

ROLE OF HOMEOPATHIC INTERVENTIONS FOR THE MANAGEMENT OF ANAL CUSHION HYPERTROPHY: CASE REPORTS

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Article Received date: 23 November 2024

Article Revised date: 13 December 2024

Article Accepted date: 02 January 2025



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ABSTRACT

This article presented various case reports exploring role of homeopathic intervention towards the management of anal cushion hypertrophy. Study emphasizing haemorrhoids in individuals aged 10 to 80 years. Criteria included well-documented symptoms and a history of homeopathic treatment, excluding cases with incomplete data or confounding conditions. The finding of study revealed positive outcomes, with reduced pain, bleeding and discomfort in cases meeting inclusion criteria. Patterns in remedy selection and dosage adjustments offer insights into personalized homeopathic care, highlighting the potential of homeopathy for managing anal cushion hypertrophy.

KEYWORDS: Homeopathy, Medicine, Remedy, Anal Cushion Hypertrophy, Haemorrhoids.

INTRODUCTION

Anal cushion hypertrophy, often linked to hemorrhoids, is the abnormal enlargement of anal cushions. These cushions, made up of blood vessels and connective tissue, are located in the anal canal and play a key role in maintaining continence by ensuring a tight seal of the anus. When these cushions become swollen or enlarged, they can cause discomfort, itching, pain and bleeding, especially during bowel movements. Anal cushion hypertrophy mainly occurs due to supportive tissue deterioration. Causes include internal pile, absence of valves in the superior haemorrhoidal veins and congestion during defecation.^[1-3] Some other causes of anal cushion hypertrophy are mentioned in **Figure 1**.

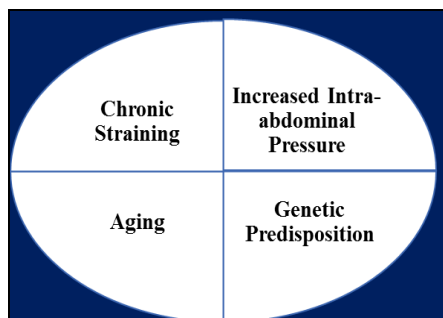


Figure 1: Some common causes of anal cushion hypertrophy.

Chronic straining during bowel movements, often due to constipation, can put pressure on the anal cushions, causing them to enlarge. Increased intra-abdominal pressure due to the pregnancy, obesity and prolonged sitting, can also contributing to hypertrophy. Aging and genetic predisposition may also trigger enlarged anal cushions.^[2-4]

Symptoms









- Bleeding during bowel movements.
- Anal itching and irritation.
- Pain or discomfort in the anal area.
- Protrusion of tissue from the anus, especially during or after bowel movements.

Haemorrhoids

Haemorrhoid is associated with such conditions or sometime these conditions are correlated with haemorrhoids. Generally haemorrhoids are two types internal and external.^[3-6]

INTERNAL: Affecting hemorrhoidal venous cushions above dentate line

- ✓ Grade 1: Bleed but not prolapse
- ✓ Grade 2: prolapse on straining but reduce spontaneously
- ✓ Grade 3: prolapse on straining, require manual reduction
- ✓ Grade 4: Spontaneous, irreducible prolapse

GRADING OF INTERNAL HEMORRHOIDS			
WWW.OPENMED.CO.IN			
GRADE 1	Bleeding, No Prolapse		
GRADE 2	Prolapse, Reduces Spontaneously		
GRADE 3	Prolapse requires Manual Reduction.		
GRADE 4	Prolapsed, Can Not be reduced.		

Clinical features of Internal Haemorrhoids

- Rectal Bleeding
- Itching and Irritation:
- Protrusion During Bowel Movements
- Feeling of Incomplete Evacuation

EXTERNAL: Affecting hemorrhoidal venous cushions below dentate line. Clinical Features of external Haemorrhoids are as follows.

- Visible Lump
- Pain or Discomfort
- Swelling Around Anal Area
- Tenderness to Touch

Investigation

- External Examination: Inspection of the anal area for signs of external haemorrhoids, such as swelling, inflammation, or a visible lump.
- Internal Examination: Visualization of the anal canal and rectum using a proctoscope or an anoscope to identify internal haemorrhoids.
- Digital Rectal Examination (DRE)
- Proctoscopy
- FOBD
- Documentation of Symptoms
- Thrombosis Assessment (for External Haemorrhoids)

Conservative Management

Conservative management for haemorrhoids involves non-invasive measures and lifestyle modifications aimed at relieving symptoms and promoting overall anal health. Here are common conservative approaches.

- High-Fiber Diet: Fibre intake through fruits, vegetables, whole grains and legumes to soften stools and ease bowel movements. Fibre supplements (psyllium or methylcellulose) can be used to enhance bowel regularity.
- Adequate Fluid Intake: Proper hydration to prevent constipation and facilitating softer stools.

- Sitz Baths: Soak the anal area in warm water for 10-15 minutes several times a day to reduce inflammation and promote comfort.
- Avoid Straining: Discourage excessive straining during bowel movements.
- Yoga: Yoga and regular physical activity are advised to promote overall bowel health and prevent constipation.
- Weight Management: Healthy weight can help to reduce pressure on the anal veins.

Considering the noxious effects of this condition present study described role of homeopathic interventions in the management of anal cushion hypertrophy, linked to hemorrhoids.

AIM

To perform retrospective study exploring homeopathic interventions for the management of anal cushion hypertrophy

METHODS

- ✓ **Place of study:** Shree Ram Homeopathic Clinic and Research Centre, Solapur.
- ✓ **Type of study:** Retrospective study.
- ✓ **Sampling collection:** This retrospective study conducted at Shree Ram Homeopathic Clinic and Research Centre in Solapur aims to analyse the effectiveness of homeopathic interventions in managing anal cushion hypertrophy, particularly focusing on cases of haemorrhoids. The data collection methods for this study involve a thorough review of patient records, including their medical history, symptoms, prescribed remedies and follow-up outcomes. The study relies on retrospective data to draw insights into the application of homeopathy for anal cushion hypertrophy.
- ✓ **Inclusion Criteria:** The study included individuals aged 10 to 80 years with documented symptoms of anal cushion hypertrophy, particularly haemorrhoids, in the patient records of Shree Ram

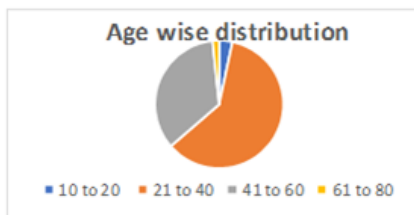
Homeopathic Clinic and Research Centre, Solapur. Cases demonstrating a clear history of homeopathic intervention for anal cushion hypertrophy were considered eligible for analysis.

- ✓ **Exclusion Criteria:** Individuals outside the specified age range (below 10- 80), cases with incomplete or insufficient data, and those with concurrent medical conditions that may confound the assessment of homeopathic efficacy were excluded from the study. The focus was on cases where homeopathic remedies those have been applied specifically for anal cushion hypertrophy, ensuring a more homogenous and relevant dataset for retrospective analysis.
- ✓ **Statistical Methods:** Results were shown in Tables, comparing their numbers by scientific calculator and standard appropriate statistical formula.
- ✓ **Ethical Permission:** Nil.

OBSERVATION

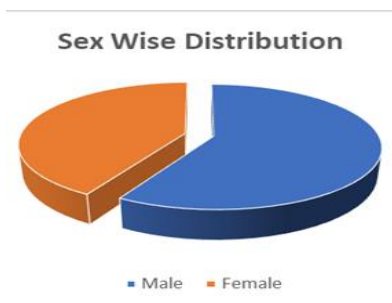
1. Age wise distribution

Age groups	Total cases - 115
10 to 20	04
21 to 40	73
41 to 60	42
61 to 80	02



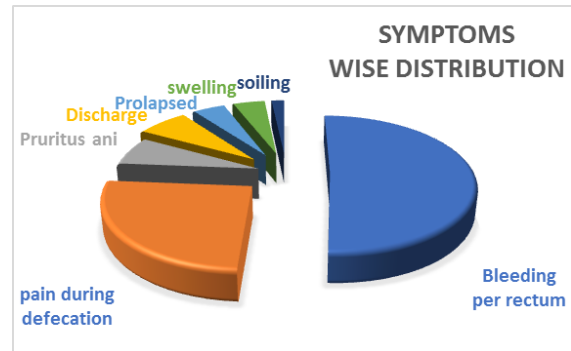
2. Sex Wise Distribution

Sex	Total cases
Male	67
Female	48
Total	115



3. Symptoms wise distribution

Symptoms	Total admission
Bleeding per rectum	60
Pain during defecation	30
Pruritus ani	05
Discharge	08
Prolapsed	05
Soiling	02
Swelling	05



RESULTS

CASES 1

A 40-year-old woman, sought consultation, for a recurring issue with piles. She had been experiencing piles since last year, with pain occurring once every 2-3 months. However, for the past 15 days, the pain has been continuous. She described the pain as throbbing and mentioned that it worsens during and after bowel movements, lasting for 1-2 hours before reducing on its own. The patient has not sought any treatment for piles so far. She also complained about a persistent fullness in her abdomen for the past year. The fullness tends to worsen from evening till night, and it does not subside even after burping and passing gas. The patient had been experiencing headaches for a year, occurring in the frontal and occipital regions. The pain is relieved only when she's occupied and applies pain balm.

Repertorization

6. Clipboard 6																							
▶ 1. GENERALS - FOOD AND DRINKS - fat - desire																							(76) 1
▶ 2. STOOL - HARD																							(355) 1
▶ 3. ABDOMEN - FULLNESS, SENSATION OF - eructations - not amel.																							(1) 1
▶ 4. ABDOMEN - FULLNESS, SENSATION OF																							(226) 1
▶ 5. DREAMS - SNAKES																							(66) 1
▶ 6. GENERALS - FOOD AND DRINKS - tea - agg. - overuse																							(14) 1
▶ 7. RECTUM - PAIN - burning																							(217) 1
▶ 8. SLEEP - SLEEPLESSNESS																							(701) 1
▶ 9. HEAD - PAIN - Forehead																							(554) 1
▶ 10. RECTUM - PAIN - stool - hard stool - during																							(8) 1

	sulph.	nux-v.	sil.	nat-m.	puls.	arg-n.	bell.	ruta	nit-ac.	phos.	kali-c.	merc.	sep.	calc.	lach.	ars.	chin.	hep.	kali-s.	kali-ar.	op.	pib.	thu
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Prescription

- ✓ China officinalis 200 X: 12 doses x weekly (Sunday) TDS.
- ✓ Ferrum metallicum 6c: TDS for 2 weeks.

Follow up

She had no complaints after completing the prescribed medication. The pain decreased gradually, and she hasn't needed to come back since.

CASE NO 2

A 33-year-old homemaker visited with complaints of piles persisting for the last 10 years, especially intensified over the past two months. She described her symptoms as having hard stools, necessitating straining during bowel movements, leading to bleeding and a burning sensation. The pain persists throughout the day and worsens when sitting. The patient came in pain, so a detailed history was not taken initially. Medication was prescribed based on modalities and some physical generals.

Search for a repertory:		Synthesis Treasure Edition 2009 (BOROYIBG F.)		Remedy - Arsenicum iodatum		Analysis -	
<p>Repertories</p> <ul style="list-style-type: none"> <input type="checkbox"/> BHATIA V., Repertory of Remedies <input type="checkbox"/> BOERICKE O., Repertory <input type="checkbox"/> BOGER C., Boenninghausen's Repertory <input type="checkbox"/> BOGER C., General Analysis <input type="checkbox"/> BOGER C., Synoptic key <input type="checkbox"/> BÖNNINGHAUSEN, von C., Therapeutic Repertory <input type="checkbox"/> CHOUDHURY H., Hints for Treatment <input type="checkbox"/> CLARKE J., Clinical Repertory <input type="checkbox"/> DEGROOTE F., Dream repertory <input type="checkbox"/> DRAKE O., Repertory of warts and skin diseases <input type="checkbox"/> FOSTER J., Toothache and its cure <input type="checkbox"/> GUERNSEY W., Repertory of Haer <input type="checkbox"/> KENT J., English Kent <input type="checkbox"/> MASTER F., Hair Loss <input type="checkbox"/> MURPHY R., Repertory Version 3 <input type="checkbox"/> PHATAK S., Concise Repertory <input type="checkbox"/> PULFORD A., Repertory of Pneum <input type="checkbox"/> ROBERTS H., Sensations as if 							
<p>1. Clipboard 1</p> <ul style="list-style-type: none"> ▶ 1. RECTUM - HEMORRHOIDS - pregnancy agg.; during (17) 3 ▶ 2. STOOL - HARD (355) 2 ▶ 3. RECTUM - PAIN - stool - after - agg. (229) 1 ▶ 4. STOOL - HARD - followed by - soft stool (39) 2 ▶ 5. RECTUM - HEMORRHAGE FROM ANUS - stool - du... (60) 1 							
	lyc.	arn-m.	nux-v.	sep.	carb-v.	mur-ac.	ham.
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19	17	16	14	13	11	12	16
2	2	2	1	1	1	1	2
3	3	3	3	2	1	2	3
2	2	1	2	2	3	1	1
2	1	1	1	1	1	1	1
1	1	1	1	2	1	3	3

Prescription

- ✓ Lycopodium 200 QID x 5 days

Follow-up on January 23, 2022

The patient reported 10% relief in bleeding piles and pain. The pain was throbbing and burning, aggravated during stool and sitting.

Menstrual and Obstetric History

- ✓ Regular menstrual cycles with a 28-day cycle, 3-day flow, and no complaints during menses.
- ✓ Two full-term normal deliveries.

Family History

- ✓ Mother had breast cancer; father and paternal uncles had diabetes mellitus with hypertension.

Prescription

- ✓ Paeonia 30 QID x 5 days

Follow-up

After starting the medicine, the pain had reduced, and there was no bleeding during stool. Stool became soft, requiring no straining.

CASE NO 3

A 43-year-old male with a history of hemorrhoids presented with specific stool-related complaints. He experienced hard stools and stiffness in the rectum, accompanied by cutting pain and a burning sensation during bowel movements. These symptoms persisted for about an hour after stool passage, contributing to a loss of sleep. The condition worsened with the intake of spicy foods.

Repertorization

6. Clipboard 6																		
▶ 1. RECTUM - HEMORRHOIDS																		(303)
▶ 2. STOOL - HARD																		(355)
▶ 3. GENERALS - FOOD AND DRINKS - fat - desire																		(76)
▶ 4. GENERALS - FOOD AND DRINKS - sour food, acids - aversion																		(60)
▶ 5. RECTUM - PAIN - stool - during - agg.																		(260)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4
13	10	9	8	8	8	8	6	6	5	12	10	10	9	9	8	8	8	8
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2	2	1	1	1	1	1	1	1	1	3		2	1	1	1	1	1	
2	1	1	1	1	1	1	1	1	1		1							
3	1	2	2	1	2	2	1	1	1	3	3	3	3	3	2	1	3	

Prescription

- ✓ Sulphur 1M x 3doses
- ✓ Sacrum lactose 3TDS x 2 week

Follow up

After three days of treatment with sulphur, the patient reported a 10% improvement in rectal complaints. Concurrently, acute symptoms of coryza, including the blocking of the left nostril and cough with expectoration, were noted. The remedy aimed at addressing these acute complaints as follow.

- ✓ Phosphorus 6c x TDS x 1 week

Follow up

The second presentation involved burning stool with a stool pattern of initially hard followed by soft consistency. The remedy prescribed as mentioned below.

- ✓ Sulphur 200x BD x2 Doses
- ✓ Sacrum lactose 3TDS x 2 week

Follow up

Following the Sulphur treatment, the patient experienced a 50% relief in all complaints. Some slight burning persisted, then next remedy prescribed as follow.

- ✓ Sulphur 200 x BD x2 Doses
- ✓ Sacrum lactose 3TDS x 2 week

Follow up

When on medication patient felt 50% better relief in symptoms, after medication the complaints were increases due to loss of sleep. Further remedies suggested as follows.

- ✓ Bacillinum 200 x 2doses
- ✓ Sacrum lactose 3TDS x 4 week

Follow up

The patient achieved full recovery from the piles after the prescribed interventions.

CASE NO 4

A 30-year-old male presented with a history of hemorrhoids characterized by hard stools with bleeding and constipation occurring 2-3 times per week. The condition exhibited aggravation with irregular eating times and consumption of spicy food, etc. On the mental front, the patient exhibited traits such as anger over trifles, brooding tendencies, fear of losing his job and suppressed anger.

Prescription

- ✓ Lycopodium 1M x 3 doses
- ✓ Sacrum lactose 3TDS x 2 week

Follow up

The patient reported 40% improvement in piles, characterized by hard stools and occasional bleeding. Symptoms worsened with the consumption of wheat pudding and jaggery. Then next treatment continued as mentioned below.

- ✓ Sacrum lactose 3TDS x 2 week

Follow up

Following the initial treatment, there was improvement in bleeding, and the patient experienced relief from burning pain. Stool consistency became soft and there was no straining during bowel movements. Next treatment mentioned below.

- ✓ Sulphur 200 x 2 doses x BD
- ✓ Sacrum lactose 3TDS x 2 week

Follow up

Subsequent to the Sulphur treatment, the patient reported betterment in the burning sensation and bleeding. Symptoms worsened with the intake of lentils and chickpea flour. Following treatment prescribed in this condition:

- ✓ Lycopodium 1M x 3 Doses
- ✓ Sacrum lactose 3TDS x 2 week

These successive interventions targeted specific symptoms and triggers, leading to a progressive amelioration of the patient's condition. The prescribed approach to each remedy contributed to the overall betterment of the piles' symptoms.

CASE NO. 5

A 40-year-old man, presented with a history of chronic hemorrhoids. His occupation involved prolonged periods of sitting, irregular time of food, habits of tobacco chewing & alcohol consumption exacerbating the condition. The patient reported discomfort, pain, and occasional bleeding associated with the hemorrhoids. The patient's symptoms included throbbing pain and burning sensation during the bowel movements.

Prescription and Dosage.

Prescription

- ✓ Plantago Major 30C was administered at a frequency of four times a day for one week.

Follow-up

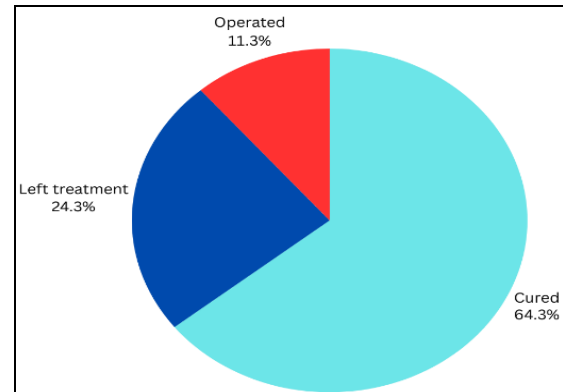
The patient reported a noticeable improvement in symptoms. The throbbing pain and burning sensations had reduced, and there was a significant decrease in swelling. The remedy proved effective in providing relief, especially considering the occupational aggravation.

DISCUSSION

Maximum patients fall under the age group of 21 to 40 years with higher prevalence of disease in male than female. Bleeding per rectum and pain during defecation observed as major symptoms along with cases of burning

sensation and swelling. This study witnessed that amongst the total participants of study 70 % patients cured after the therapy, while 21 % left treatment and 9 % required surgical interventions. Sulphur, nux-vomica and phosphorous are major compounds used as remedy for the management of cushion hypertrophy associated with haemorrhoids.

Total	115
Cured	80
Left treatment	24
operated	11

**CONCLUSION**

This study confirmed that homeopathic intervention can be used effectively for the management of anal cushion hypertrophy associated with haemorrhoids.

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