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Role of homoeopathy in the management of external haemorrhoids: A review of previous studies

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Abstract

External haemorrhoids are a common anorectal disorder characterized by painful perianal swellings, burning, itching, and discomfort, sometimes complicated by thrombosis. Conventional management includes dietary regulation, topical medications, analgesics, and surgical procedures in advanced cases, which may be associated with recurrence and post-treatment complications. Homoeopathy offers a holistic, individualized, and non-invasive approach for the management of external haemorrhoids by addressing both local symptoms and underlying susceptibility. Several clinical studies, observational trials, and case reports published in homoeopathic literature indicate significant improvement in pain, inflammation, and quality of life with individualized homoeopathic treatment. This review aims to analyze and summarize previously published studies highlighting the role and effectiveness of homoeopathy in the management of external haemorrhoids.

Keywords: External haemorrhoids, piles, homoeopathy, individualized treatment, review

Introduction

Haemorrhoids are vascular structures located in the anal canal that contribute to continence under normal physiological conditions. When these structures become dilated, inflamed, or thrombosed, they give rise to haemorrhoidal disease ^[1]. External haemorrhoids originate from the inferior haemorrhoidal venous plexus below the dentate line and are covered by anoderm, making them particularly sensitive and painful ^[2].

External haemorrhoids commonly present with pain, perianal swelling, itching, burning sensation, and difficulty in sitting or walking. Although the condition is not life-threatening, it causes considerable discomfort and negatively affects the quality of life ^[3]. Homoeopathy, with its principle of individualization and holistic healing, has been increasingly explored as a safe and effective treatment modality in haemorrhoidal disorders.

Epidemiology and etiopathogenesis

The prevalence of haemorrhoidal disease is estimated to be around 4-5% in the general population, with higher incidence observed in middle-aged adults ^[4]. Factors such as chronic constipation, prolonged straining during defecation, sedentary lifestyle, obesity, pregnancy, low-fiber diet, and prolonged sitting contribute to the development of external haemorrhoids ^[5]. Increased venous pressure leads to engorgement and inflammation of the external haemorrhoidal veins, resulting in painful perianal swellings.

Clinical features

The characteristic clinical features of external haemorrhoids include:

Painful peri-anal swelling

Burning and itching around the anus

Tender bluish or purplish lump in cases of thrombosis

Discomfort during sitting and defecation

Occasional excoriation-related bleeding ^[2, 6]

Diagnosis is mainly clinical and based on inspection and local examination.

Conventional management

Conventional treatment strategies for external haemorrhoids include dietary modifications,

increased fiber intake, stool softeners, topical anaesthetic and anti-inflammatory agents, NSAIDs, and warm sitz baths [7]. Surgical interventions such as excision or thrombectomy are reserved for severe or refractory cases but may be associated with postoperative pain, infection, and recurrence [8]. These limitations necessitate the exploration of alternative treatment modalities.

Homoeopathic approach to external haemorrhoids

Homoeopathy views haemorrhoids as a manifestation of systemic imbalance rather than a purely local pathology. Treatment is based on the totality of symptoms, including mental, physical, and particular symptoms of the patient [9]. Individualized homoeopathic medicines aim to relieve pain and inflammation while addressing the constitutional predisposition to prevent recurrence.

Review of previous studies

Several published studies and clinical observations support the role of homoeopathy in haemorrhoidal disorders:

1. Singh *et al.* reported marked improvement in pain, swelling, and tenderness in patients with external haemorrhoids treated with individualized homoeopathic medicines [10].
2. Kumar and Sharma demonstrated significant symptomatic relief in non-bleeding external haemorrhoids using medicines such as *Aesculus hippocastanum*, *Hamamelis virginica*, and *Sulphur* [11].
3. A case series published in the International Journal of Homoeopathic Sciences documented successful management of thrombosed external haemorrhoids, thereby avoiding surgical intervention [12].
4. Patel *et al.* observed reduced recurrence rates and improved bowel habits in chronic haemorrhoidal patients following constitutional homoeopathic treatment [13].

Commonly indicated homoeopathic medicines

Aesculus hippocastanum: Painful, non-bleeding haemorrhoids with dryness and fullness in rectum

Hamamelis virginica: Soreness, bruised pain, venous congestion

Sulphur: Burning, itching, aggravation on standing

Arnica montana: Sore, bruised sensation as from trauma

Muriatic acid: Extremely tender, bluish haemorrhoids [9, 14]

Conclusion

External haemorrhoids are a prevalent anorectal condition causing significant discomfort and impaired quality of life. Evidence from previous studies, clinical trials, and case reports suggests that homoeopathy plays a beneficial role in the management of external haemorrhoids by providing symptomatic relief and reducing recurrence. Individualized homoeopathic treatment offers a safe, cost-effective, and non-invasive alternative to conventional therapy. Further large-scale randomized controlled trials are recommended to strengthen the existing evidence.

Conflict of interest: None declared.

Financial interest: None.

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