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**Dr. Partha Pratim Pal**
Research Officer S-I, CCRH, Dr. Anjali Chatterji Regional Research Institute (H) of Kolkata, West Bengal, India

**Dr. Jayashree Mahato**
Medical officer, ESI – PGIMSR and ESI hospital & ODC (EZ), Diamond Harbour, Joka, Kolkata, West Bengal, India

**Corresponding Author:**
**Dr. Partha Pratim Pal**
Research Officer S-I, CCRH, Dr. Anjali Chatterji Regional Research Institute (H) of Kolkata, West Bengal, India

# Gentry's repertory of haemorrhoids in management of a clinical case

**Dr. Partha Pratim Pal and Dr. Jayashree Mahato**

**Abstract**
Judicious use of repertory makes it a significantly important tool of application in the clinics. Utility will be varied depending upon the diversity in the evolution and development in the repertories. Mostly, the general repertories of logico-utilatarian variety is used in finding the similimum, but very often we are encountering cases with few or no marked general symptoms and it presumes an one-sided condition of the disease. In those situations we may be only left with the pathological particular symptoms. Using Clinical repertories as a reference provide us an opportunity to find the best probable similimum. The underlying case report is a documentation of such helpfulness.

**Keywords:** Clinical repertory, gentry, pathological prescription, haemorrhoids

## Introduction
Haemorrhoids are 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 resulting from deterioration of anchoring connective tissue [1]. The abnormal dilatation and distortion of the vascular channel, together with destructive changes in the supporting connective tissue within the anal cushion, is the principal finding [2]. The prevalence of haemorrhoids in India according to recent surveys is around 40 million [3]. Several risk factors have been claimed to be the etiologies of haemorrhoid development including aging, obesity, depression, pregnancy, chronic constipation and diarrhoea, low-fiber diet, spicy foods, and alcohol intake [4].
Haemorrhoids may be classified as per their location i.e internal (above dentate line), external (below dentate line) and mixed (involving areas both above and below dentate line). Internal haemorrhoids are covered by columnar epithelium and presents with painless bleeding, prolapse, mucus discharge, soiling, and pruritus ani. External haemorrhoids are typically asymptomatic unless they become thrombosed. Mixed haemorrhoids may present with bleeding, pain, or other symptoms [1]. Gradation of haemorrhoids may done as per type of presentation, for e.g. Grade I - non prolapsing internal haemorrhoids, Grade II – internal haemorrhoids prolapse during daefecation, Grade III - internal haemorrhoids prolapse during daefecation needed to be manually reduced, Grade IV - internal haemorrhoids prolapsed and incarcerated [5]. In this article such clinical case of haemorrhoid will be discussed along with the employment of a specific clinical repertory in its analysis.

## Case report
A 34 years male patient (RM- registration ID: 7756/18-19) came in OPD of Dr Anjali Chatterji Regional Research Institute for Homoeopathy, Kolkata with complaints of bleeding per rectum associated with dull aching pain and burning during daefecation for last 2/3 months. On examination swollen masses were found around the anal orifice at 11o'clock, 1o'clock, 5o'clock and 7o'clock position which were bulging out gradually. It is insidiously growing in size since last 2 years. The swelling increases during episodes of hard stool. He also used ointments quite a number of times it provided temporary relief. In the past history, hepatomegaly was found in the ultrasonography report. In family history similar haemorrhoidal complaint occurred with father who got it operated three times. Generalities (mental or physical) of the patient were not marked at all.

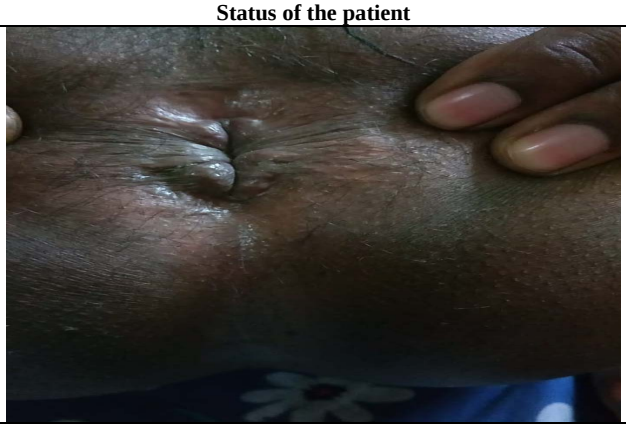
## Repertorial analysis
Every repertory follows its own philosophy and construction. Several methods of repertorisation is also available as per given clinical presentation of the case.

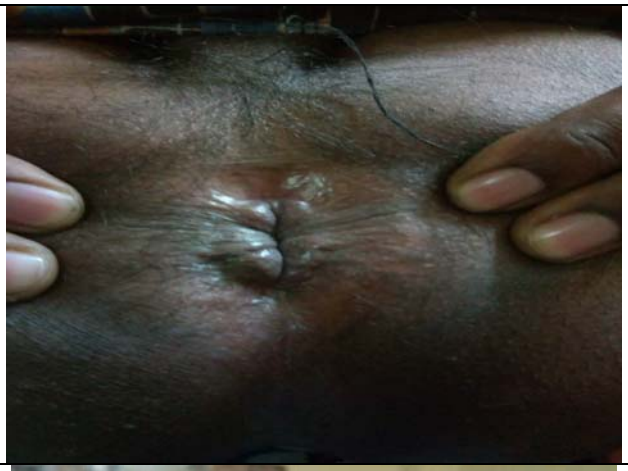
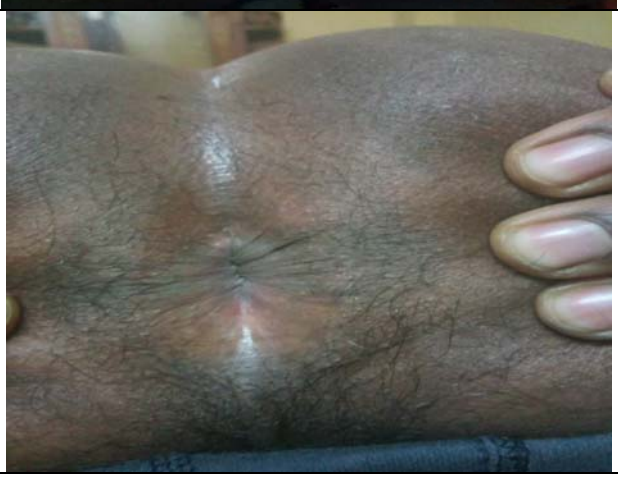
In the above mentioned clinical condition of haemorrhoids the symptoms obtainable were mainly the particular symptoms related to the pathology. The case strongly lacked the general symptoms. In such a situation we should go for pathological prescriptions and it will be logical to emphasise on the particular organs and tissue affected, location, character and physical aspect of the lesions with consideration of any etiological factors, modalities and concomitants if elicited. This condition is ideal for fifth method of repertorisation [6] where we can use Clinical repertories as a reference to find the most probable similimum. It may be general clinical repertory (Boericke's clinical repertory, Clarke's repertory), Disease oriented clinical repertory (Bells diarrhoea, Robert's Rheumatic remedies), and Organ based clinical repertory (Minton's uterine therapeutics, Berridge's eye repertory) [7]. One such example of disease oriented clinical repertory is – "The Homeopathic therapeutics of Haemorrhoids" by WM.Jefferson Guernsey (1st edition in 1880) [8]. First part of this book is containing the symptomatology of the remedies under the headings of Subjective, Objective, Aggravation, Amelioration and Concomitant symptoms. The second part is the repertorial part having chapters with similar headings with minor variations i.e. the Aggravation and Amelioration is considered as a single chapter and there is no chapter related to Concomitant symptoms. The rubrics are arranged alphabetically and cross-references used most frequently. Typography for evaluation of remedies was – bold, italics and roman. Now, considering the above the symptomatology of the case presentation four rubrics was used as reference in this repertory.

| Subjective- Aching | Subjective- Burning |
|---|---|
| SUBJECTIVE.<br><br>**Aching** (painful, pain, simple, pressive, ordinary, dull, indescribable, drawing, dragging, undefined. Anguish, Misery, Suffering, Torture, Agony.) Acon., **Æscul.**, Agar., *Aloe*, Alum, **Am. cb.**, Am. mur., *Anac.*, Ant. c., Ars., Bart., Bary. cb., Berb., **Brom.**, Bry., Cactus, Calc. c., Calc. ph., Caps., Carb. an., *Carb. vg.*, Carls., **Caust.**, Cham., China, Chrom. ac., Cimicif., Coccul., Colch., Collins., *Colo.*, Cycla., Diosc., Euphras., Fer., *Graph.*, Gratiol., Ham., **Ign.**, Iod., Kali bi., **Kali cb.**, Kali nit., Lach., **Lyc.**, Medor., Merc., Mezer., Millef., *Mur. ac.*, Nat. mur., Nit. ac., *Nux*, Pæon, Phos., *Phos. ac.*, Physos., Plumb., *Podo.*, **Puls.**, Ratan., Rhus, Rumex, Sab., *Sacch.*, Secal., *Sep.*, Sil., Stront., **Sul.**, Sul. ac., Sumb., Syph., Therid., **Thuj.**, Zinc, Zing. | **Burning** (heat, warmth, scalding.) Abrot., *Acon.*, **Æscul.**, Agar., **Aloe**, Alum, Am. cb., Am. mur., *Ant. c.*, *Apis*, **Ars.**, Arum., Aur., Bart., Bary. cb., **Berb.**, Bovis, Bry., *Calc. c.*, Canth., *Caps.*, **Carb. an.**, *Carb. vg.*, Carls., **Caust.**, Cepa, Cham., China, Cicut., Clem., Coccul.,<br><br>SUBJECTIVE SYMPTOMS.<br><br>Colch., Collins, *Con.*, Crot. tig., Cycla., Diosc., Erig., Euphras., Fer., **Graph.**, Gratiol., Ham., Hepar., Iod., Kali bi., **Kali cb.**, Lach., Lactuc., Lil. tig., Lyc., Medor., *Merc. Mur. ac.*, Nat. mur., **Nit. ac.**, Nux., Petrol., Phos., Phos. ac., Physos., Plant., Podo., Psorn., Puls., Ratan., Rhus v., *Sep.*, *Sil.*, Staph., Strout., **Sul.**, *Sul. ac.*, **Thuj.**, Verat., Zinc, Zing. |
| **Objective - Bleeding** | **Aggravation and Amelioration – Stool hard, after <** |
| OBJECTIVE.<br><br>**Abrasion.** See **Excoriation.**<br>**Bleeding** (Hæmorrhage, flowing, blood from, open). Acet. ac., **Acon.**, Æscul., Alco., Aloe, Alum, Ambr., Am. cb., Am. mur., Anac., *Ant. c.*, Apis, Ars., Aur., Bapt., Bary. cb., *Bell.*, Berb., Borax, Cactus, *Calc. c.*, Calc. ph., Canth., Caps., Carb. vg., Carls., Cascar, *Cham.*, China, Chrom. ac., Collins, Coloc., Cycla., Diosc., Elaps., Erig., **Fer.**, **Ham.**, Hep., Hydras., Hyos., Ign., *Kali cb.*, Lach., Lobel., Lyc., Manc., Medor., *Merc.*, *Millef.*, *Mur ac.*, Nat. mur., Nit. ac., Nux, *Phos.*, Phos. ac., Phytol., Plat., Podo., *Puls.*, Ratan., Rhus, Rhus. v., Sab., Sacch., Sep., **Sul.**, Thuj., Verat., Zinc. | AGGRAVATION AND AMELIORATION.<br><br>Stool, evening, after. < Nux.<br>" " during. < Sul.<br>" hard, after. < *Aloe*, Collins., *Nat. mur.*, *Sul.* |

From above tabulation it is evident that Sulphur is the remedy having maximum score. Moreover it is written in the preface of this book that Sulphur is haemorrhoidal cases maltreated with ointments. Final consultation with materia medica suggests that Sulphur is subjected to venous congestion, especially of portal system [9]. The past history and family history also offer points in favour of Sulphur. Furthermore clinical trials of haemorrhoids with individualised homoeopathy – an open observational trial also showed that Sulphur was the medicine most frequently (26.9%) used with effectiveness [10].

**Follow-ups**

| Date of visit | Status of the patient | Prescription |
|---|---|---|
| Baseline (29.11.18) |  | Rx<br>1.Sulphur 200<br>4 doses in sac lac pulvis<br>OD x 4 days<br>2. Phytum 200<br>For one month |

| | | |
|---|---|---|
| 1st follow-up (03.01.19) |  | Rx<br>1. Phytum 200<br>For one month |
| 2nd follow-up (14.02.19) |  | No medicine was prescribed as patient was totally annihilated from haemorrhoidal condition |

**Conclusion**

Proper use of the repertory will guide to correct prescription and that cannot be achieved from mechanical matching of symptoms. Essence of each repertory is to be understood and the work of planning varies from one to the other. Form the above case illustration it is obvious that clinical repertories can be equally utilised in day to day practice depending upon the type of case appearance.

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