



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(3): 1561-1565
Received: 16-06-2025
Accepted: 18-07-2025

Dr. Yatish B

MD Scholar, Department of
Case Taking & Repertory,
Government Homoeopathic
Medical College and Hospital,
Bengaluru, Karnataka, India

Dr. Anupama IK

Assistant Professor,
Department of Case Taking &
Repertory, Government
Homoeopathic Medical College
and Hospital, Bengaluru,
Karnataka, India

Corresponding Author:

Dr. Yatish B

MD Scholar, Department of
Case Taking & Repertory,
Government Homoeopathic
Medical College and Hospital,
Bengaluru, Karnataka, India

Role of pathological prescription and repertorization in the treatment of hemorrhoids: A homoeopathic case report

Yatish B and Anupama IK

DOI: <https://www.doi.org/10.33545/26164485.2025.v9.i3.X.1865>

Abstract

Background: Hemorrhoids are one of the most common anorectal disorders, affecting nearly 50% of the population by the age of 50. They result from multifactorial etiologies such as chronic constipation, prolonged straining, vascular dilatation, and connective tissue degeneration. Conventional management often requires surgery in severe cases, but Homoeopathy offers a promising individualized and pathological prescription-based approach.

Case Presentation: A 50-year-old male presented with severe burning pain during defecation and a mass per rectum for 15 days. Local examination revealed a single, smooth, tender swelling at the anal opening diagnosed as grade 2 External Hemorrhoids. Symptoms were aggravated by cold water and sitting, and ameliorated by warm water washing.

Intervention and Outcomes: The patient was initially prescribed Ratanhia 200, Hamamelis Q, and Aesculus ointment, followed by Aesculus 200. Despite improvement in swelling, persistent burning aggravated by cold water led to repertorization using the Synthesis repertory, which indicated Arsenicum album. A single dose of Arsenicum album 200 provided complete and lasting relief. Follow-up after one month showed complete resolution of pain and swelling. Modified Naranjo Criteria yielded a score of +7, supporting a positive causal relationship between the remedy and clinical outcome.

Conclusion: This case highlights the effectiveness of Individualized Homoeopathic treatment, supported by pathological prescriptions, in managing Hemorrhoids without surgical intervention. It demonstrates that partial relief may be achieved even without full individualization, while final remedy selection through repertorization can bring complete cure. Homoeopathy, complemented with lifestyle modifications, offers a safe and holistic approach to Hemorrhoids management. To confirm these results, more extensive research is needed.

Keywords: Hemorrhoids, case report, homoeopathy, pathological prescription

Introduction

Hemorrhoids are one of the most common anorectal disorders, defined as the symptomatic enlargement and distal displacement of the normal anal cushions. They affect millions of individuals worldwide and represent a significant medical as well as socioeconomic burden. The etiopathogenesis of hemorrhoids is multifactorial, with chronic constipation, prolonged straining, abnormal dilatation of vascular channels, and degenerative changes in the connective tissue of anal cushions being key contributors. Inflammatory reactions and vascular hyperplasia have also been implicated in their development ^[1].

Hemorrhoids are classified according to their position relative to the dentate line. External hemorrhoids, situated below the dentate line, are covered by anoderm and innervated by somatic nerves, thereby producing pain. In contrast, internal hemorrhoids lie above the dentate line, are covered by columnar epithelium, and are innervated by visceral fibers, thus generally being painless. Internal hemorrhoids are further graded according to the degree of prolapse, ranging from first-degree (non-prolapsing) to fourth-degree (irreducible). Histopathological features include venous dilatation, vascular thrombosis, connective tissue degeneration, and in severe cases, mucosal ulceration and ischemia. The exact pathophysiology remains debated; however, the "sliding anal canal lining theory," which attributes the disease to weakening of the supporting tissues of the anal cushions, is currently the most accepted. Advancing age, strenuous activities, and prolonged sitting are important risk factors.

Epidemiologically, it is estimated that nearly 50% of individuals will experience hemorrhoids by the age of 50, and at any given time, about 5% of the population suffers from symptomatic disease. According to the ICD-11 classification, Hemorrhoids are listed under DB60 [2, 3].

Management of hemorrhoids is often challenging. While surgical interventions remain the mainstay in severe or refractory cases, alternative approaches such as Homoeopathy have shown promising results, depending on the presentation. The present case illustrates the effective management of external hemorrhoids using homoeopathic remedies, including *Ratanhia peruviana*, *Hamamelis virginiana*, *Aesculus hippocastanum*, and ultimately *Arsenicum album*, prescribed through repertorisation. This highlights the therapeutic potential of individualized medicine in hemorrhoidal disease. Although individualization remains the cornerstone of homoeopathy, this case also emphasizes the value of pathological prescription, wherein the selection of medicines based on specific tissue affinities can significantly benefit patients. Such an approach not only reaffirms the principle of individualization but also demonstrates that pathological prescriptions can bring about profound clinical improvement, thereby enriching the scope of Homoeopathic therapeutics.

Case report

A 50-year-old male patient, Mr. Y, reported to the outpatient department of Government Homoeopathic Medical College and Hospital on 23.04.2025 with the complaints of pain when passing stool along with mass per rectum since 15 days.

History of presenting complaint

The patient was apparently healthy previously, but since the past 15 days he has been experiencing burning and sore pain while passing stool, along with a gradual onset of mass per rectum. The patient suspects that this might have developed due to prolonged driving or body heat.

There is no history of bleeding per rectum. The pain is so severe that he is unable to sit comfortably. The complaints are aggravated by application of cold water and are ameliorated by application of warm water.

Past history

- **Medical history:** Nothing significant
- **Surgical history:** Nothing significant
- **Allergic history:** Not allergic to drug, diet and dust.

Table 1: Family History

Relationship	Medical condition	Status
Father	Throat cancer?	Dead
Mother	Apparently Healthy	Alive
Elder sister	Apparently Healthy	Alive
Younger brother	Apparently Healthy	Alive

Personal history

1. **Diet:** Vegetarian
2. **Hunger:** Tolerable
3. **Appetite:** Good
4. **Thirst:** Thirstless, drinks 3-4 litres/day
5. **Craving:** Nothing specific
6. **Aversion:** Nothing specific
7. **Bowel habits:** Regular, once per day, satisfactory.

8. **Bladder Habits:** 4-5 times per day, 1-2 times in night.
9. **Sleep:** Sound, refreshing, Right side position.
10. **Dreams:** Dead persons of family relatives.
11. **Perspiration:** Axilla, sour smell.
12. **Thermal state:** Hot Patient.
13. **Addiction:** Beverages(Tea) 1-2 times a day.

Life space investigation

He was born and brought up in Chikkamagaluru, in a family of agriculturists. His parents were engaged in farming, and he completed his schooling and II PUC in Chikkamagaluru. Financially stable and interested in studies, he later moved to Bangalore for higher education, where he successfully completed his B.A. His brother is also an agriculturist, and together they own seven acres of arecanut plantation, sharing the turnover benefits equally. He got married in 2006; his wife is a homemaker. Initially, he worked at Wipro for two years and then joined the courier company VRL, where he has been working for the past 21 years. He maintains friendships and shares both personal matters and stressful events with his friends. However, he often prefers being alone as small trifles may lead to conflicts. He gets angry if lied to or cheated, and his usual reaction is to scold in such situations.

On observation- Irritable and mentally restless.

General physical examination

- **Weight:** 58 kg
- **Height:** 160 cm BMI: 22.7 kg/mt²

Moderately built and nourished

- **Pulse:** 90 / min, regular rhythm, normal volume
- **Blood pressure:** 130/80 mmHg;
- **Respiratory rate:** 14 breaths/min;
- **Temperature:** Afebrile at the time of examination

No signs of pallor, cyanosis, clubbing, icterus, lymphadenopathy, edema.

Systemic examination

- **Respiratory System:** Normal Vesicular breath sounds heard.
- **Cardio Vascular System:** S1 S2+ heard.
- **Gastrointestinal System:** Soft and non-tender on palpation.
- **Nervous System Examination:** Conscious and oriented with time, place and person.

Local Examination: Examination of rectal swelling (Figure 01).

Inspection

- **Location:** Anal opening 7'o position External in opening
- **Number:** 1
- **Size:** 2-3 cm
- **Colour:** Normal
- **Surface:** Smooth
- **Overlying Skin:** Appears normal

Palpation-Digital Rectal examination

- **Consistency:** Tense
- **Tenderness:** Present

- **Bleeding:** Absent

On examination - Grade 2 External Hemorrhoids.



Fig 1: Examination of rectal swelling

Provisional diagnosis: external hemorrhoids.

Table 2: Case Analysis

Common symptoms	Uncommon symptoms
<ul style="list-style-type: none"> • Pain and burning • Agg- Sitting 	<ul style="list-style-type: none"> • Amel- warm water washing • Agg- Cold water • Perspiration- Axilla, Sour • Rt side sleep position. • Dreams - dead people • Hot Pt

Table 3: Evaluation of symptoms

Mentals	Physicals	Particulars
****	<ul style="list-style-type: none"> • Perspiration- Axilla, Sour • Rt side sleep position. • Dreams - dead people • Hot Pt 	<ul style="list-style-type: none"> • Pain and burning • Agg- Sitting • Amel- warm water washing • Agg- Cold water

Totality of symptoms

- Pain and burning

- Agg- Sitting
- Amel- warm water washing
- Agg- Cold water
- Perspiration- Axilla, Sour
- Rt side sleep position.
- Dreams - dead people
- Hot Pt

Selection of repertory: Synthesis repertory (synthesis english apk)

Repertorial totality and results: (figure 02).

RECTUM			
1 RECTUM - HEMORRHOIDS			
2 RECTUM - HEMORRHOIDS - sitting - agg.			
3 RECTUM - HEMORRHOIDS - warmth; external - amel.			
4 RECTUM - PAIN - Anus - stool - after - agg. - burning			
SLEEP			
5 SLEEP - POSITION - side; on - right side; on			
DREAMS			
6 DREAMS - DEAD; of the - relatives			
PERSPIRATION			
7 PERSPIRATION - ODOR - sour			
Remedies	ΣSym	ΣDeg	Symptoms
ign.	6	8	1, 2, 3, 4, 5, 7
sulph.	5	12	1, 4, 5, 6, 7
ars.	5	11	1, 3, 4, 5, 7
lyc.	5	10	1, 3, 4, 5, 7
sep.	5	10	1, 3, 4, 5, 7
lach.	5	9	1, 4, 5, 6, 7
thuj.	5	9	1, 2, 4, 6, 7
caust.	5	8	1, 2, 4, 6, 7

Fig 2: Synthesis repertory (Synthesis English APK)

Table 4: Prescription and follow up

Date	Observation	Prescription
23.04.2025	First prescription	1.Ratanhia 200 TID X 5days 2. Hamamelis Q 10 drops TID X 10days 3.Aesculus Ointment External application 4.Rubrum BD X 10days
26.04.2025	Same compliant, Anxious about condition- giving option shall I undergo surgery sir.	Reassurance was given.
05.05.2025	On examination- Swelling reduced. Pt c/o pain persists, complains about one symptom again , sir burning sensation by cold application. (Figure 03)	1.Aesculus 200 TID X 3days 2.Hamamelis Q Continued 3.Aesculus ointment for external application 4. Rubrum

		BD X 7days
09.05.2025	Pain persists, same one symptom, burning sensation by cold application with hard stools.	Repertory search was done 1. Ars Alb 200 6 pills stat given 2. Sac lac powder BD X 15 days
28.05.2025	No pain and burning, Pt was stable. On examination- swelling was reduced with no tenderness on touch. (Figure 04)	Treatment stopped.



Fig 3: Mass per rectum reducing in size



Fig 4: Reduction in size of mass per rectum

Discussion

In the above-mentioned case, treatment was initially started with the pathological prescription of *Ratanhia* and *Aesculus*, which have well-recognized affinities for the disease

condition. The action of these medicines was evident, but one particular symptom continued to trouble the patient, who repeatedly emphasized it during consultations.

To address this, repertorization was performed using the Synthesis Repertory (Synthesis English APK) (Figure 02), and finally *Arsenicum album* was prescribed. This remedy provided complete relief. This process highlights that when repertory is used, polychrests often emerge as the top remedies, and rare medicines are less frequently selected. In such cases, partial symptomatic treatment can be achieved even without full individualization, illustrating that homeopaths need not always rigidly adhere to the classical method in every clinical scenario ^[4].

The causal relationship between the individualized homeopathic prescription and the clinical outcome was further evaluated using the Modified Naranjo Criteria (Table 05), which yielded a score of +7. Although slightly lower than the maximum score of +13, this strongly supports the positive causal attribution of the individualized remedy to the observed clinical improvement ^[5].

Lifestyle modifications and dietary measures played an important complementary role in managing hemorrhoids, including maintaining hydration, increasing fiber and fluid intake, using stool softeners, taking sitz baths, consuming chia seed water, following a fiber-rich diet while avoiding junk food, alcohol, and smoking, and addressing posture-related occupational issues like prolonged sitting or driving. Chronic hemorrhoids can occasionally lead to complications such as Anemia from blood loss or strangulated internal hemorrhoids causing severe pain. Pathological prescriptions often used include *Ratanhia*, *Aesculus*, *Nux vomica*, *Collinsonia*, *Aloe socotrina*, *Hamamelis*, *Sulphur*, *Bryonia*, and *Calcarea fluorica*.

This observational trial indicates that individualized homeopathic treatment may relieve pain, bleeding, and discomfort, improve well-being, and help avoid surgery when combined with lifestyle measures. Findings from a randomized controlled trial further suggest that individualized homeopathic medicines were significantly more effective than placebo in improving symptoms and quality of life in grade I-III hemorrhoids without adverse effects, though larger phase 3 trials are needed for confirmation ^[6, 7].

Table 5: Assessment of Modified Naranjo Criteria Score

Domains	Yes	No	Not sure or N/A	Case
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3. Was there an initial aggravation of symptoms?	+1	0	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	0
5. Did overall well-being improve? (Suggest using validated scale)	+1	0	0	+1

6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1	0	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
Total score (Maximum score= +13; Minimum score = -6)				7

Conclusion

This case emphasizes the effectiveness of Homoeopathy in managing hemorrhoids, demonstrating complete recovery without conventional interventions. With changing eating habits and modern lifestyles, hemorrhoids have emerged as a significant health concern affecting people across all age groups, often impairing quality of life. The case also highlights the value of pathological prescriptions, showing that partial symptomatic relief can be achieved even without complete individualization, suggesting that homeopaths need not always rigidly follow the classical approach in every clinical situation. However, further research and verification are warranted to establish the broader effectiveness of Homoeopathic treatment for Hemorrhoids.

Conflict of interest: None.

Financial support: None.

Declaration of patient consent

Written consent was obtained from the patient using the appropriate consent form. In this form, the patient consented to the inclusion of his clinical information and the use of his pictures to depict before-and-after treatment in the journal report. He understands that his data will remain confidential and will not be published.

References

- Vijay A, Paul A, Vijayakumar C, Gupta V, Gupta R, Gupta P, *et al.* The Association of Colon & Rectal Surgeons of India (ACRSI) practice guidelines for the management of hemorrhoids. *Indian J Surg.* 2016;79(1):58-68.
<https://link.springer.com/article/10.1007/s12262-016-1578-7>
- Sun Z, Migaly J. Review of hemorrhoid disease: presentation and management. *Clin Colon Rectal Surg.* 2016 Mar;29(1):22-9. <https://www.thieme-connect.de/products/ejournals/abstract/10.1055/s-0035-1568144>
- World Health Organization. ICD-11 for Mortality and Morbidity Statistics. *Who.int.* 2024: <https://icd.who.int/browse/2025-01/mms/en#1352501137>
- Schroyens F. Synthesis Repertory [mobile application]. London: Homeopathic Book Publishers; 2007. English edition (Synthesis English Apk).
- Lamba CD, Gupta VK, van Haselen R, Rutten L,

Mahajan N, Molla AM, *et al.* Evaluation of the Modified Naranjo Criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy.* 2020 Nov;109(4):191-7.

<https://pubmed.ncbi.nlm.nih.gov/32215892/>

- Das KD, Ghosh S, Das AK, Ghosh A, Mondal R, Banerjee T, *et al.* Treatment of hemorrhoids with individualized homeopathy: an open observational pilot study. *J Intercult Ethnopharmacol.* 2016;5(4):335-42.
<https://pubmed.ncbi.nlm.nih.gov/27757262/>
- Dash A. Haemorrhoids and its homoeopathic approach. *Int J AYUSH.* 2021;10(1).
<https://internationaljournal.org.in/journal/index.php/ijayush/article/view/362>

How to Cite This Article

Yatish B, Anupama IK. Role of pathological prescription and repertorization in the treatment of hemorrhoids: A homoeopathic case report. *International Journal of Homoeopathic Sciences.* 2025; 9(3): 1561-1565.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.