International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

A Case Study on Haemorrhoid

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Abstract: ***Haemorrhoid, otherwise known as piles, is the dilatation of veins of the anal canal. The global prevalence of haemorrhoid is 4.4% in the general population and 50% of population would have the disease at any point of time by reaching the age 50 years. A male patient of 46 years old was suffering from haemorrhoid for last 5 years resorted to all systems of treatment but failed, was finally treated by constitutional treatment and was cured for last 5 years. The case taking was done in a standardized format and all symptoms were passed through standard procedures of Homoeopathy to arrive at totality of symptoms such as analysis of symptoms, conceptual image, analysis of the case/ synthesis, reportorial totality/ evaluated totality, miasmatic diagnosis, repertorisation. The medicine was prescribed in 50 millesimal scale in frequent repetition scheduled. Centesimal potency was prescribed in infrequent repetitions whenever required. Change of potency and medicine prescriptions were done as per the guidelines of Homoeopathy and cure was achieved to a so called surgical disease like Haemorrhoid.***

Keywords: Haemorrhoid, PNR Bleed classification, Quality of life, Conceptual image, Analysis of the case, Evaluated totality, Miasmatic diagnosis.

1. Introduction

Dilatation of the veins of anal canal, one of the most common medical condition in general population, known as haemorrhoids are divided into types such as internal (in the lower rectum above dentate line) and external haemorrhoid (develop under the skin around the anus below the dentate line) (1) (2). Haemorrhoid is also known as “piles”. Pathogenesis of haemorrhoid disease (HD) includes weakening of the anal cushion, which leads to prolapse of haemorrhoids followed by spasm of internal sphincter (2) (3) (4). Bleeding, pain, prolapse, faecal seepage, mucus discharge, pruritus ani are the attributed clinical features regards to HD (5) (6). By common sense, conservative treatment should be considered as the first –line effective treatment, recommended before surgery which also most recent guideline suggests (7) (8). Inspection of anus at rest and during straining is required to detect any anal pathology (9). Based on degree of prolapse, HD is classified into four grades as (5):
Grade-I: Don’t prolapse below the dentate line.
Grade-II: Prolapse below the dentate line but reduces spontaneously.
Grade-III: Prolapse requires manual reduction.
Grade-IV: Irreducible prolapse below the dentate line.

Evidence regarding the lifestyle modification reveals sitz baths, sufficient fluid intake, improved anal hygiene (10) . Rubber band ligation, bipolar probe, heat probe, cryotherapy, sclerotherapy, infra-red coagulation like surgical interventions reserved for grade-I and grade-II HD outpatients (5). The true etiopathogenesis of piles is still remains elusive (11) (12). Etiology of HD includes constipation, increase in intra-abdominal pressure (pregnancy, erect position, strainous exercise, ascites, obesity, staining during defaecation) (11) (13) (14), arterial hyper perfusion of sinusoidal (impaired sphincter action, increased caliber of arterioles) decreased vascular tone of sinusoids. Risk factors include repeated use of valsalva maneuver (e. g. for relieving back pain in ankylosing spondylitis), prolong sitting time on toilet, squatting for longer period to defaecate, chronic cough etc. (15) (16) (17).

The incidence of haemorrhoid is very less i. e.24% among vegetarians as compared to people taking mixed diet i. e. veg. and non-veg. (76%) (12).

Essentials of HD include precise history, thorough physical examination along with digital rectal examination, anoscopy where as sigmoidoscopy/colonoscopy is suggested for rectal bleeding cases especially cases with risk of colorectal cancer (18) (19) (14).

At present HD is regarded as major cause of morbidity impacting socially (by means of irregular lifestyle mainly related to food and sexual habits) and economically (affecting quality of life in terms of loss of working days and quality of work due to physical like pain, itching, anal bleeding etc. and mental discomfort like irritability etc.) in the population (20) (21) . Frequent recurrence, postoperative pain, incomplete elimination of discomfort hinders patient’s normal life to live (20) (22) (23). The most common complications of HD include subsequent thrombosis (24), perianal thrombosis, incarcerated prolapsed internal haemorrhoids (24) , recurrent infection, urine retention, bleeding, loss of incontinence (25), other injuries etc.
There is lack of evidence to support regarding use of over the counter preparations and low dose anesthetics, keratolytics, protectants, steroids, antiseptics etc. from well-designed studies (10) (5).

Although overall prevalence is unknown (due to less seeking of medical help of asymptomatic outpatients of HD), the estimated global prevalence of HD is 4.4% in the general population (26) . However HD affects male and female

equally with maximum incidence between the age of 45 and 65 years and rarely under age of 20 years (25).

Some study confirms by reaching the age of 50 years, 50% of the population would have HD at some point in their life where as 5% population suffer at any age of life (27). HD is found in about 50% of colorectal investigations (28) . Men are mostly predisposed as compared to women (29) (23).

In India some report reveals the highest numbers of HD cases are found in cities like Delhi NCR, Bangalore, Mumbai and Hyderabad (30).

2. Case Study

A male patient of age 46years reported on dt.05/02/18 with following complaints.

Bleeding per rectum with frequent episode (+++) since 5yrs associated with prolapse of a mass on straining (+++) and reduces spontaneously after defaecation, there was swelling outside too in anal region. He was having burning pain during defaecation &haemorrhoids relieve (>) from walking (+++) & complaints were getting aggravated (<) on taking coffee, from constipation (+++), on proctoscopy examination it was revealed that there were internal and external haemorrhoids at 3 & 7o' clock position with prolapsing character.

Past History (Pa/H): chronic dysentery

Family History (F/H): Father: Diabetes mellitus (DM type-2)

Mother: Hypertension (HTN)

Personal history (P/H): married, non-vegetarian, regular dietary habit.

Physical generals: chilly patient (pt.) (++), easily catches cold (++), desire for bread (++), aversion to warm food (++), jerking of limbs during sleep (++), amorous dream, thirst less with dry tongue (++), appetite-Normal (N), stool: constipated, urine: N.

Mental generals: desire to be alone (+++), some time sad and sometime happy (+++), melancholic mood (+++), impatient (+), restlessness.

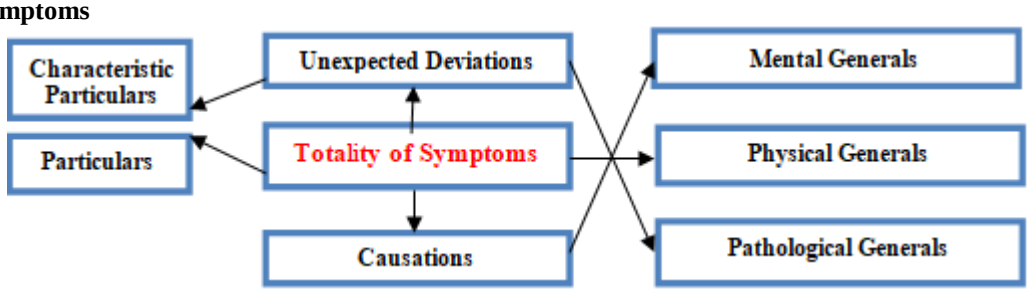
Weight (wt.)-60kg

Blood Pressure (BP)-132/86mm of Hg

Proctoscopy: swelling at 3 and 7 o' clock position with internal and external piles mass.

Before treatment total Bleed PNR classification value was 11 and WHO QoL BREF was 30.
After case taking we proceeded to build a totality of symptoms that means the entire representation of drug and disease which enables the physician to individualize between the disease and remedy. It is not a single characteristic symptom; it means which gives us a clear idea about nature of sickness & remedy. For which we have to collect symptoms keeping in mind following aspects:

Totality of Symptoms



In each case 1st we need to do an analysis of symptoms. It gives us ideas whether symptom is completed in 4 dimensions i. e. location/sensation/modality/concomitant or not. The symptom (s) completed in 4 dimensions are called characteristic particulars& not completed in 4 dimensions are particulars.

Analysis of the Symptoms

Locations	Sensations	Modalities	Concomitants
Rectum	Burning pain, bleeding of frequent episodic Haemorhoids	<taking coffee, during defaecation >by walking	prolapse

After this we have to build a conceptual image that means we have to make an idol or semblance of patient where pages & pages of symptoms taken during case taking are brought to a single page under following heads:

Conceptual Image:

1) **Unexpected deviation:** thirst less with dry tongue (+++), haemorrhoids>walking while
2) **Causation:** when constipated (+++), taking coffee (+++),
3) **Mental general:** impatient, desires to be alone (+++), sometime sad sometime happy (+++), melancholic mood (+++), restlessness
4) **Physical general:** chilly pt. (++), easily catches cold (++), desire: bread (+++), aversion: warm food (++), sweet (+++), milk (++), intolerance: milk (+++), smell to tobacco (++), appetite: N, stool: constipation (+++), urine: N, sweat: palm/sole (+++), sleep: jerking during sleep (++), dream: amorous.
5) **Pathological generals:** ×

6) **Characteristic particulars**: in rectum bleeding frequent from hemorrhoids when constipated & taking coffee (+++) associated with burning pain aggravated during defecation and taking coffee, haemorrhoids ameliorated while walking (+++) and associated with prolapsed hemorrhoid (+++)
7) **Common particulars: ×**
After this stage we proceeded for synthesis of the case. In this stage important symptoms are retained and less important symptoms are deleted.

Synthesis of the Case

Appetite-N, urine-N, impatient, restlessness, amorous dream these symptoms are excluded due to normal findings and symptoms of less magnitude.

So the synthesis of the case is written as follows:

1) Unexpected deviation**:** thirst less with dry tongue (+++), haemorrhoids>walking while
2) Causations: from coffee (+++), constipation (+++)
3) Mental generals**:** desires solitude (+++), sometime sad and sometime happy (+++), melancholic (+++).
4) Physical generals: chilly pt. (+++), easily catches cold (++), desire: bread (++), aversion: warm food (++), sweet (++), milk (++), intolerance: milk (+++) & smell of tobacco (++), stool: constipation (+++), sweat: palm/sole (+++), sleep: jerking during sleep (++).
5) Characteristic particulars: in rectum bleeding frequent from hemorrhoids when constipated &taking coffee (+++) associated with burning pain aggravated during defaecation and taking coffee, haemorrhoids ameliorated while walking (+++) and associated with prolapsed hemorrhoid (+++).
6) In next step we have to proceed for Evaluation of symptoms, which means to give gradation of symptoms as per the intrinsic worth of the symptoms.

Next step is as follows:

Evaluation/ Totality of symptoms

In this above case mental generals are predominant. Hence we evaluate the case according to Kent's method of evaluation. So the evaluation of symptoms is as follows:

1) Unexpected deviations**:** thirst less with dry tongue (+++), haemorrhoids>walking while
2) Causations: from coffee (+++), constipation (+++)
3) Mental generals**:** desires solitude (+++), sometime sad and sometime happy (+++), melancholic (+++).
4) Physical generals: chilly pt. (+++), easily catches cold (++), desire: bread (++), aversion: warm food (++), sweet (++), milk (++), intolerance: milk (+++) &smell of tobacco (++), stool: constipation (+++), sweat: palm/sole (+++), sleep: jerking during sleep (++).
5) Characteristic particulars: in rectum bleeding frequent from hemorrhoids when constipated & taking coffee (+++) associated with burning pain aggravated during defaecation and taking coffee, hemorrhoids ameliorated while walking (+++) and associated with prolapsed haemorrhoids (+++)

Nosological Diagnosis: Bleeding per rectum, swelling on anal region, prolapsed on straining, proctocscopy examination reveals swelling at 3&7 o' clock positions.

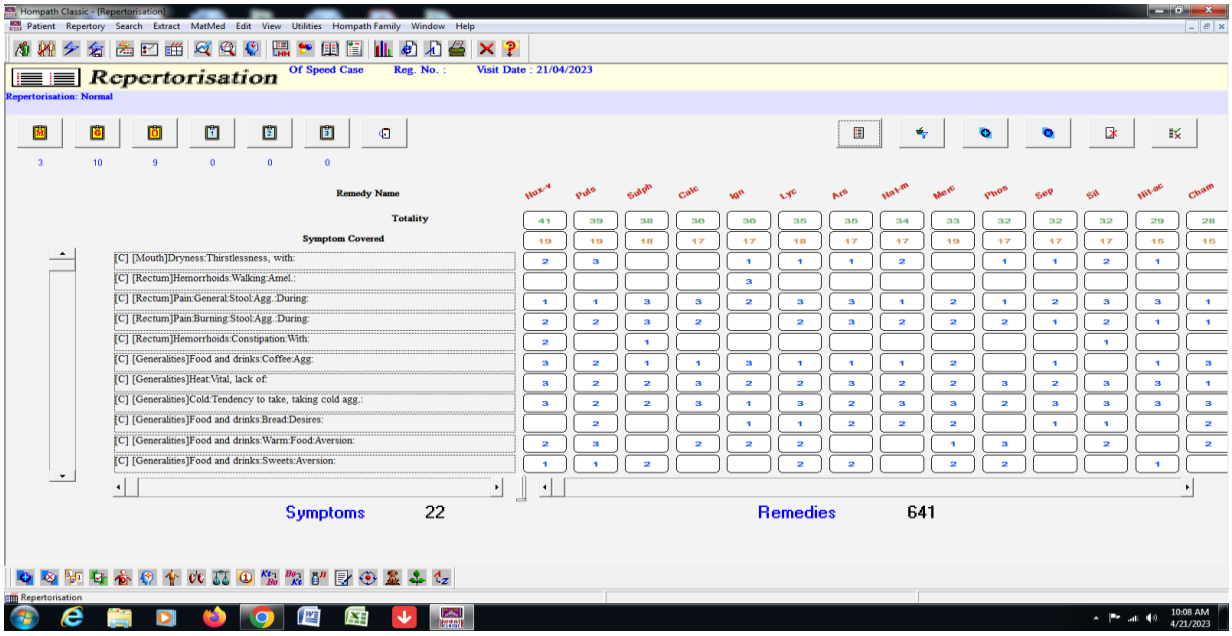
Miasmatic Diagnosis: Cleavage of the symptoms is prepared in consultation with Phyllis Speight guidelines they are as follows (31) :

S. no.	symptoms	Psora	Syphilis	Sycosis
1.	Thirst less with dry tongue			
2.	Haemorrhoids> walking while			
3.	Pain: general aggravated during defaecation			
4.	Burning pain in anus > by walking			
5.	Haemorrhoids with constipation			
6.	< From taking coffee			
7.	Chilly pt.			
8.	Easily catches cold			
9.	Desire solitude			
10.	Some time sad and some time happy			
11.	Melancholic			
12.	Desire bread			
13.	Aversion: warm food, sweet, milk			
14.	Intolerance: milk, smell of tobacco			
15.	Sweat: palm, sole			
16.	Jerking during sleep			
17.	Bleeding per rectum			
18.	Prolapsed haemorrhoids			

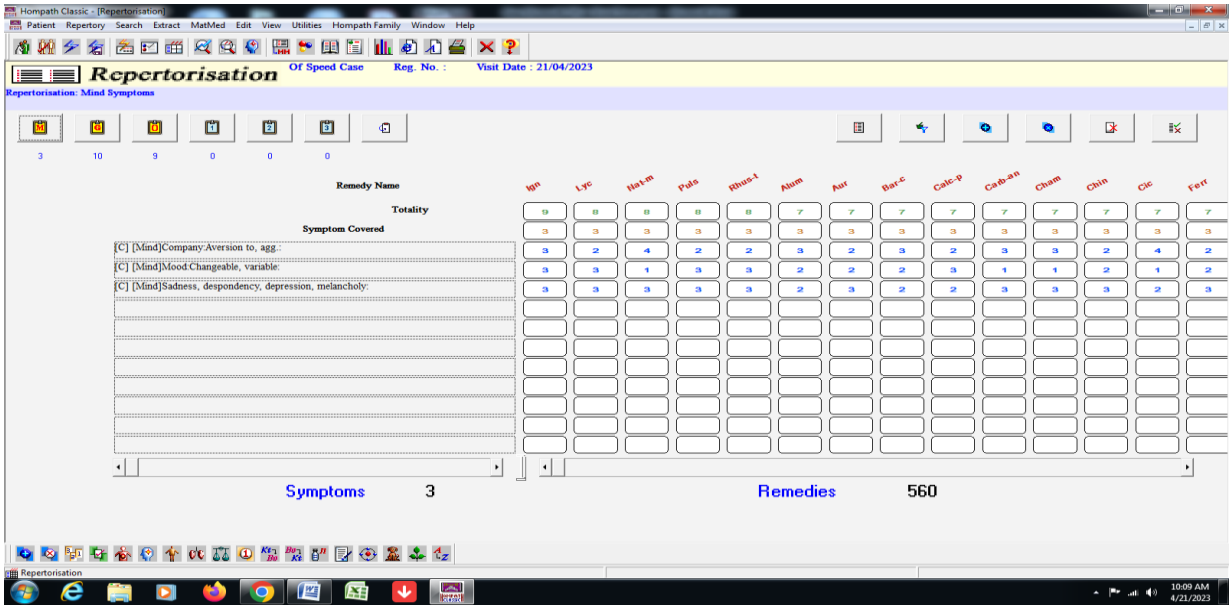
Hence it is a case of mixed miasmatic disease of psoro-sycotico-syphilitic with preponderance of psoric miasm.

Repertorisation: Next step is to repertories with an computer software (32)

Main

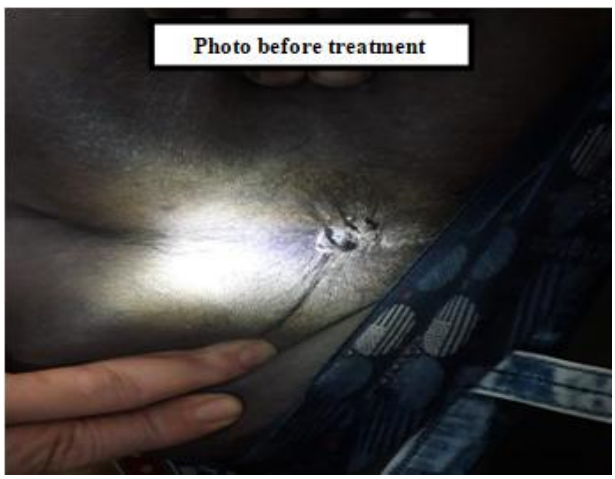


Mind



Reportorial Results

Nux vom.: 41/19, Puls.: 39/19, Sulph.: 38/18, Calc. carb.: 36/17, Ign.: 36/17



Prescription: 1st visit (5-04-2018)

(Ignatia) Ign.-0/1, 0/2, 0/3, 0/4 (2oz, 16 doses, twice daily) (B. D.)

Basis of prescription was

It vindicated its position in panel of drugs in reportorial result

The peculiar and characteristic symptoms of the patient are covered with drug, such as:

- Thirst less with dry tongue
- Haemorrhoids ameliorated by walking
- Complaints aggravated by coffee etc.

It is decided as per the aphorism 153 of the Organon of Medicine of 6th edition by Dr. C. F. S. Hahnemann **(33)** : "In order to find among these an artificial morbific agent

corresponding by similarity to the disease to be cured, the more striking singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view".

1st Follow up on (09-05-2018):
- Bleeding (reduced 40%)
- Pain (reduced 75%)
- Prolapse – no relief
- Stool – constipation
- Urine – N
- Appetite – N
- Thirst-N

Wt.:-61 kg, B. P.: 124/86 mm of Hg

Rx
- Ignatia (Ign.)-0/5, 0/6, 0/7, 0/8 (2oz, 16 doses, B. D.)

2nd Follow up on (8-6-2018):
- No further improvement
- Standstill
- Case was reviewed and found burning pain after defaecation and relieved by cold water application.
- Stool – constipated and ineffectual
- Sleeplessness

Wt.:-63 kg; BP: 120/80 mm of Hg

So a dose of intercurrent remedy Nux vomica was prescribed on indication.

Rx
-Nuxvom.1M (2 globules in 1oz of distil water, 4 doses, 6 hourly.) followed by
-Ign.-0/9, 0/10, 0/11, 0/12 (2oz, 16 doses, B. D.)

3rd Follow up on (5-7-2018)
- Stool ineffectual character was no more but now it was bashful and hard
- No bleeding, no pain
- Prolapse continues
- Appetite and thirst – N
- Urine-N

It indicated that an anti-sycotic medicine was required. Hence a high potency Thuja occ.10M was prescribed as intercurrent remedy on indication.

Wt.: 62 kg; BP: 120/84 mm of Hg

Rx
-Thuja 10M (1oz, 4 doses, 6 hourly.) followed by
-Ign.-0/13, 0/14, 0/15, 0/16 (2oz, 16 doses, B. D.)

4th Follow up on (6-8-2018)
- No bleeding, no pain
- Prolapse (reduced 50%)
- Stool – constipation (reduced 50%)
- Appetite – N
- Thirst-N
- Urine-N

Wt.:-61 kg, BP: 124/80 mm of Hg
Rx
-Ign.-0/17, 0/18, 0/19, 0/20 (2oz 16 doses, BD)

5th Follow up on (4-9-2018)
- No bleeding, pain and prolapse per rectum
- Stool – constipation (reduced 50%)
- Appetite – N
- Thirst-N
- Urine – N

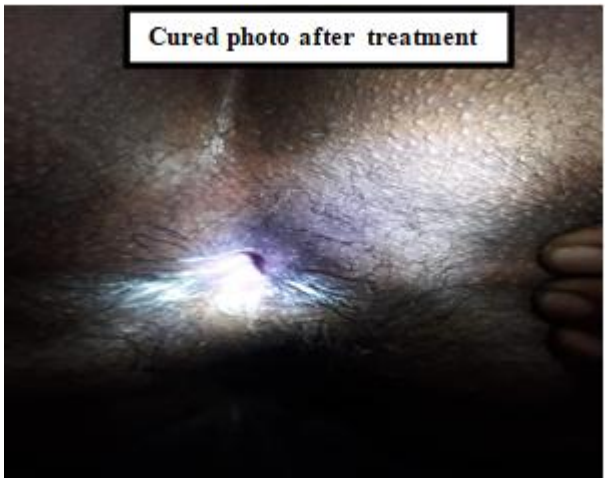
New symptom appeared that is epistaxis 4-5 times in this month.

On further enquiry it was revealed that he was chilly patient, desire for cold food and aversion to sweet.

Rx
-Phos.0/1, 0/2, 0/3, 0/4 (2oz, 16 doses, B. D.)

6th Follow up on (08-10-2018):

No rectum prolapsed
- No epistaxis
- Appetite – N
- Thirst – N
- Stool-N
- Urine – N
- Sleep – N



A dose of Sulphur 200 was prescribed as finishing dose as per the guide of treating chronic disease of Hahnemann.

Till date patient is taking medicine at time for his acute symptoms but there is no haemorrhoid problem.

After treatment total Bleed PNR classification value was 4 and WHO QoL BREF was 120.

3. Discussion

Clinical features of haemorrhoids are well observed, with the patient such as: bleeding per rectum, pain during defaecation, swelling at 3 and 7 o'clock position associated with prolapsed haemorrhoid. Above were the diagnostic criteria. The data were collected as per the Homoeopathic

guidelines in prescribed format. After case receiving the case was processed for "analysis of the symptoms". It means to locate the four dimensions of the symptom such as: location, sensation, modality & concomitant with an objective to see which symptoms have completed in four dimensions. Because the symptom completed in four dimensions are called characteristic particulars& not completed in four dimensions are common particulars. It is necessary because in evaluation of symptoms the characteristic particular symptom is greater than common particular symptom.

Next step was to frame "conceptual image". It mean to prepare a semblance or idol of the patient. Here all symptoms from the case are brought under following headings such as:

1) Unexpected deviations
2) Causations
3) Generals – Mental
   Physical
   Pathological
4) Characteristic particulars
5) Common particulars

There by pages & pages in case receiving are brought to one page.

In this next step the case was processed for 'Synthesis/Analysis of the case'. In this stage the unimportant, unnecessary and less intense or less magnitude symptoms were deleted.

Thereafter, Evaluated Totality/Reportorial totality was built up, keeping in mind which symptoms are predominant among the mental generals, physical generals, characteristic particulars etc. For each Repertory there are separate ways of building the totality. As in this case mental symptoms were more predominant, therefore was processed for Kent's evaluation process of totality building. i. e.1st mental symptoms, then physical generals, characteristic particulars, pathological generals & particulars.

It was a chronic so called surgical disease haemorrhoid with different symptoms indicating to different miasms hence a miasmatic cleavage of the case was done to determine which miasms are in the case and which is predominant one. It was found it is a mixed miasmatic disease of psora, sycosis and syphilis with preponderance of psoric miasm.

Finally the symptoms evaluated & reportorial totality were taken for repertorisation, by software "HOMPATH zomeo" & arrived at reportorial results. Thereafter prescription was made & basis of prescription was given. Follow up was made after each course of medications along with change in symptoms. The Bleed PNR classification value before and after treatment along with WHO QoL BREF was recorded which were as follows:

Before treatment:

- Prolapse upon straining and that reduced spontaneously (grade-2)
- Swelling of two haemorrhoidal column at 3 and 7 o'clock position (grade-3)
- Relation to dentate line was internal haemorrhoid (grade-3)
- Moderate frequent episodes of bleeding during defaecation (grade-3)

Total Bleed PNR Classification value was 11.

After treatment:

- No haemorrhoidal prolapse (grade-1)
- No haemorrhoidal swelling at column (grade-1)
- No internal haemorrhoids (grade-1)
- No bleeding (grade-1)

Total Bleed PNR Classification value was 4.

Initially the WHO QoL-BREF was 30, at last it was 120.

When all symptoms were improving next higher continued during the period of treatment if it was50 millesimal potency. But in centesimal scale it was prescribed in infrequent repetition schedule. Apart from that in all most all the time the chronic remedies were prescribed as per indications in 50 millesimal scale. It suggest when there is no desired result to one particular symptoms, then miasmatic prescription on indication was prescribed i. e. Nux vomica, Phosphorus and Thuja occ. in this case, to remove syphilitic and sycotic miasmatic tendency respectively.

In summarizing it can be told that the treatment was constitutional. The case diagnosed was a mixed miasmatic disease with preponderance of psoric miasm. The case was repertorised with the help of "HOMPATH zomeo" software. Treatment was started with an anti-psoric medicine Ignatia 0/1, 2oz, 16doses, twice daily for 8 days and continued up to 0/16. So also during the follow up the movement of old symptoms and appearance of new symptoms recorded to evaluate the case. There was improvement for 2 months then there was few new symptoms noticed. Hence the case was reviewed and new totality was rebuilt and repertorised. Next drug Nuxvom.1M was prescribed as intercurrent remedy. It also helped but standstill. Thuja occ., an anti-sycotic remedy prescribed for which patient improved to a greater extent. Next there was no further improvement; hence Phosphorus on indication was prescribed. As per guidelines for treatment of chronic diseases, as suggested by Hahnemann, is to finish the treatment with an anti-psoric remedy at last, hence a dose of Sulphur 200 was prescribed.

There is no relapse of the symptoms of haemorrhoid as the case was followed up for two years.

4. Conclusion

1) Constitutional Homoeopathic medicine is the first line of approach to treat a chronic intractable disease like Haemorrhoids along with miasmatic approach.
2) Homoeopathic medicines are effective in total disappearance of symptoms along with preventing relapse and recurrence.
3) It confirms to the subtle Homoeopathic Philosophy of the Organon of Medicine of Hahnemann, C. S. F. i. e. "The highest ideal of cure is rapid, gentle and

permanent restoration of the health and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principle" (33) .

4) It also confirms the observation by Dr. Hahnemann written in the Organon of Medicine, 6th edition, aphorism 185 "Among the one sided diseases …… medical treatment" (33)
5) Apart from increase dietary soluble fiber intake and lifestyle modification all the patients with any degree of haemorrhoids are also advised for regular exercise, adequate fluid intake, improving anal hygiene and avoiding straining at stool etc. (7) .

Acknowledgement

Authors deeply acknowledge the contribution of following persons in various stages of the work, Dr. Sujata Choudhury. At the same time we are grateful to HOMPATH for using his software and Bleed PNR classification Score of Haemorrhoid and WHO QoL BREF Score. ×

Conflict of Interest: No

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