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Homoeopathic management of Hemorrhoids: A case report

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Abstract

Haemorrhoids are the engorged veins within the anal canal. It has received remarkably little attention, despite the fact that they cause significant personal distress and monetary expenses. Since many individuals with the condition would never seek medical attention, it is challenging to determine the occurrence. However, the cause of haemorrhoids although not defined clearly, constipation and a low-fibre diet have long been believed to raise the risk of haemorrhoids. Changes in lifestyle and diet or surgical intervention have been used to manage these instances, with an emphasis on addressing the underlying cause of the illness. In all of these situations, the homoeopathic method of treatment has consistently proven to be more effective. This article discusses a case of haemorrhoid that has exhibited encouraging outcomes after homoeopathic medication was administered.

Keywords: Ignatia, hemorrhoids, case report, homoeopathy

Introduction

In the anal canal, haemorrhoids are cushions of sub mucosal vascular tissue that begin immediately proximal to the dentate line and are radicals of superior, middle and inferior rectal veins^[1]. An accurate definition of haemorrhoidal disease makes it possible to estimate its incidence and choose the best course of treatment. The aetiopathogenesis is still not known. Numerous arguments support the theory that his protrusion in the anal canal is caused by a progressive degradation of the fibro muscular structure of the internal haemorrhoidal plexus^[2]. Pain, itching, swelling, discomfort, and rectal bleeding are common symptoms of haemorrhoids that have a significant negative impact on a patient's quality of life. 39-52 percent of adults have this disorder. Adults between the ages of 45 and 65 are most likely to have haemorrhoids and about 40 million people in India suffer from this disorder^[3]. Simple dietary guidance relieves haemorrhoids in the majority of people. Rubber band ligation greatly improves moderate prolapsing haemorrhoids. The preferred treatment for people with advanced prolapsing haemorrhoids is still surgical haemorrhoidectomy^[2]. Homoeopathy through its unique way of approach have giving promising results in numerous cases of haemorrhoids. During homoeopathic prescription for haemorrhoids, mental state of the patient, physical makeup and also considered in the totality along with the physical symptoms. Ultimately, it's the man who needs to be treated rather than a single part.

Case report

A 28-year-old female patient, Ms. V reported to the outpatient department of Government Homoeopathic Medical College and Hospital on 04.06.2024 with the complaints of pain when passing stool along with mass per rectum since 1 year gradually increasing in size since last 2 month.

History of chief complaint

Patient was apparently healthy 1 years back when she started observing a small mass per rectum which would show up occasionally after defecation and recede on its own after sometime. Since last 2 months the swelling has been almost constantly present and also has started to gradually increase in size. Since last 1 week there is one more new mass that she can feel and that too has started increasing in size.

Patient also complaints of pain in rectal region during and after passing stools. This pain is of pricking and burning kind.

The pain lasts for almost 2-5 min. All her complaints aggravate after consuming spicy food, sitting for long time and is better by washing the area with cold water. Occasionally complaints of itching around the anal region. There was 1 episode of bleeding per rectum observed 3 days prior to consultation (2-3 drops of fresh blood after stools). When consulted surgeon, she was suggested for surgery which worried her and after which she decided to take homoeopathy.

Past history

History of chickenpox at age of 6 years. (Taken allopathic medication)

Family History (Table 1)

Table 1: Family history

Father	Apparently Healthy	Hypertension
Mother	Apparently Healthy	Fibroid Uterus

Personal history

- **Diet:** Mixed
- **Hunger:** Tolerable
- **Appetite:** Adequate
- **Thirst:** Feels thirsty, 3-4l/ day
- **Craving:** Meat +
- **Aversion:** Nothing specific
- **Bowel habits:** Regular, 1/day, soft stools, Need to strain
- **Bladder habits:** 4-5 times per day; 1-2 time per night
- **Sleep:** Refreshing
- **Dreams:** Not remembered
- **Perspiration:** Generalized
- **Thermal state:** Chilly

Menstrual history

- **Age of Menarche:** 14 years
- **Cycles:** Regular since menarche, 30 days cycle
- **Duration of menstrual period:** 5 days,
- LMP-25/05/2024
- **Flow:** Moderate 4/3/3/1/1
- **Color of the flow:** Bright red
- **Odor:** Absent
- **Clots:** Absent
- **Pain:** Lower abdominal pain on first 2 days-mild
- **Leucorrhoea:** Present during mid of cycles, non-irritating.

Mentals

- Timidity
- Lack of confidence
- Shyness
- A/F: Disappointed love
- Introvert
- Weeps when alone

General physical examination

- **Weight:** 64 kg
- **Height:** 171
- **BMI:** 21.8 kg/ mt²

- Moderately built and nourished
- **Pulse:** 72 / min, regular rhythm, normal volume, vessel wall not palpable.
- **Blood pressure:** 110/70 mmHg, right arm, sitting position
- **Respiratory rate:** 16 breaths/min, Thoraco abdominal respiration
- **Temperature:** Afebrile at the time of examination

Local Examination: Examination of rectal swelling, Figure 1.



Fig 1: Examination of rectal swelling

Inspection

- **Location:** Anal opening (7 o clock and 11 o clock position)
- **Number:** 2
- **Size:** 0.5-1 cm
- **Color:** Normal
- **Surface:** Smooth
- **Overlying Skin:** Appears normal

Palpation

- **Digital Rectal Examination**
- **Consistency:** Tense
- **Tenderness:** Present
- **Bleeding:** Absent

Provisional diagnosis: External Hemorrhoids

Case analysis: (Table 02)

Table 2: Analysis of symptoms

Common symptoms	Uncommon symptoms
<ul style="list-style-type: none"> • Mass per rectum • Bleeding occasionally • Itching occasionally • Pricking pain, Burning pain • < Spicy food, sitting for long time, During and after stools • > cold application 	<ul style="list-style-type: none"> • Timidity • Lack of confidence • Shyness • A/F: Disappointed love • Introvert • Weeps when alone • Thirsty • Soft stool-needs to strain • Desire: Meat • Chilly patient

Case Evaluation (Table 3)

Table 3: Evaluation of symptom

Mental general	Physical generals	Characteristic Particulars
<ul style="list-style-type: none"> • Timidity 3+ • Lack of confidence 3+ • Shyness 1+ • A/F: Disappointed love 2+ • Introvert 2+ • Weeps when alone 1+ 	<ul style="list-style-type: none"> • Desire: Meat 3+ • Thirsty 1+ • Chilly 2+ • Soft stool-needs to strain 1+ 	<ul style="list-style-type: none"> • Mass per rectum 2+ • Bleeding occasionally 1+ • Itching occasionally 1+ • Pricking pain 2+ • Burning pain 1+ • < Spicy food 1+ • Sitting for long time 1+ • During and after stools 2+ • > cold application 1+

Totality of symptom

- Timidity.
- Lack of confidence.
- A/F: Disappointed love.
- Desire: Meat.
- Mass per rectum.

- Pricking pain.
- < During and after stools.

Selection of Repertory: Complete Repertory

Repertorial Totality and Results: (Figure 2)

The screenshot shows a software interface for a repertorial sheet. At the top, it says 'Repertorisation: Normal'. Below that are several icons for file operations. The main part of the interface is a grid with 'Remedy Name' on the left and various remedies on the top. The remedies listed are Sulph, Ign, Nit-ac, Sil, Phos, Kali-c, Nux-v, Lyc, Calc-p, Lach, Nat-m, and Bar-c. The rows represent different symptoms, such as '[C] [Mind]Timidity', '[C] [Mind]Confidence:Want of self', etc. Each cell in the grid contains a numerical value representing the frequency or strength of the symptom-remedy relationship.

Remedy Name	Sulph	Ign	Nit-ac	Sil	Phos	Kali-c	Nux-v	Lyc	Calc-p	Lach	Nat-m	Bar-c
Totality	15	14	14	13	12	12	12	12	11	11	11	11
Symptom Covered	8	7	6	6	7	6	6	5	6	6	6	5
[C] [Mind]Timidity:	3	2	2	4	3	3	2	3	1	1	2	3
[C] [Mind]Confidence:Want of self:	1	1	1	3	1	2	1	2		1	2	2
[C] [Mind]Ailments from:Love:Disappointed, unhappy:	1	4			1	1	1		2	2	3	
[C] [Generalities]Food and drinks:Meat (see meat, aversion, fat):Desires:	2		3	1	1		2		2		1	
[C] [Rectum]Hemorrhoids:	3	2	3	2	3	3	3	3	2	3	2	2
[C] [Rectum]Pain:Pressing, pressure:	3	3	3	1	2	1	3	2	1	2	1	2
[C] [Rectum]Hemorrhoids:Stool:After:Agg.:	1	1										
[C] [Rectum]Hemorrhoids:Stool:Protrude:During:	1	1	2	2	1	2		2	3	2		2

Fig 2: Repertorial sheet

Prescription: (04.06.2024)

Rx: Ignatia 1M/ 1 Dose
 Rubrum/ TID x 15 days

Follow UP: (Table 4)

Table 4: Follow up

Date	Observation	Prescription
16/06/2024	<ul style="list-style-type: none"> • Mass per rectum persist and slightly increasing in size (Figure 03) • Occasionally pains • No bleeding or itching • Generals good • No new complaints reported 	Rx: RUBRUM/ TID x 15 days
02/07/2024	<ul style="list-style-type: none"> • Mass per rectum reducing in size (Figure 4) • Complaints of pain better • No episode of bleeding • Stool: regular, well formed • Generals good • No new complaints reported • Confidence improving 	Rx: RUBRUM/ TID x 15 days
20/07/2024	<ul style="list-style-type: none"> • Mass per rectum reducing in size (Figure 5) 	Rx:

	<ul style="list-style-type: none"> Complaints of pain better by 80% in spite of consuming spicy food No episode of bleeding Generals good No new complaints reported 	RUBRUM/ TID x 1 month
25/08/2024	<ul style="list-style-type: none"> Mass per rectum reduced in sized (Figure 6) No pain/ bleeding Generals good No new complaints reported 	Rx: RUBRUM/ TID x 15 days
10/09/2024	<ul style="list-style-type: none"> Reduction in size of mass per rectum (Figure 7) No new complaints better Confidence improved 	Rx: RUBRUM/ TID x 15 days



Fig 3: Mass per rectum persist and slightly increasing in size



Fig 4: Mass per rectum reducing in size



Fig 5: Mass per rectum reducing in size

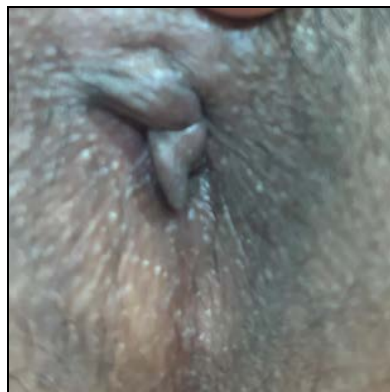


Fig 6: Mass per rectum reduced in sized

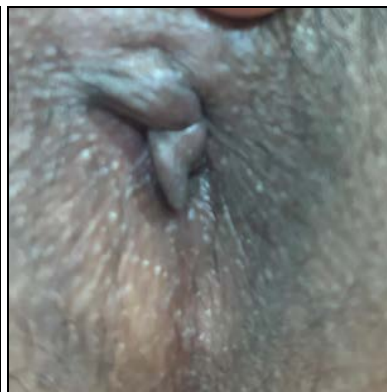


Fig 7: Reduction in size of mass per rectum

Discussion

In the above-mentioned case as a constitutional remedy, Ignatia was prescribed after the complete case had been examined. This case study supports the effectiveness of individualised homoeopathic treatment in reducing the intensity of external haemorrhoid symptoms. In this case the subjective symptoms of pain in patient reduced drastically post medicine, along with objective regression in size of the mass per rectum post prescription of remedy. There was no repetition or change of potency done and the patient was only kept on placebo till the remedy showed its complete action. An observational study done on 30 patients of Sharada Krishna homoeopathic medical college also revealed a positive improvement in patients suffering from various complaints of haemorrhoids when managed with Individualized homoeopathic medicines ^[4]. Additionally, the Modified Naranjo Criteria ^[5] were used to evaluate the changes in the casual attribution in the

following case (Table 5). According to the criteria, the overall score in this instance is +10, which is quite closely comparable to the sum of +13, indicating the positive casual attribution of the individualised homoeopathic medicine to the clinical result.

Conclusion

Due to changes in eating habits and modern lifestyles, haemorrhoids have become a major health concern for most people of all ages. The quality of life for those who suffer from haemorrhoids has been greatly impacted by complaints about the condition. Since the foundation of this prescription has been a support of the value of an individualistic and holistic approach, this case serves as evidence that homoeopathy has a wider scope in cases of haemorrhoids. It has been suggested that a larger sample size be used to further verify this information and assess the efficacy of homoeopathic treatment for haemorrhoid complaints.

Table 5: Assessment of modified naranjo criteria score

	Modified Naranjo Criteria			Case
	Yes	No	Not Sure	
1.	+2	-1	0	+2
2.	+1	-2	0	+1
3.	+1	0	0	+1
4.	+1	0	0	+1
5.	+1	0	0	+1
6.	+1	0	0	0
	+1	0	0	+1
7.	+1	0	0	0
8.	-3	+1	0	+1
9.	+2	0	0	+2
10.	+1	0	0	0
Total score (Maximum score= +13; Minimum score =-6)				+10

Conflict of Interest: None

Financial Support: Not available

Declaration of Patient Consent: Patient consent was taken for images to be reported for this article

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How to Cite This Article

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