Role of constitutional homeopathic treatment in internal haemorrhoids – A case report

Dr. Arvindra Kumar Garg and Dr. Gaurav Gupta

Abstract

Haemorrhoids also known as piles are swelling or varicosity of haemorrhoidal vein. Internal haemorrhoids are symptomatic anal cushions and characteristically lie in the 3, 7 and 11 o’clock positions (with the patient in the lithotomy position). Usually conventional treatment for 1st and 2nd degree haemorrhoids are conservative and if failed then surgical interventions are used, where in 3rd and 4th degree haemorrhoids surgical interventions are used. A 25 years old male reported with 2nd degree haemorrhoids since 2 years. A complete case history was taken and on the basis of individualization, Lycopodium clavatum was given. Digital rectal examination and proctoscopy was done at regular interval for assessment of condition and Visual Analog Scale was used for assessment of pain. It shows effect of constitutional homeopathic medicine in treatment of internal haemorrhoids.

Keywords: 2nd Internal haemorrhoids, Homoeopathy, Lycopodium clavatum, Radar 10.0

Introduction

Haemorrhoids also known as piles are varicose (swollen) veins in the lining of the Anus (1). Haemorrhoids are of three types (a) Internal haemorrhoids which are due to involvement of Superior Haemorrhoidal Plexus, (b) External Haemorrhoids which are due to involvement of Inferior Haemorrhoidal plexus and (c) Interno-external Haemorrhoids which are due to involvement of both plexus. Internal haemorrhoids are symptomatic anal cushions and characteristically lie in the 3, 7 and 11 o’clock positions (with the patient in the lithotomy position) (2). Haemorrhoids are classified into four degrees known as Goligher’s classification (3).

a. First degree – bleed only, no prolapsed
b. Second degree – prolapse but reduce spontaneously
c. Third degree – prolapse and have to be manually reduced
d. Fourth degree – permanently prolapsed (2)

The exact cause of haemorrhoids is not known. Some factors believed to play a role in haemorrhoids includes irregular bowel habits, lack of exercise, low-fiber diets, increased intra-abdominal pressure such as prolonged straining, ascites, an intra-abdominal mass or pregnancy, genetics, an absence of valves within the haemorrhoidal veins, and aging resulting in weakness of anal wall. Other factors believed to increase risk include obesity, chronic cough and pelvic floor dysfunction, Squatting during defecation may also increase the risk of severe haemorrhoids. During pregnancy, pressure from the fetus on the abdomen and hormonal changes cause the haemorrhoidal vessels to enlarge. The birth of the baby also leads to increased intra-abdominal pressures. Pregnant women rarely need surgical treatment, as symptoms usually resolve after delivery (3).

Bleeding is the principal and earliest symptom. The nature of the bleeding is characteristically fresh. The bleeding may be sufficient to cause anaemia. Pain is not commonly associated with the bleeding and its presence should differentiate with other diagnosis; however, pain may result from congestion of piles (2).

Complications related to haemorrhoids are Strangulation and thrombosis, Ulceration, Gangrene, Portal pyaemia, Fibrosis etc. (2)

Case

A 25 Years old unmarried Hindu male belonging from middle socio-economic status reported at Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, on July 21, 2018 with complaint of burning in anus since 2 years. Burning pain was associated with cutting pain in anal region.
Burning aggravates after spicy food, during and after stool and ameliorated after sour food. Haemorrhoids prolapsed during stool which recedes back spontaneously without any mechanical aid. Stools were hard, must strain to pass stool. Stools were unsatisfactory. Flatulence was associated with haemorrhoids which got worse during standing and fasting.

**Associated Complaints:** Along with above complaints, he also complained of hair fall since 2.5 years and white and sticky mucous in throat which must be hawked out and was worse in morning.

**Clinical Findings:** Patient complained of severe burning pain in anus and on Visual Analogue scale, he ranked pain 8. On Digital rectal examination, a swelling was felt at 7'o clock position and on proctoscopy dilated blood vessels were seen at 7'o clock position.

**Physical Generals:** Patient had nausea and vomiting after milk and ameliorated in general from sour food. He also had aggravation from fasting. Thirst was increased for small quantity at small intervals. He couldn’t tolerate Sun and had offensive perspiration. Thermal reaction of patient was hot. He had unrefreshing sleep.

**Mental Generals:** He had desire for company and feels better in company. He used to get angry when abused and had revengeful thoughts but do nothing about it. He was selfish and always thought about his own benefit and always wanted favours from others for his own benefits. He often had dreams of accidents involving himself or his family.

**Analysis**

**Mind**
- Desire for company which ameliorate
- Angry when abused
- Revengeful thoughts but do nothing about it
- Selfish
- Dreams of accidents involving himself or his family.

**Physicals**
- Nausea and vomiting after milk
- Ameliorate in general from sour food
- Aggravation from fasting.
- Thirst was increased for small quantity at small intervals.
- He couldn’t tolerate Sun and had offensive perspiration.
- Hot patient
- Unrefreshing sleep.

**Particulars**
- Burning pain in anus aggravates after spicy food, during and after stool
- Ameliorated after sour food
- Prolapse of Haemorrhoids during stool which recedes back spontaneously
- Stool hard and unsatisfactory.
- Flatulence with haemorrhoids worse during standing and fasting.

**Evaluation**
- Desire for company which ameliorate
- Angry when abused
- Selfish
- Dreams of accidents involving himself or his family.
- Nausea after milk
- Vomiting after milk
- Ameliorate in general from sour food
- Aggravation from fasting.
- Thirst was increased for small quantity at small intervals.
- He couldn’t tolerate Sun
- Offensive perspiration.
- Unrefreshing sleep.
- Burning pain in anus aggravates during and after stool
- Ameliorated after sour food
- Prolapsed Haemorrhoids during stool
- Stool hard and unsatisfactory.

**Repertorization**

<table>
<thead>
<tr>
<th>mind</th>
<th>physical</th>
<th>particular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire for company which ameliorate</td>
<td>Nausea and vomiting after milk</td>
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</tr>
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</tr>
</tbody>
</table>

Fig 1: Repertorization sheet (Synthesis 9.0 from RADAR 10.0) [5]
Reportorial Analysis
Following medicines come on Repertorization-
1. Calcarea Carbonica - 27/14
2. Lachesis - 27/14
3. Arsenicum Album - 25/12
4. Sulphur - 24/12
5. Lycopodium clavatum- 23/11

Potential Differential Field
As patient was hot, Calc. carb. and Ars. Alb. ruled out. Patient was not loquacious so Lach. ruled out and sulphur doesn’t have amel. in company so sulphur also ruled out.

Lycopodium has amel. in company, thirst for small quantity at short interval. So the best chosen indicated medicine was Lycopodium Clavatum.

Treatment and Management
On the basis of miasmatic background of the disease and comparing the remedies of reportorial result with the help of Materia Medica, Lycopodium Clavatum was selected as constitutional medicine. Lycopodium Clavatum 1M single dose stat was prescribed followed by placebo in form of globules of 30 size.

Follow-ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow-up</th>
<th>Pain score on vas</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/08/18</td>
<td>-mild improvement in burning pain</td>
<td>7.5</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>18/08/18</td>
<td>-improvement in burning pain.</td>
<td>6.5</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>01/09/18</td>
<td>-Improvement in pain.</td>
<td>5</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>15/09/18</td>
<td>- Improvement with decrease in size of haemorrhoids.</td>
<td>4.5</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>29/09/18</td>
<td>- No further improvement with mild increase in pain.</td>
<td>5.5</td>
<td>Lyco. 1M 1 Dose Stat Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>13/10/18</td>
<td>- Improvement with decrease in size of hemorrhoids. Stools are now normal in consistency. -No complaint of throat.</td>
<td>4</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>27/10/18</td>
<td>-Improvement</td>
<td>2.5</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>10/11/18</td>
<td>-Much improvement in burning pain.</td>
<td>1</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>24/11/18</td>
<td>-No burning pain but sensation of swelling while passing stool.</td>
<td>0</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>08/12/18</td>
<td>-No complaint. Now no nausea and vomiting after taking milk. -Hair fall also relieved.</td>
<td>0</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
<tr>
<td>22/12/18</td>
<td>-No complaint.</td>
<td>0</td>
<td>Placebo 30 QID*15 Days</td>
</tr>
</tbody>
</table>

Conclusion
Patient is still under observation and was advised to report in case of remission of complaints. This case shows that Homoeopathy has an effective role in treatment of 2nd haemorrhoids. It also verifies the effectiveness of Homoeopathy in treating the surgical diseases. This case justifies that theory of individualization is very important for effective homoeopathic treatment.

References
5. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3342598/