



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

IJHS 2019; 3(2): 70-73

Received: 07-02-2019

Accepted: 09-03-2019

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Ratanhia peruviana: A healer of rectal complaints

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Abstract

Anorectal disorders are painful but common conditions. These disorders include benign condition such as hemorrhoids, fissure, fistula or abscesses to more serious condition such as malignancy; thus it is important for the physician to be familiar with these disorders as well as know how to treat them. In this article a case of anal fissure is cited which treated homeopathically.

Keywords: Anal fissure, hemorrhoids, pain, *Ratanhia*, homoeopathy

Introduction

An anal fissure is a small cut or tears that extends from the muscles that control the anus (sphincters) up into the anal canal. These tears usually develop when anal tissue is damaged during a hard bowel movement or when higher than normal tension develops in the anal sphincters. The cut in the skin causes severe pain and some bright red bleeding during and after bowel movement. Patient may experience spasms in the ring of muscles at the end of anal sphincter. Fissure occurs most commonly in the midline posteriorly, the least protected part of the anal canal. Fissure starts proximally at the dentate line. So whole of the anal fissure lies in the sensitive skin of the anal canal and that is why pain is the most prominent symptom. Constipation has been the most common aetiological factor.

Anal fissure is very common and can affect people of any age.

Anal fissure is of two type- i. acute ii. Chronic.

Acute fissure is a tear of the skin of lower half of the anal canal but in chronic type, fissure is deep canoe - shaped ulcer with thick edematous margins.

Case History

Mrs. R, a 39 years old female reported at the OPD on 01.09.17. Her face was drawn which clearly indicated that she was in agony. I asked her to sit down and tell me all about her trouble. She said, "I can't sit down, I have fissures. On inquiry she told that for the past few months she had been suffering from anal fissure, which causes severe pain. Type of pain is burning which lasts long after stool, also occur while she sits. She was usually constipated. She also has piles which protruded at times when her bowels moved but go back inside on their own afterwards, piles aggravated by touch. Appetite is normal; no change in thirst, patient has not any specific desire and aversions regarding food. Bathing habits are regular. Patient is chilly. She sleeps on back and refreshing, sweat normal on face and back. Menses - profuse and prolonged; on time, L.M.P.-22/8/17. She has 2 female children and 1 male child; all children are born by normal delivery.

Case Profile

She is a housewife, married for 12 years; Hindu by religion, her present complaints are enumerated as below:

Duration: History of anal fissure for the past 1 year.

Location: Rectum

Sensation: Burning pain in the anus.

Aggravation: from sitting, after stool

Amelioration: By warm water application.

Generals

Appetite is normal; no change in thirst, patient has not any specific desire and aversions regarding food. Bathing habits are regular. Patient is chilly. She sleeps on back and refreshing, sweat normal on face and back.

Menses: Profuse and prolonged; on time, L.M.P.-22/8/17

Mentals

She has a fear of something will happen esp. when she is alone at home and this fear is ameliorated by conversation. So she used to talk her neighbors and on phone to get rid of her fear. She feels no interest in household work. She feels irksome after routine task.

Particulars

She was suffering from severe burning pain in rectum which aggravate by sitting and it persist for long time after stool and ameliorated by warm water application. She has internal pile, protrude out during stool and recede back after stool. Piles aggravate by touch.

Family History

Parental grandfather – Die at the age of 78 years due to brain hemorrhage and he was suffering from hypertension since last 15 years.

Parental grandmother – Died due to heart failure at the age of 69 years

Maternal grandfather – Suddenly died due to heart attack, before heart attack he was suffering from diabetes since 6 years.

Father – Alive and Hypertensive.

Mother – Healthy Alive.

Siblings – All are alive and healthy.

Diagnosis

Anal Fissure with Hemorrhoids.

ICD classification of Haemorrhoid and anal fissure

Hemorrhoids K64.9

- 1st degree K64.0
- (grade/stage I) (without prolapse outside of anal canal)
- 2nd degree K64.1
- (grade/stage II) (that prolapse with straining but retract spontaneously)
- 3rd degree K64.2
- (grade/stage III) (that prolapse with straining and require manual replacement back inside anal canal)
- 4th degree K64.3
- (grade/stage IV) (with prolapsed tissue that cannot be manually replaced)

Fissure

- Anus, anal K60.2
- acute K60.0
- chronic K60.1
- congenital Q43.8

In patient anal examination is not done by applying instruments, such as anoscopy or sigmoidoscopy, which may be associated with severe pain.

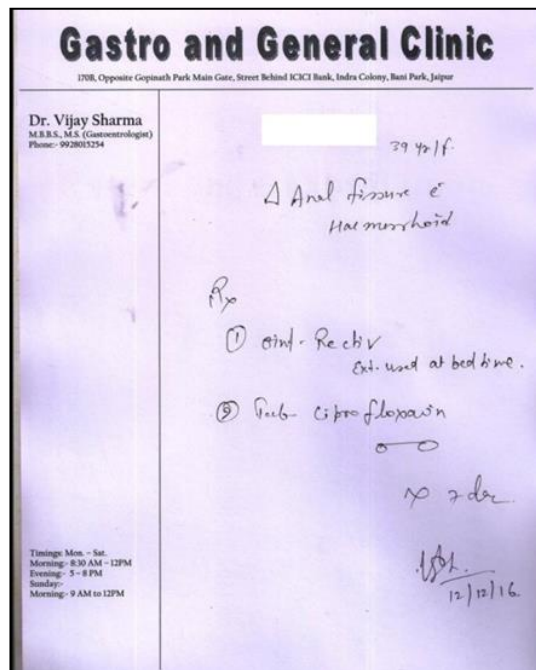


Fig 1: Prescription of Gastroenterologist

Differential Diagnosis

Perianal ulcer - it is an ulcer along the lining of the anus. Anal ulcer can arise from sexually transmitted diseases, pruritus ani and untreated chronic fissures. It is characterized by sloughing of skin that result in an open crater like sore.

Anal abscess- an anal abscess is an infected cavity filled with pus found near the anus or rectum. It results from an acute infection of a small gland just inside the anus, when bacteria or foreign matter enters the tissue through the gland. It associated with symptoms of pain, swelling around

the anus, fatigue, fever and chill.

Anal fistula - Anal fistula or fistula in ano, is a chronic abnormal communication between the anal canal and the perianal skin. Anal fistula commonly occurs in people with a history of anal abscesses, when anal abscesses do not heal properly. Common symptoms are throbbing pain in anus, swelling and redness around the anus, with skin irritation, discharge of blood and pus and at times fever.

Haemorrhides- are also called piles are swollen vein in anus. They may result from straining during bowel movement or increase pressure on these veins during pregnancy. They

may be located inside the rectum (internal piles), or may develop around the anus (external piles). Common symptoms are painless bleeding, itching and irritation in anal region, swelling around the anus.

Case Analysis

Following symptoms are considered for the repertorisation-

- She has a fear of something will happen esp. when she is alone at home and this fear is ameliorated by conversation.
- She feels no interest in household work.
- She feels irksome after routine task.

- She sleeps on back and refreshing,
- Sweat normal on face and back.
- Menses: profuse and prolonged, on time.
- Severe burning pain in rectum which aggravates by sitting and after stool persists for long time and ameliorated by warm water application.
- Internal pile, protrude out during stool and recede back after stool, piles aggravates by touch.
- Constipation

Repertorisation

This analysis contains 437 remedies and 8 symptoms. Intensity is considered		rat.	calc.	lyc.	sulph.	mus-t.	phos.	kali-c.	nux-v.	ars.	mur-ac.	puls.	aloe
Sum of degrees (sort:spt)		1	2	3	4	5	6	7	8	9	10	11	12
		19	15	15	15	14	13	13	13	12	12	12	11
		7	8	8	7	6	8	6	6	7	7	5	7
01. MIND - WEARISOME	1 92	1	1	1	1	1	1	2	1	1	1	1	1
02. SLEEP - POSITION - back, on	1 85	-	2	2	3	4	2	-	3	1	1	4	1
03. FEMALE GENITALIA/SEX - MENSES - copious	1 333	3	3	2	2	3	3	2	3	3	1	2	1
04. FEMALE GENITALIA/SEX - MENSES - protracted	1 160	3	3	3	2	3	2	3	3	2	-	3	2
05. RECTUM - PAIN - burning - stool - after	1 141	3	2	2	3	1	2	2	2	3	2	2	3
06. RECTUM - PAIN - sitting - while	1 31	3	1	3	1	-	1	-	-	1	2	-	2
07. RECTUM - HEMORRHOIDS - protrude - stool - during	1 32	3	2	1	-	2	1	2	-	1	2	-	1
08. RECTUM - HEMORRHOIDS - touch agg.	1 28	3	1	1	3	-	1	2	1	-	3	-	1

Fig 2: Repertorisation Sheet

Potential Differential Field: As per case symptom of pain in rectum which last long after stool is covered by medicines like Nitric acid, Paeonia officinalis and Ratanhia peruviana.

Nitric acid: Has the sticking pain as if from splinters and constriction in the rectum. Rectum feels torn, discharges of Nitric acid are offensive, thin, excoriating.

Paeonia: Has fissures with much oozing, due to ulceration of the mucous membrane of rectum and anus.

The parts are swollen, offensive and moist all the time. On considering the mental symptoms of patient she has fear of something will happen when she is alone and this fear is ameliorated by conversation which is not covered by any remedy in the repertorial chart other than *Ratanhia*.

On the basis of totality of the symptoms, repertorial result and PDF, the patient was prescribed *Ratanhia* 30C, T.D.S. for 7 days. As per requirement of case potency is increased during treatment.

Follow-up

Date	Symptoms	Medicine Prescribed
08/09/2017	Pain in rectum while sitting reduced and it occurs only for short duration after stool Fear and Constipation remains.	Ratanhia 30 TDS. for 7 days
15/09/2017	Pain after stool >+ Burning pain in rectum is reduced, Fear remains, Constipation slightly improved	Placebo 30 TDS for 14 days
29/09/2017	Menstrual complains are also reduced, L MP-22/9/17 Fear remains, Constipation >+ Pain in rectum >++	Placebo 30TDS. for 14 days
13/10/2017	Patient report some pain in rectum, fear remains, slightly constipated and relief in other complaints.	Ratanhia 30 TDS for 14 days
27/10/2017	Patient has relief in pain, fear remains. Slight constipation. Menstrual complains >+ LMP – 21/10/2017	Placebo 30 TDS. for 21 days
17/11/2017	Patient has relief in pain, fear remains. Constipation >+.	Placebo 30 TDS. for 21 days
09/12/2017	Menstrual complains >+ LMP – 20/11/2017 Pain in rectum>+ Fear remains	Placebo 30 TDS. for 21 days
30/12/2017	Menstrual complains >+ LMP – 20/12/2017 Burning Pain in rectum Reappear Itching in anus appear Fear remains	Ratanhia 30 TDS for 14 days
13.01/2018	No change in burning pain and itching in anus. Patient is constipated	Ratahnia 200 1 Dose stat Placebo 30 TDs for 14 days
28/01/2018	Menstrual complains >+ LMP – 21/01/2018 Itching in anus> Constipation remains	Ratahnia 200 1 Dose stat Placebo 30 TDs for 14 days
12/02/2018	Itching in anus >+ Constipation >+	Placebo 30 TDs for 30 days
14/03/2018	All symptoms of patient are relived but fear is remains	Ratahnia 1M 1 Dose stat Placebo 30 TDs for 30 days
12/04/2018	All symptoms of patient are relived. Intensity of fear reduced	Placebo 30 TDs for 30 days
14/05/2018	All symptoms of patient are relived including fear	Placebo 30 TDs for 30 days

Management: Patient is advised to increase dietary fiber and fluid intake to keep bowel motion soft and regular. Regularly take sitz bath (sitting in warm water up to the hips) which help to relax the sphincter. Patient advised to avoid undue straining during bowel movement.

Conclusion

Anal fissure are very common and can affect people of any age in this scenario due to stressful and modern lifestyle. There could be several possible reasons for it. Successful Homoeopathy treatment is possible in each and every case if peculiarity is get. Similarly in this case after taking the medicine patient become free from all her symptoms and now she can do her household work interestingly.

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