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## A homoeopathic approach of haemorrhoids by cross Repertorisation

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### Abstract

Haemorrhoids also called piles, swollen vein or group of veins in the region of the anus. About 50% of people over the age of 50yr have haemorrhoids. It has number of causes, but often the cause is unknown. There are 2 types of Haemorrhoids, depends upon their location internal & external. Symptoms also depends upon the type of Haemorrhoids. Medical application of creams can relieve irritation and pain but rarely provide long-term benefit. A high fibre diet and bulk laxatives prevent constipation and worsening of the disease without achieving a cure. The Haemorrhoids are more pathological & main stay of treatment is surgical. But unfortunately, operative Haemorrhoidectomy is usually associated with significant postoperative complications, including pain, bleeding and anal strictures, which can result in protracted period of convalescence. Since surgery does not target the root causes like individual tendencies, habitual constipation, etc., recurrence is also common. Homoeopathic medicines can modify these tendencies, thus reducing chances of recurrence significantly. Homoeopathic literature Acknowledge many medicines for the Haemorrhoidal condition, of which a similitum can help a patient for keeping the disease at bay for a longer period. Homoeopathic remedies can offer gentle and safe relief.

**Keywords:** Haemorrhoid, homoeopathy, cross-repertorisation, therapeutic medicines

### Introduction

An abnormal mass of dilated and engorged blood vessels in swollen tissue that occurs internally in the anal canal or externally around the anus, that may be marked by bleeding, pain or itching, and that when occurring internally often protrude through the outer sphincter of the anus and when occurring externally may lead to thrombosis <sup>[1]</sup>.

### There are two types of Haemorrhoids

- Internal
- External

**Epidemiology:** Worldwide, the prevalence of symptomatic Haemorrhoids is estimated at 4.4% in the general population. In the United States, up to one third of the 10 million people with Haemorrhoids seek medical treatment, resulting in 1.5 million related prescriptions per year. Patients presenting with Haemorrhoidal disease are more frequently white, from higher socioeconomic status, and from rural areas. There is no known sex predilection, although men are more likely to seek treatment. External Haemorrhoids occur more commonly in young and middle-aged adults than in older adults. The prevalence of Haemorrhoids increases with age & reached on the peak in persons aged 45-65 years <sup>[2]</sup>.

**Etiology:** Exact cause of Haemorrhoids is unknown. There are some factors which may be responsible for the development of Haemorrhoids are as follows:-

- Aging.
- Chronic constipation or diarrhea.
- Dietary habits: low fibre diet, spicy food and alcohol.
- Pregnancy or chronic cough:- Due to raised intra abdominal pressure.
- Obesity etc. <sup>[3]</sup>.

**Classification:** Haemorrhoids are generally classified on the basis of their location and degree of prolapsed.

There are two types of Haemorrhoids:

- Internal

External

Internal hemorrhoids originate from the inferior Hemorrhoidal venous plexus above the dentate line and are covered by mucosa, while external hemorrhoids are dilated venules of this plexus located below the dentate line and are covered with squamous epithelium.

For practical purposes, internal hemorrhoids are further graded based on their appearance and degree of prolapse, known as Goligher’s classification:-

1. **First-degree hemorrhoids (grade I):** The anal cushions bleed but do not prolapsed.
2. **Second-degree hemorrhoids (grade II):** The anal cushions prolapse through the anus on straining but reduce spontaneously.
3. **Third-degree hemorrhoids (grade III):** The anal cushions prolapse through the anus on straining or exertion and require manual replacement into the anal canal.
4. **Fourth-degree hemorrhoids (grade IV):** The prolapse stays out at all times and is irreducible [4].

**Pathophysiology**

Hemorrhoidal cushions are a normal part of the anal canal. The vascular structures contained within this tissue aid in continence by preventing damage to the sphincter muscle. Three main hemorrhoidal complexes traverse the anal canal, the left lateral, the right anterior & the right posterior. Engorgement and straining lead to prolapsed of this tissue into the anal canal, over time, the anatomic support system of the hemorrhoidal complex weakens, exposing this tissue to the outside of anal canal where it is susceptible to injury. Hemorrhoids are commonly classified as external or internal. External hemorrhoids originate below the dentate line and are covered with squamous epithelium and are associated with an internal component. External hemorrhoids are painful when thrombosed. Internal hemorrhoids originate above the dentate line and are covered with mucosa

and transitional zone epithelium and represent majority of hemorrhoids. The standard classification of hemorrhoidal disease is based on the progression of the disease from their normal internal location to the prolapsing external position [5].

**Clinical features**

- Bright-red, painless bleeding
- Mucous discharge
- Prolapse
- Pain only on prolapsed [6].

**Diagnosis & Investigation**

Diagnosis of the haemorrhoids are predominantly symptomatic. Although Physical and Digital Examination can also be done.

1. **Physical Examination:** Inspection & palpation of the perianal region for evidence of thrombosis or excoriation is performed. Assessment of the patient should be done in a prone-jackknife or left lateral position.
2. **Digital Examination:** Although internal Haemorrhoids cannot be palpated but it is to be done to exclude distal rectal mass & anorectal abscess or fistula.

**Investigations**

- **Blood Tests:** Reveal microcytic, hypochromic anaemia.
- **Stool Test:** Positive for occult blood.
- **Anoscopy & Flexible Proctoscopy:** It is performed paying particular attention to known the position, size, location, severity of inflammation and bleeding of the Haemorrhoids.
- **Colonoscopy:** It is often done to rule out other proximal sources of bleeding like carcinoma of rectum especially in the patient over the age of 50 years [4, 3].

**General management**

Do's	Don'ts
<ul style="list-style-type: none"> <li>• Take plenty of water, Green leafy vegetable, Fiber food in diet.</li> <li>• Daily regular exercise.</li> <li>• Chew every bite of food</li> </ul>	<ul style="list-style-type: none"> <li>• Don't sit in toilet for long periods &amp; don't strain for stool.</li> <li>• Avoid spicy, oily food, Alcohol, coffee &amp; use of laxatives.</li> <li>• Accept nature's call, do not ignore urge for</li> </ul>

**Cross Repertorization**

**Rubrics**

**BBCR repertory**

Anus and Rectum- Haemorrhoids in general(41): Aco., AESC., ALO., alu., amb., am-c., anac., ant-c., Ars., bap., bar-c., BELL., Calc-c., caps., carb-a., Carv-v., caus., coll., colo., cup., fer., GRAP., ign., KALI.C., lach., lyc., mur-ac., nat-m., nit-ac., NUX-V., pho., pho-ac., plb., PUL., rhus-t., sabi., sep., stra., SUL., sul-ac., thu [7].

**Boericke's repertory**

Abdomen-Haemorrhoids-(piles)-Remedies in general (78)- Abrot; Acon; Aesc; Aesc. G.; Aloe; Am.c.; Am.m.; Apis;

Ars.; Aur.; Bar.c.; Bell.; Brom.; Calc. f.; Caps.; Carb an.; Carb v.; Card. M.; Caust.; Cham.; Chr.ac.; Coll.; Cop.; Dios.; Ferr.p.; Fl.ac.; Grat.; Ham.; Hep.; Hydr.; Hyper.; Ign.; Kali m.; Kali s.; Lach.; Lyc.; Mag m.; Mill.; Muc. U.; Mur.ac.; Neg.; Nit. ac.; Nux v.; Paeon.; Pin. S.; Podo.; Polyg h.; Puls.; Rad. Br.; Rat.; Sabin.; Scroph. N.; Sed. Ac.; Sep.; Semp.; Sul. Ac.; Sulph.; Thu.; Verb.; Wye.; Zing [8].

**Clarke Repertory**

Haemorrhoids. (139)- Abr., Aco., Aes. g., Aesc., Alet., Alo., Am. c., Am. m., Ana., Anag., Ant. c., Aral., As. mt., Aur., Au. m. n., Bad., Ba. c., Bel., Cap., Cb. a., Cb. v., Crd. m., Caus., Chel., Chi., Chr. o., Cim., Coca., Coc. i., Coll., Cop.,

Dio.,Dul., Ery. a., Erig.,Eu. a., Frl., Fl. x., Glv., Gas., Gph., Grt., Ham., Hli., Hep., Hdr., Hyp., Ign., Iod., Ipc., K. ac., K. br., K. ca., K. chl., K. m., Kis., Lach., Lam., Lpsa., Lim., Lina., Ln. c., Lips., Lyc., Mag. m., Mr. bin., Mu. u., Mu. x., Mus., Nux, Paeo.,Pnt., Pet., Phst., Phyt., Pin. s., Pip. n., Pint., Plat., Pb., Pod., Plg., Plp., Pso., Pul., Rn. Fi., Rn. s., Rat., Rdm., Rhs., Rs. v., Sin. n., Sla., Stil., Sto. c., Sul.,Tep., Ter., Thu., Ul. f., Vbs., Wis., Wye., Zn. V<sup>[9]</sup>.

### Kent Repertory

Rectum-Haemorrhoid(155): Aesc.,Agar.,Aloe., am-c., ant-c., apis., Ars., ars-i.,bar-c., bell., brom.,bufo., cact., calc., calc-p., calc-s., caps., carb-ac., Carb-an., Carb-v., card-m., Caust., chel., cimx.,coca., cocc., coff., Coll., coloc., dios., erig., eug., ferr., ferr-ar., fl-ac., Graph., Ham., helt., hep., hydr., ign., iod., ip., Kali-ar., kali-bi., Kali-c.,Kali-s., Lach., lept., Lyc., mag-m., merc., Merc-i-r., mill., Mur-ac., nat-m., nat-s., Nit-ac., Nux-v., Paeon., petr., Phos., phyt., podo., psor., Puls., rat., rhus-t., sabin., sang., Sep., sil., staph., Sulph., sul-ac., ter., thuj., tub.,, zing<sup>[10]</sup>.

### Murphy Repertory

Rectum-Hemorrhoids (172)-AESC., aesc-g., AGAR., ALOE., am-c., ant-c., apis., ARS., ars-i., bar-c., bell., brom., bufo., cact., calc., calc-f., calc-p., calc-s., caps., CARB-AN., CARB-V., card-m., CAUST., chel., cimx., coca., coff., COLL., coloc., dios., erig., eug., ferr., ferr-ar., fl-ac., GRAPH., HAM., hell., hep., hydr., hyos., hyper., ign., iod., ip., KALI-AR., kali-bi., KALI-C., kali-m., KALI-S., LACH., lept., LYC., mag-m., merc., MERC-I-R.,MUR-AC., nat-m., nat-s., NIT-AC., NUX-V., PAEON., petr., PHOS., phyt., podo., polyg., psor., PULS., RAT., rhus. tox., ruta., sabin., sang., semp., SEP., sil., staph., SULPH., sul-ac., ter., thuj., tub.,, wye., zing<sup>[11]</sup>.

### Phatak Repertory

Piles-Haemorrhoids (21): AESC; ALO; Ars; Carb-an; Carb-v; Caus; Coll; Grap; Ham; Kali-c; Lach;Lyc; Merc-i-r; MUR-AC; NIT-AC; NUX-V; Paeon; Pho; Pul; Sep; SUL<sup>[12]</sup>.

### Synthesis Repertory

Rectum- Hemorrhoid (261)- AESC. AGAR.ALOE.ARS. CARB-AN. CARB-V. CAUST.COLL. GRAPH.HAM. KALI-AR. KALI-C. KALI-S.LACH.LYC.MERC-I-R. MUR-AC. NIT-AC. NUX-V. PAEON.PHOS.PULS. SEP. SULPH<sup>[13]</sup>.

### Repertorial Result

Based on the above given rubrics of haemorrhoid from different repertories.

1. AesculusHippocastanum 7<sup>[22]</sup>.
2. Nux Vomica 7<sup>[22]</sup>.
3. Sulphur 7<sup>[22]</sup>.
4. Aloe Socotrina 7<sup>[21]</sup>.
5. Collinsonia Canadensis 7<sup>[18]</sup>.
6. LachesisMutus 7<sup>[18]</sup>.
7. Causticum 7<sup>[17]</sup>.
8. Graphites 6<sup>[18]</sup>.
9. Kalium Carbonicum 6<sup>[18]</sup>.
10. AcidumNitricum 6<sup>[18]</sup>.

### Homoeopathic therapeutics of Haemorrhoids

1. **Aesculus Hippocastanum:** Haemorrhoids like ground

nuts, purple; painful sensation of burning; generally blind; aching and lameness or shooting in the back<sup>[14]</sup>. Feels full of small sticks. Hæmorrhoids, with sharp shooting pains up the back. worse during climacteric<sup>[15]</sup>. knife-like pains shoot up the rectum<sup>[16]</sup>.

2. **Nux Vomica:** Itching, blind hæmorrhoids, with ineffectual urging to stool; very painful; after drastic drugs<sup>[15]</sup>. Painful blind hæmorrhoidaltumours. Blind hæmorrhoids; with sticking beating or pressive pain in rectum and anus; after a stool and after a meal. Hæmorrhoida, with pain as from excoriation, shooting, burning pain, and pressure in anus and rectum, < during meditation and intellectual labour. Bloodless piles in hysterical women (R. T. C.)<sup>[14]</sup>.
3. **Sulphur:** Blind piles with burning as if something were biting at anus, going away when lying down, coming on when standing or walking about. Hémorrhoids which protrude, ooze and bleed.—Anus inflamed, swollen, covered with red veins.—Excoriation and swelling of anus.—Much itching about anus; itching runs back along, perinæum and adjacent parts<sup>[14]</sup>.
4. **Aloe Socotrina:** Hæmorrhoids protrude like grapes; very sore and tender; better cold water application. Burning in anus and rectum.<sup>[15]</sup> "Itching and burning in anus, preventing sleep<sup>[16]</sup>.
5. **Collinsonia Canadensis:** Hæmorrhoidal dysentery with tenesmus.—Obstinate constipation with hæmorrhoids; stools very sluggish and hard, accompanied by pain and flatulence. Piles with constipation, or even with diarrhoea, bleeding or blind and protruding.—Feeling of sticks, or gravel, or sand in rectum; evening and night; > in morning.—Flowing piles, hæmorrhage incessant though not profuse, with alternate constipation and diarrhoea.—Itching or burning in anus with swelling<sup>[14]</sup>.
6. **Lachesis Mutus:** Hémorrhoids protrude, become constricted, purplish. Stitches in them on sneezing or coughing<sup>[15]</sup>. Hémorrhoids with colic, or with burning and cuttings in rectum, or with congestion of blood in anus, and diarrhæa. Sensation in anus as of several little hammers beating there.—Piles irritable, with painful drawing upward like a mouse tugging at one side and drawing it up.—Bleedinghémorrhoids.—Hémorrhoidaltumours protrude after stool, with constriction of sphincter. Largehémorrhoidaltumours (in persons addicted to spirituous drinks)<sup>[14]</sup>.
7. **Causticum:** In the anus, appearance of hæmorrhoidal tumors, which are hard, swollen, painful, and which impede evacuation.—Walking and meditation aggravate the hæmorrhoidal pains, so as to render them insupportable.—Varices of the rectum, hindering stool; large; painful; stinging; burning when touched.—Pressure in the hæmorrhoidal tumors of the rectum, so as to cause them to protrude<sup>[14]</sup>.
8. **Graphites:** Itching, sensation of excoriation, and swelling of the anus.—Largehémorrhoidal excrescences in the anus, with pain as from excoriation, esp. after a stool.—Painful and burning cracks between the hémorrhoidaltumours.—Prolapsus recti with the varices, as if the rectum were paralysed<sup>[14]</sup>.
9. **KaliumCarbonicum:** Protrusion and distension of hémorrhoids during stool, with pricking and burning.—Protrusion of hémorrhoids during micturition, emitting first blood, afterwards white

mucus.—Inflammation, soreness, stitches, and tingling, as from ascarides, in hæmorrhoids.—Hæmorrhoidal pimples in anus, painful, bleeding, and with shooting pain <sup>[14]</sup>.

- 10. AcidumNitricum:** Hæmorrhoids, protruding, painless or burning.—Pain as if rectum would be torn asunder during a stool.—Swelling of hæmorrhoidaltumours in anus, which bleed at every evacuation <sup>[14]</sup>. Violent cutting pains after stools, lasting for hours (Ratanh). Hæmorrhoids bleed easily <sup>[15]</sup>.

### Conclusion

Haemorrhoids is one of the most common medical condition in general population. Patient experience different symptoms in a wide spectrum from mild itching to acute severe pain. In some cases, only conservative treatment such as diet modification & life style is recommended to get rid of haemorrhoids.

Homoeopathic medicines can be a big boon for all those who suffer from painful & painless piles. Homoeopathic remedies not only help to alleviate the pain, bleeding & suffering but also effectively cures the problem & thus avoiding the possibility of surgery.

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