International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 1521-1524
Received: 25-09-2025
Accepted: 28-10-2025

Dr. Paul Anandharaj D
PG Scholar, Department of Paediatrics, White Memorial Homoeo Medical College and Hospital, Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Attoor, Kanniyakumari, Tamil Nadu, India

Dr. Abhijith Ranjan S
MD(HOM), Associate Professor, Department of Paediatrics, White Memorial Homoeo Medical College and Hospital, Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Attoor, Kanniyakumari, Tamil Nadu, India

Corresponding Author:
Dr. Paul Anandharaj D
PG Scholar, Department of Paediatrics, White Memorial Homoeo Medical College and Hospital, Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Attoor, Kanniyakumari, Tamil Nadu, India

Bleeding haemorrhoids treated with individualized homoeopathy: A case report

Paul Anandharaj D and Abhijith Ranjan S

DOI: https://www.doi.org/10.33545/26164485.2025.v9.i4.W.2110

Abstract
Haemorrhoids are common anorectal disorders characterized by dilated and displaced vascular cushions of the anal canal, frequently presenting with bleeding, pain, itching, and prolapse. Chronic haemorrhoidal disease significantly affects quality of life and often leads to surgical recommendations when conservative measures fail. Homoeopathy offers an individualized, non-invasive therapeutic approach aimed at addressing both local pathology and constitutional susceptibility. This case report documents the successful management of chronic bleeding haemorrhoids using individualized homoeopathic treatment.

A 63-year-old female presented with a two-year history of recurrent protrusion per anus associated with intense itching, burning pain, and intermittent bleeding, aggravated during and after defecation and by dietary factors. The condition was unresponsive to conventional medical management, and surgical intervention had been advised. Based on a comprehensive evaluation of her local symptoms, general modalities, past history, and emotional state, *Nitric acid* 0/3 was prescribed. Clinical progress was objectively assessed using the PNR bleeding classification system.

Within two weeks of treatment, rectal bleeding significantly reduced and subsequently ceased. Progressive improvement was noted in burning pain, itching, and prolapse, with complete relief achieved by the fourth follow-up. The PNR bleeding score improved from 13 at baseline to 4 after treatment, indicating a sustained therapeutic response without recurrence. This case highlights the potential effectiveness of individualized homoeopathic management in chronic haemorrhoids, offering a safe, economical, and patient-centred alternative to surgical intervention.

Keywords: Haemorrhoids, bleeding piles, homoeopathy, individualized treatment, nitric acid, case report, PNR bleeding score, non-surgical management

Introduction
Haemorrhoids, or piles, are common anorectal disorders characterized by swollen, dilated, and displaced venous cushions of the anal canal, which normally aid continence but become symptomatic when engorged, inflamed, or prolapsed [1]. They may occur above or below the dentate line, forming internal or external haemorrhoids, with internal types further graded by the degree of prolapse [2, 4]. Globally affecting millions, haemorrhoidal disease poses a significant medical and socioeconomic burden, often presenting with bleeding, pain, discomfort, and prolapse. Although the exact etiology remains unclear, contributing factors include constipation, prolonged straining, sedentary lifestyle, dietary habits, and deterioration of the anchoring connective tissue leading to vascular dilatation, inflammatory changes, and hyperplasia [1, 2]. This case report highlights the management of bleeding haemorrhoids using individualized homoeopathic treatment.

Epidemiology
Haemorrhoids are highly prevalent worldwide, affecting 25-35% of adults and rising sharply after age 40. Nearly half the population develops them by 50, with peak incidence at 45-65 years [1]. Both sexes are affected, though males show slightly higher symptomatic rates. India and the U.S. each report about one million new cases annually.

Etiology
- Age-related weakening of anal support tissues
- Increased intra-abdominal pressure and venous congestion
- Constipation, straining, or prolonged toilet sitting

- Low-fiber diet and sedentary lifestyle
- Chronic diarrhoea or heavy lifting
- Pregnancy and obesity
- Portal hypertension
- Genetic predisposition and vascular stasis [1, 2, 5]

Pathogenesis

The pathogenesis of haemorrhoids results from the interplay of structural deterioration, vascular alterations, and mechanical stress [1]. Weakening of the Treitz muscle and supportive connective tissue causes descent of the anal cushions, allowing the mucosa and submucosa to slide downward. Increased intra- abdominal and venous pressure leads to dilatation of the hemorrhoidal plexuses, with vascular hyperplasia and engorgement further contributing to enlargement. Repeated straining accelerates venous stasis and promotes edema within the cushions [2]. Chronic friction induces inflammation of the anoderm, predisposing to congestion and, at times, thrombosis, producing acute pain in external haemorrhoids. Progressive displacement and swelling culminate in mucosal prolapse, impaired venous return, and bleeding from the fragile, congested vascular surfaces, especially during defecation.

Types

1. Internal haemorrhoids

Arise above the dentate line, covered by columnar epithelium, and usually painless. They commonly present with bright red bleeding during defecation and may prolapse with advancing severity [6].

2. External haemorrhoids

Occur below the dentate line, covered by anoderm, and often painful. They may thrombose, causing acute perianal swelling, tenderness, and bluish discoloration [6].

3. Mixed (interno-external) haemorrhoids

Involve components both above and below the dentate line, presenting with combined features of internal bleeding and external discomfort [2].

Stages (Internal haemorrhoids)

- **Grade I:** Dilated vascular cushions without prolapse; bleeding is the main complaint.
- **Grade II:** Prolapse occurs during straining but reduces spontaneously.
- **Grade III:** Prolapsed tissue requires manual reduction after defecation.
- **Grade IV:** Permanently prolapsed, irreducible, and may be associated with thrombosis or ulceration [2, 4].

Symptoms

- Painless bright red rectal bleeding coating the stool or dripping after defecation.
- Mucous discharge causing perianal irritation and pruritus.
- Sensation of incomplete evacuation or rectal fullness due to prolapse.
- Pain and tenderness, particularly with thrombosed external haemorrhoids.
- Swelling or palpable perianal lumps.
- Discomfort while sitting, especially in advanced grades.
- Anaemia symptoms in longstanding or recurrent blood loss [1, 2, 6].

Differential diagnoses

- Anal fissure
- Perianal thrombosis (thrombosed external haemorrhoid)
- Rectal prolapse
- Anorectal varices (portal hypertension)
- Polyps of the rectum
- Colorectal carcinoma
- Inflammatory bowel disease (ulcerative colitis, Crohn's disease)
- Infective proctitis
- Perianal abscess or fistula
- Pruritus ani [1, 6]

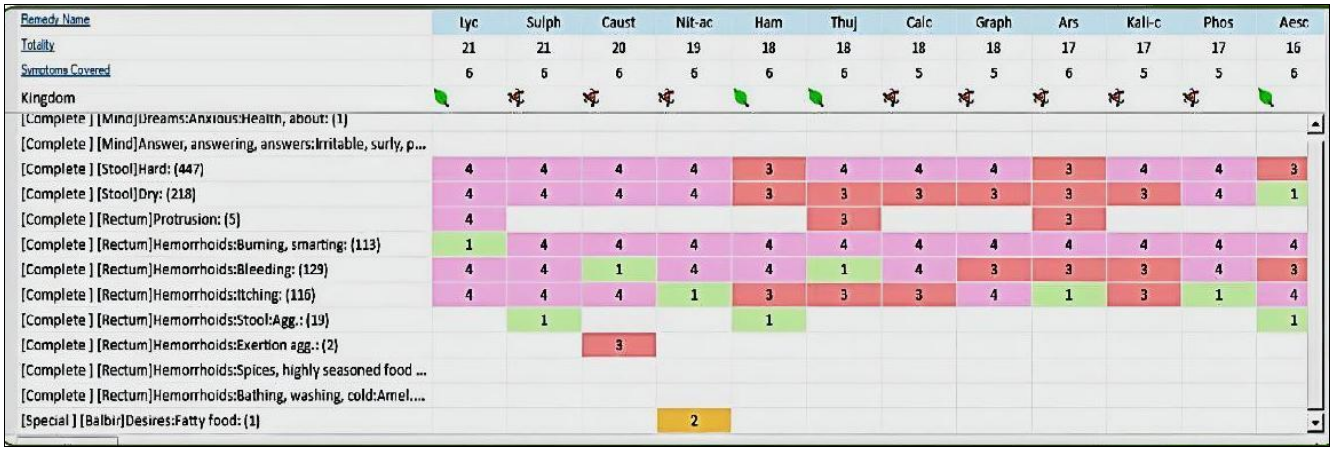
General management

- Increase dietary fibre to 20-30 g/day and ensure adequate water intake to soften stools and reduce shearing injury.
- Avoid straining, prolonged sitting, and toilet reading to minimise pressure on anal cushions.
- Establish regular bowel habits and engage in daily physical activity.
- Avoid heavy lifting and constipation-inducing drugs.
- Fibre supplements are safe, inexpensive and reduce bleeding, persistent symptoms by nearly 50% [1, 6].

Case report

A 63-years-old stout, dark-complexioned blind female from Trichy presented with a two-year history of recurrent fleshy protrusion per anus associated with intense itching, burning pain, and intermittent bleeding, which had become severe over the past two months. Her symptoms were aggravated during and after stool, at night, and by spicy, fatty foods, and were temporarily relieved by cold washing. She had a tendency for hard stool and disturbed sleep, with decreased thirst and normal appetite. Despite using allopathic medications and ointments, she obtained no relief and was advised surgical intervention. Her past history included diabetes mellitus type 2, hysterectomy for fibroid uterus, and two hernia surgeries; she became blind at age ten following a severe fever. Family history revealed diabetes in her father and hypertension in her husband. A homemaker with moderate nutrition and non-vegetarian diet, she reported anxiety about her health and her children's future but maintained good family support. Vital signs were within normal limits. Based on her chronic hemorrhoidal complaints, modalities, general symptoms, and life history, an individualized homeopathic prescription was considered. Nitric acid 0/3 was prescribed once daily morning before food for 2 weeks.

Repertory chart



Remedy Name	lyc	Sulph	Caust	Nit-ac	Ham	Thuj	Calc	Graph	Ars	Kali-c	Phos	Aesc
Totality	21	21	20	19	18	18	18	18	17	17	17	16
Symptoms Covered	6	6	6	6	6	6	5	5	6	5	5	6
Kingdom												
[Complete] [Mind]Dreams:Anxious:Health, about: (1)												
[Complete] [Mind]Answer, answering, answers:Irritable, surly, p...												
[Complete] [Stool]Hard: (447)	4	4	4	4	3	4	4	4	3	4	4	3
[Complete] [Stool]Dry: (218)	4	4	4	4	3	3	3	3	3	3	4	1
[Complete] [Rectum]Protrusion: (5)	4					3			3			
[Complete] [Rectum]Hemorrhoids:Burning, smarting: (113)	1	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Rectum]Hemorrhoids:Bleeding: (129)	4	4	1	4	4	1	4	3	3	3	4	3
[Complete] [Rectum]Hemorrhoids:Itching: (116)	4	4	4	1	3	3	3	4	1	3	1	4
[Complete] [Rectum]Hemorrhoids:Stool:Agg.: (19)		1			1							1
[Complete] [Rectum]Hemorrhoids:Exertion agg.: (2)			3									
[Complete] [Rectum]Hemorrhoids:Spices, highly seasoned food ...												
[Complete] [Rectum]Hemorrhoids:Bathing, washing, cold:Amel....												
[Special] [Balbir]Desires:Fatty food: (1)				2								

PNR bleeding classification

S. No.	Characteristic	Grade	Description
A	Degree of prolapse	1	No hemorrhoidal prolapse
		2	Prolapse upon straining that reduces spontaneously
		3	Prolapse upon straining that needs manual reduction
		4	Prolapsed and irreducible haemorrhoids without ischemic changes
		5	Prolapsed and irreducible haemorrhoids with ischemic (gangrenous) changes
B	Number of hemorrhoidal columns involved	1	None
		2	One
		3	Two
		4	Three
		5	Circumferential (secondary haemorrhoids + involvement of all primary haemorrhoids)
C	Relation to dentate line	1	Nil (normal anal cushions)
		2	External haemorrhoids
		3	Internal haemorrhoids
		4	Interno-external haemorrhoids
		5	Thrombosed external haemorrhoids
D	Bleeding	1	Nil
		2	Mild; occasional episodes (during defecation)
		3	Moderate; frequent episodes (during defecation)
		4	Severe; persistent bleeding even without defecation with fall in Hb (<10 g/dL); requiring hematinics
		5	Very severe; bleeding in jets/splashes with severe fall in Hb (<7 g/dL); requiring blood transfusion

PNR Bleeding score at first visit - 13

Follow-up chart

Sl. No.	Date	Follow up	Prescription
1	16.1.25	Bleeding reduced. Burning pain, itching and protrusion present. Generals: Stool constipated, others - good.	Nitric acid 0/3 once daily for 2 weeks
2	30.1.25	No bleeding. Burning pain and itching feel better. Frequency and prominence of protrusion slightly decreased. Generals - good	Nitric acid 0/3 once daily for 2 weeks
3	14.2.25	No bleeding. All other symptoms including protrusion well reduced and feel better. Generals - good	SL once daily for 2 weeks.
4	28.2.25	All the symptoms relieved, patient feels free from the complaint. Generals - good	SL once daily for 2 weeks.
5	14.3.25	No recurrence or new symptoms. Generals - good	SL once daily for 2 weeks.

PNR Bleeding score after treatment - 4

Result

The patient showed steady and significant improvement following individualized homoeopathic treatment with Nitric acid 0/3. Within two weeks, bleeding reduced, and by the second follow-up it had completely stopped. Subsequent visits showed marked reduction in burning pain, itching, and protrusion, with overall general health remaining good. By the fourth follow-up, all symptoms were relieved, and no recurrence was noted thereafter. The PNR bleeding score improved from 13 to 4, demonstrating effective and sustained therapeutic response.

Discussion and conclusion

This case demonstrates the potential of individualized homoeopathic management in providing safe, cost-effective, and non-invasive relief for chronic haemorrhoids, particularly in patients who are advised surgical intervention. The patient presented with long-standing

symptoms unresponsive to allopathic medication, yet responded progressively to Nitric acid 0/3, prescribed on the basis of her characteristic modalities, constitutional features, and emotional state. Across successive follow-ups, she experienced complete cessation of bleeding and significant reduction in itching, burning pain, and protrusion, accompanied by improvement in general well-being. The marked decline in her PNR bleeding score from 13 to 4 reflects objective therapeutic progress. Importantly, the avoidance of surgery not only reduced the financial burden but also eliminated the risks and postoperative discomfort associated with invasive procedures. The sustained relief without recurrence over the follow-up period further emphasizes the long-term stability achievable through individualized homoeopathic care. This case underscores the value of homoeopathy as a safe, economical, and patient-centred therapeutic option for chronic hemorrhoidal conditions, warranting further clinical exploration.

References

1. Lohsiriwat V. Hemorrhoids: From basic pathophysiology to clinical management. World J Gastroenterol. 2012;18(17):2009-2017
2. Das KD, Ghosh S, Das AK, et al. Treatment of hemorrhoids with individualized homeopathy: An open observational pilot study. J Intercult Ethnopharmacol. 2016;5(4):335-341.
3. Sibin RA, Saru Lathaa GK, Shaalini S, et al. Hemorrhoids and homeopathy: A retrospective study based on kingdom treatment. Int J Homoeopath Sci. 2025;9(3):522-526.
4. Rath P, Kaur H. A case of haemorrhoids in a 12-year-old boy. Indian J Res Homoeopathy. 2014;8(1):37-40.
5. Ramya B. A prospective study on the effectiveness of ultra-dilutions of homoeopathic medicine Sulphuricum Acidum in the treatment of haemorrhoids. MD Dissertation. Tamil Nadu Dr MGR Medical University; 2024.
6. Cleveland Clinic. Hemorrhoids: Symptoms, types, causes, diagnosis and treatment. Cleveland Clinic Health Library; 2023.

How to Cite This Article
Paul Anandharaj D, Abhijith Ranjan S. Efficacy of Individualized homoeopathic intervention in subclinical hypothyroidism: A case report. International Journal of Homoeopathic Sciences. 2025;9(4):1521-1524.

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.