]

1. Painless fresh bright red bleeding (presence of pain indicates the possibility of another diagnosis)
2. Mucous discharge
3. Prolapse
4. Pain on prolapse

Four degrees of hemorrhoids^[3]

1. First degree – bleed only, no prolapse
2. Second degree – prolapse but reduce spontaneously
3. Third-degree – prolapse and have to be manually reduced
4. Fourth degree – permanently prolapsed

Complications of hemorrhoids^[3]

1. Strangulation and thrombosis
2. Ulceration
3. Gangrene
4. Portal pyemia
5. Fibrosis

Differential diagnosis^[4]

1. Anal skin tags
2. Fibrous anal polyp
3. Peri-anal hematoma
4. Rectal prolapse
5. Anal fissure
6. Dermatitis
7. Rectal tumor.

Management

Exclusion of malignancy is the priority. Attempts should be made to normalize defecatory bowel habits—the addition of stool softeners and bulking agents to ease defecation^[3].

In first and second-degree hemorrhoids – injection sclerotherapy (Mitchell technique) is useful, to create fibrosis, cause obliteration of the vascular channels, and hitch up the anorectal mucosa^[3].

In bulky piles- rubber band ligation is useful, but associated with more discomfort. The bands cause ischemic necrosis of the piles, which slough off within 10 days^[4].

Cryotherapy (Lloyd Williams)- Applicable in 1st, 2nd and 3rd degree hemorrhoids. A cryoprobe of liquid nitrogen is applied to the hemorrhoids for 3 minutes^[3].

Infrared photocoagulation (Leicester)- It is useful in 1st and 2nd degree hemorrhoids. The infrared probe is applied to the base of the hemorrhoids through a proctoscope to produce a circular burn 2 mm deep. Exposure is for 1 second at each site^[4].

Surgical hemorrhoidectomy^[3]**The indications for hemorrhoidectomy**

1. Third- and fourth-degree hemorrhoids.
2. Second-degree hemorrhoids that have not been cured by non-operative treatments.
3. Fibrosed hemorrhoids.
4. Intero-external hemorrhoids when the external hemorrhoid is well defined.

Homeopathic management^[5]

1. ***Aesculus hippocastanum***: Dry, aching. Feels full of small sticks. Anus raw, sore, much pain after stool, with prolapse. Hemorrhoids with sharp shooting pain up the back. Large, hard, dry stool. The mucous membrane seems swollen and obstructs the pathway^[6].
2. ***Aloe socotrina***: Feeling of weakness and loss of power in sphincter ani; the sense of insecurity in the rectum, as if passing stool would escape when passing flatus^[7]. Hemorrhoids protrude like grapes; very sore and tender; better by cold application^[6].
3. ***Collinsonia canadensis***: Constipation, or piles of

pregnancy. Rectum, aches, burns, seems dry and full of sticks or sand; with cardiac pain^[8]. Piles; bleeding; chronic; alternating with heart, chest, or rheumatic complaints. Prolapsus ani. Itching of anus^[8]. Most obstinate constipation, with protruding hemorrhoids. Sense of constriction^[6].

4. ***Nux vomica***: Itching, blind hemorrhoids, with ineffectual urging to stool; very painful; after drastic drugs. Constriction of rectum^[6].
5. ***Graphites***: It is useful in bleeding piles of long standing where there is extreme soreness and fissures and great burning. Violent pain during stool. No desire to go stool for many days. It requires a long time with hard straining to pass the stool^[9]. Fissure-in-ano^[6].
6. ***Sulphur***: All the pain goes to the rectum, life-taking pains. Blind piles with burning as if something is biting at the anus, going away when lying down, coming on when walking or standing about. Hemorrhoids protrude, ooze, and bleed. Burning anus, before, during, or after stool^[10].
7. ***Paeonia officinalis***: Biting, itching in the anus that provokes scratching in the afternoon, orifice seems swollen. Hemorrhoids with fissure in anus; intolerable pain during and after a stool. Hemorrhoids and ulceration of the rectum. Very painful ulcer, partly in enlargement, round, sharp-cut edges, exuding much moisture^[10].

Case Study**Patient information**

A patient of 36 years male visited the outpatient department on 6th September 2022 for homeopathy with complaints of flatulence for 8 months and swelling and mass prolapsed all the time with ulceration in the anal region for 6 months. The patient was in good health a year ago, but then he started experiencing flatulence and bloating of the abdomen. According to the patient, these symptoms began after he moved to Delhi for work and started experiencing stress from working overnight. This lifestyle change led to constipation and eventually to the development of flatulence and abdominal distension. Additionally, six months ago, he developed swelling in the anal region. He occasionally takes antacids for the flatulence, which temporarily relieves his flatulence.

Clinical findings

The patient has been experiencing flatulence and bloating in the abdomen for the past 8 months, which worsens at night and disrupts his sleep. Additionally, he has been complaining of swelling in the anal region for 6 months. He experiences pain in the anal region that extends to his thighs, especially when walking and sitting. This pain has made it difficult for him to sit, leading him to take time off from his shop to rest. He has also been experiencing rectal bleeding and a burning sensation, particularly during and after passing stool. He suffers from chronic constipation and can only have a bowel movement after smoking. Talking about the family history: his mother passed away 4 years ago cause being unknown to the patient, and his father had a stroke attack 1 year ago, leaving him hemiplegic.

Physical generals

- Diet- non - vegetarian
- Appetite- decreased

- Tolerance to hunger– angry when hungry
- Thirst- 2 litres/day
- Thermal reaction- hot
- Micturition – nothing specific
- Bowel movements– constipation due to poor schedule, can only pass stool after smoking
- Perspiration- profuse and offensive
- Desire – milk +++
- Aversion– NS
- Sleep – disturbed due to flatulence at night
- Dreams – of falling from a height
- Habits– smoking (3-4 cigarettes/day)

Mental Generals

He was shy and unable to speak in public in front of strangers. He had a mild disposition and never got into fights because he always avoided such situations. As a result, he often suppresses his anger. Further inquiry revealed that since he started avoiding confrontations and suppressing his anger, he began experiencing complaints of flatulence and constipation. The patient is very religious and

attributes everything to God.

Provisional diagnosis: Grade IV hemorrhoids with ulceration

Differential diagnosis: Fissure-in-ano, fistula-in-ano, prolapsed polyp, rectal prolapse, skin tag.

The characteristic symptoms were considered for prescription

1. He was shy.
2. His complaints started after he started suppressing his anger.
3. Attributes everything to God.
4. He was angry when hungry
5. Could not sleep at night due to flatulence
6. Bleeding per rectum
7. Haemorrhoids <sitting, walking
8. Dreams of falling from height
9. Excessive desire for milk

Repertorisation chart

MIND	Remedies	ΣSym	ΣDeg	Symptoms
1 MIND - AILMENTS FROM - anger - suppressed	sulph.	7	16	2, 3, 4, 6, 8, 9, 10
2 MIND - ANGER - hungry; when	sep.	7	12	1, 3, 4, 6, 8, 9, 10
3 MIND - RELIGIOUS AFFECTIONS - too occupied with religion	ars.	6	11	1, 3, 4, 6, 8, 10
4 MIND - TIMIDITY	phos.	6	11	1, 4, 6, 8, 9, 10
ABDOMEN	ign.	6	10	1, 3, 4, 6, 7, 10
5 ABDOMEN - FLATULENCE - sleep - preventing	aur.	6	9	1, 3, 4, 6, 9, 10
RECTUM	thuj.	6	9	3, 4, 6, 7, 8, 9
6 RECTUM - HEMORRHAGE from anus	ph-ac.	6	8	1, 3, 4, 6, 9, 10
7 RECTUM - HEMORRHOIDS - sitting - agg.	lyc.	5	13	1, 2, 3, 4, 6
8 RECTUM - HEMORRHOIDS - walking - agg.	calc.	5	11	3, 4, 6, 8, 10
DREAMS	nat-m.	5	10	1, 3, 4, 6, 10
9 DREAMS - FALLING - height, from a	nux-v.	5	9	3, 4, 5, 6, 10
GENERALS	sil.	5	9	3, 4, 6, 8, 10
10 GENERALS - FOOD and DRINKS - milk - desire	caust.	5	8	3, 4, 6, 7, 8
	graph.	5	8	3, 4, 6, 7, 10
	kali-c.	5	8	1, 4, 6, 8, 9
	merc.	5	8	3, 4, 6, 9, 10
	alum.	5	7	3, 4, 6, 8, 9
	carc.	5	7	1, 3, 4, 6, 10
	mez.	5	7	3, 4, 6, 9, 10
	zinc.	5	7	3, 4, 6, 8, 9
	ruta	5	6	1, 3, 4, 6, 10

Remedy selected

Based on the Totality of symptoms Sulphur was prescribed.

Prescription- on 06/09/2022

Rx,

1. Sulphur 200 BD for 5 days
2. Placebo TDS for 15 days



Fig 1: Before treatment

Follow-up and Outcome

Table 1: Follow-up tabulation

Dates of follow-up	Prescribed medicine	Condition of the patient
14/09/2022	Placebo for 10 days	Flatulence decreased. can sleep at night
24/09/2022	Sulphur 200 BD for 5 days Placebo for 10 days	He felt mentally better. He is calm and relaxed. Mass outside the anus reverts back
09/10/2022	Sulphur 1M OD for 5 days Placebo for 10 days	The swelling decreased but the mass protruded out again
20/10/2022	Placebo for 10 days	Mass reverts into the rectum
11/11/2022	Placebo till the next follow-up	The wound formed was healed. Mass reverts and swelling decreased too

On the first day of the visit, Sulphur 200 was prescribed for 5 days, along with a placebo for 10 days. In the following days, the patient felt mentally calm and relaxed. The mass reverted into the rectum, and the swelling and pain

decreased. However, on 09/10/2022, the mass protruded outside again. Sulphur 1M was then prescribed for 3 days, with a placebo for 10 days. The mass reverted and the ulceration healed.



Fig 2: Condition of the patient (14/09/2022-24/09/2022)

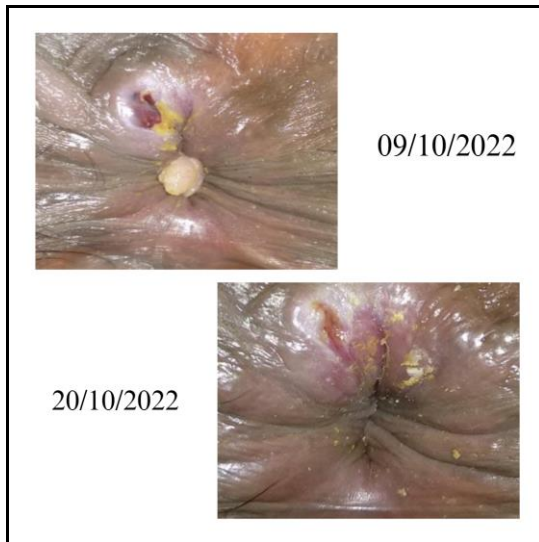


Fig 1: Condition of the patient (09/10/2022-20/10/2022)



Fig 2: After treatment

Conclusion

The presented case report is evidence of the successful treatment of Grade IV Hemorrhoids with ulceration and restoration of the physical and mental health of patients with the help of individualized homeopathic remedies preventing them from going through painful procedures, improving Quality of Life. The Synthesis repertory is very helpful in the treatment of advanced cases of hemorrhoids.

Declaration of patient assent

We certified that the patient had given his consent to provide their image and clinical information to be published in the journal. We assured the patient that the personal details of the patient will not be disclosed in the public domain.

Acknowledgments

There is no financial support or sponsorship. Conflicts of interest are not declared.

Author's Contribution

Not available

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How to Cite This Article

Chhavi Chakrawarty MD, Jain R. Exploring the benefits of homoeopathy in the care of grade IV haemorrhoids: A case study. *International Journal of Homoeopathic Sciences*. 2024;8(2):385-389.

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