

“Role of Homoeopathy in Haemorrhoids with Miasmatic Concepts”



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**J. R. N. RAJASTHAN VIDYAPEETH, DEEMED UNIVERSITY,
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BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY

under the guidance and supervision of

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CERTIFICATE

This is to certify that dissertation titled “Role of Homoeopathy in Haemorrhoids with Miasmatic Concepts” is a bonafied work carried out by Ruchi Rajput.

All the work has been carried out under my guidance and supervision. His approach to the subject has been sincere, scientific and analytic.

This work is recommended for the award of the Degree of “**Bachelor of Homoeopathic Medicine and Surgery**” to the J. R. N. Rajasthan Vidyapeeth, Deemed University, Udaipur.

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The above work confirms to the standards of the J. R. N. Rajasthan Vidyapeeth, Deemed University, Udaipur.

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Declaration

I Ruchi Rajput student of BHMS, as an regular student of batch 2002-2007 of Solan Homoeopathic Medical College and Hospital, Kumaharhatti, Solan (Himachal Pradesh), hereby declare that the dissertation entitled “Role of Homoeopathy in Haemorrhoids with Miasmatic Concepts” is not submitted fully or partially for the award of any degree or diploma in any other university or copied from any other dissertation work.

Place: Solan
Date:

(Ruchi Rajput)

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(Ruchi Rajput)

AIMS & OBJECTIVE

- To study scope of Homoeopathy in treatment of 'Haemorrhoids', their pathological causes and Miasmatic analysis.
- To assess the efficacy of constitutional & miasmatic remedies in 'Haemorrhoids' in acute and chronic cases.
- To analyze the results of Homoeopathic medicines when prescribed on the basis of Miasms and on totality of symptoms.

Introduction

Every general practitioner sees a large number of patients who suffer from problems associated with venous insufficiency. Two of the most common manifestations of venous insufficiency are varicose veins and Haemorrhoids. The prevalence of these two conditions is astonishing. In population studies the prevalence of varicose veins has been reported to be 10-15 percent for men and 20-25 percent for women. In a recent cross-sectional study, the age-adjusted prevalence of varicose veins was 58 percent for men and 48 percent for women. Over three-quarters of individuals in the United States have Haemorrhoids at some point in their lives, and about half of the population over age 50 requires treatment.

Haemorrhoids are not varicosities, but rather are vascular cushions composed of arterioles, venules, and arteriolar-venular communications which slide down, become congested and enlarged, and bleed. The pathogenesis begins in the fibromuscular supporting layer in the submucosa, above the vascular cushions. The bright red bleeding, which accompanies Haemorrhoidal disease, is arteriolar in origin. Portal hypertension has been shown not to be the cause of Haemorrhoids. The use of rubber bands, sclerosing solutions, cryosurgery, or the infra-red beam in the early stages of Haemorrhoidal disease can take care of prolapse and bleeding and can prevent the development of third and fourth degree Haemorrhoids.

Although most people think Haemorrhoids are abnormal, they are present in everyone. It is only when the Haemorrhoidal cushions enlarge that Haemorrhoids can cause problems and be considered abnormal or a disease.



Review of Literature

Historical Perspective on Haemorrhoids

Haemorrhoids are mentioned in ancient medical writings of every culture, including Babylonian, Hindu, Greek, Egyptian, and Hebrew. The word "Haemorrhoid" is derived from the Greek "haema" = blood, and "rhoos" = flowing, and was originally used by Hippocrates to describe the flow of blood from the veins of the anus. The term "piles", derived from the Latin pila or ball, was widely used as early as 1370 AD.

Prior to the 1800s Haemorrhoids were treated simply by poultice, bed rest, or, in difficult cases, by the application of a red hot poker. A simpler method was prayer to the patron saint of Haemorrhoid sufferers, St. Fiacre, an Irish priest who lived in the seventh century. Injection therapy was begun in 1869 by Morgan of Dublin using iron persulfate, and was a relief to many who had endured the medical treatment of the time. As late as 1888 the only other recommended treatment (apart from the above mentioned) was abstinence from alcohol, sitting in cane chairs, and half a pint of cold spring water injected into the rectum after a morning fast. The founding of St. Mark's Hospital in 1935 by Fredrick Salmon, who is given credit for the first ligation of Haemorrhoids, marked a turning point in the treatment of Haemorrhoids. Indeed, since the beginning of written history, mankind has suffered from – and devised many treatments for, Haemorrhoids. The Egyptians concocted "an ointment of great protection", the Greek invented a procedure strikingly similar to today's rubber band ligation, and European the barbers/surgeons of the mid 16th century conducted crude excision surgeries!

Below is the study of Haemorrhoids throughout various ages in the world:

The Egyptians

The earliest record of Haemorrhoids comes from Egyptian Papyrus dated at 1700 BC. The document recorded the first

treatment for pile, an herbal poultice.

The Greeks

Hippocrates wrote some of the earliest medical descriptions of Haemorrhoids. The Hippocratic Treatises, written in 460 BC, described Haemorrhoids as being caused by “bile or phlegm be determined to the veins of the rectum, it heats the blood in the veins; and being gorged the inside of the gut swells outwardly, and the heads of the veins are raised up, and being at the same time bruised by the faeces passing out, and injured by the blood collected in them, they squirt out blood, most frequently along with the faeces.”

Hippocrates also wrote of a Haemorrhoid treatment similar to today’s rubber band ligation procedure. He wrote “And Haemorrhoids in like manner you may treat by transfixing them with a needle and tying them with very thick and woolen thread; for thus the cure will be more certain. When you have secured them, use a septic application, and do not foment until they drop off, and always leave one behind; and when the patient recovers let him be put on a course of Hellebore.”

The Romans

In a medical treatise *De Medicina*, a Roman physician named Celsus (25 BC – AD 14) described the ligation and excision surgeries, as well as possible complications. Another description of Haemorrhoids was provided by Galen (AD 131 – 201), who also promoted the use of severing the connection of the arteries to veins in order to reduce pain and avoid spreading gangrene.

The Far East

Haemorrhoid is not limited to the Western world – it is acknowledged as a disease in India by the *Susruta Samhita*, an ancient Sanskrit text dated between the fourth and fifth century AD. The description in this text is comparable to the Hippocratic Treatise, but with advancement in surgical procedures and emphasis on wound cleanliness.

The Master and Barber Surgeons

By the 13th century, there is a lot of progress in the surgical procedures, led by European physicians called the Master Surgeons. Renowned figures such as Lanfrank of Milan, Guy de Chauliac, Henri de Mondeville, and John of Ardenne greatly expanded and refined surgical procedures.



A late 12th-century English illustration of surgery for Haemorrhoids, nasal polyps, and cataracts

However, the progress of science & surgery stalled for about 350 years when barbers start to routinely conduct surgeries! Between 1500 and 1850 AD, in an era later known as the era of “Barber Surgeons”, Haemorrhoids are commonly called the “Curse of St. Fiacre”.



MS A 92, p. 78- The beginning of a treatise on the treatment of Haemorrhoids composed by al-Qawmūnī. The copy was completed by an unnamed copyist on 8 Rabi' I 1081 [= 26 July 1670]

MS A 90, fol. 1b The opening of a short Arabic treatise on Haemorrhoids (Risalah fi al-basawir) by Maimonides (d. 1204/601). The copy, in a Maghrebi script made in North Africa, was made in 1826/1241 by a copyist named Mammūd ibn Mumammad al-Ībī al-manafī

The Renaissance

During the Renaissance, surgeries returned the realm of the scientists. A celebrated physician, Lorenz Heister, wrote about the crudeness of past procedures to treat Haemorrhoids, and described a detailed procedure for ligation: “he is then to tie up the bleeding tunercles with a needle and thread, cutting off those parts which are distended beyond the ligature, taking care at the same time to leave a few of the smallest veins open as before observed.”

Acknowledging that Haemorrhoids and varicose veins seem to affect only the upright humans, a physician-scientist called Morgnani wrote: “without doubt, it was not very easy for the blood to pass through a liver of that kind. But why, then, you will say, did it not stagnate equally in the other veins which go to the trunk of the vena portarum? And for this very reason it was that I said you would immediately understand it, or at least in part. Add therefore, to omit other things, the very great length, which is peculiar to this one vein among others, so that it is much more difficult for the blood to be carried upwards, from this vein, than from the others, especially as the situation of the human body requires it, which without doubt is one of the reasons why other animals are not subject to piles. And if you ask why, in those bodies in which there is any impediment to the quick motion of the blood upwards, the veins of the legs in particular are dilated into varices, you will find the same thing to be the cause of them chiefly which we assign for the piles.”

The Eighteenth / Nineteenth Century

In 1774, Jean Louis Petit wrote a three-volume treatise on surgery, in which he noted that the skin of the anus is very sensitive. He reasoned that excision surgery alone should be avoided due to the pain and the possibly fatal complication of hemorrhage, whereas ligation procedure alone should not be performed because of the pain and the possibility of gangrene. However, other physicians such as Brodie, disagreed with Petit’s concern on ligation, noting that “the application of ligature to internal piles in general causes by little pain, and only a slight degree of inflammation follows, for the mucous membrane has nothing like the sensibility of the skin, and does not resent an injury in like manner.” Sir Astley Cooper also

supported ligation after complications from Haemorrhoid excision surgeries claimed three of his patients' lives. During the nineteenth century, another treatment for Haemorrhoids called anal stretching or rectal bouginage, became popular. In this treatment, a bougin – a cylindrical medical device used to stretch muscles and tissues, is inserted in the anal canal to enlarge the rectum as well as to “relax” the sphincter muscle and diminish Haemorrhoids. In 1888, Frederick Salmon, the founder of St. Marks Hospital, expanded the surgical procedure of Haemorrhoid surgeries into a combination of excision and ligation. In this technique, the perianal skin is incised, the Haemorrhoidal plexus and the anal muscles are dissected, and the Haemorrhoid is ligated.

The Twentieth Century

So successful is Salmon's excision/ligation surgery that it remained virtually unchanged since its introduction in late nineteenth century. Even today's Ferguson and Milligan Morgan Haemorrhoidectomy – considered the gold standards in Haemorrhoid surgery – was a modification on Salmon's techniques.

In late twentieth century, three further developments were introduced: the diathermy Haemorrhoidectomy by Alexander Williams, rubber band ligation by Baron, and the stapled Haemorrhoidectomy or Procedure for Prolapse and Haemorrhoids (PPH) by Longo.

Medical Perspective on Haemorrhoids

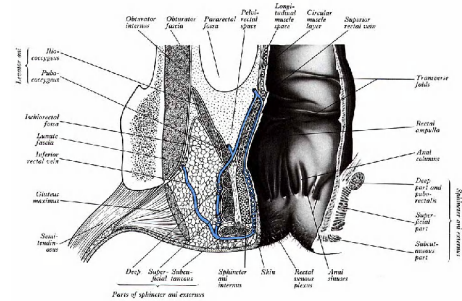
Anatomy of Anal Canal

Anal Canal

The anal canal begins where the rectal ampulla suddenly narrows, passing down and backwards to the anus. It is about 4 cm long in adults. Over its whole length it is surrounded by sphincters which normally keep it closed.

Lining of the Anal Canal

The lining of the anal canal varies along its course. The mucosa of the lower part of the rectum is pale pink and semitransparent. The upper half (15 mm) of the anal canal is also lined by mucosa, plum-red in colour due to blood in the subjacent internal rectal venous plexus. In the upper part it is similar to that of the rectum. In the lower half, this gives way to non-keratinized stratified squamous epithelium of the perianal epidermis. In this part of the canal are 6–10 vertical folds, the anal columns, well marked in children but sometimes less defined in adults. Each column contains a terminal radicle of the superior rectal artery and vein, these radicles being largest in the left-lateral, right-posterior and right-anterior quadrants of the wall of the canal; enlargements of venous radicles in these three sites constitute primary internal Haemorrhoids. The lower ends of the columns are linked by small crescentic mucous folds, the anal valves, above each of which is a small recess or anal sinus. The sinuses, deepest in the posterior wall, may retain faecal matter and become infected, leading to abscess formation in the anal canal wall; anal valves may be torn by hard faeces, producing an anal fissure. Anal valves are situated along the pectinate line, opposite the middle of the sphincter ani internus.



Anal Musculature

The anal walls are surrounded by a complex tube of sphincters which tightly occlude the anal canal except during defaecation. The muscular components are divisible into the internal and external anal sphincters (sphincter ani internus and sphincter ani externus) and the puborectalis muscle which is part of levator ani. There are also longitudinal muscle components forming the conjoint longitudinal coat.

Sphincter Ani Internus (Internal Sphincter)

The sphincter ani internus is a thickened (5–8 mm wall) tube of circular smooth muscle representing a thickening of the rectal muscularis externa. It encloses the upper three-quarters (30 mm) of the anal canal, extending from the anorectal junction down to the white line which marks its lower border.

Sphincter Ani Externus (External Sphincter)

Deep Part

This is a thick annular band around the upper part of the internal sphincter.

Superficial Part

This lies above the subcutaneous part and surrounds the lower part of the internal sphincter.

Subcutaneous Part

This is a flat band, about 15 mm broad, circumscribing the lower anal canal; it lies horizontally below the lower border of the internal sphincter and superficial part of the external sphincter.

The radiating elastic septa end in a network dividing the narrow cleft between the subcutaneous part of the external sphincter and the skin into a compact honeycomb-like arrangement of fibres, which may explain the severe pain produced by pus or blood collecting here, and the localization of a haemorrhage following the rupture of a vein from the external rectal plexus.

Actions of Anal Muscles in Anal Closure

Muscle tone in both internal and external sphincters keeps the canal and anus closed except during defaecation, their contraction increasing when the intra-abdominal pressure rises, e.g. in forced expiration, muscular straining, coughing, parturition, etc.

The external sphincter can also be voluntarily contracted to occlude the anus more firmly.

Defaecation

During defaecation a number of co-ordinated actions occur in the muscles of the pelvic floor including the internal and external sphincters, levator ani, and other perineal muscles.

Prior to defaecation, faeces move from the colon by peristaltic action into the rectum (from which they are usually excluded except during this process), initiating the desire to defaecate; faeces as far proximally as the splenic flexure may be moved to the rectum in one defaecatory event. The anorectal angle is decreased partially by muscular action and

partially by sitting posture easing the passage of faeces. At the end of defaecation, the external and internal sphincters, puborectalis and perineal muscles contract again (the closing reflex), and these arrangements are reversed to restore the original length and shape of the anal canal, the anorectal angle and the closure of the anal orifice.

Innervation of Anal Muscles

The internal sphincter has an autonomic supply from sympathetic fibres running in the plexuses around the superior rectal artery and the hypogastric plexus; parasympathetic fibres enter from the pelvic splanchnic nerves (S2, 3, 4).

The motor supply of the external sphincter is from the inferior rectal branch of the pudendal nerve (S2, 3) and the perineal branch of the fourth sacral nerve (S4).

The differing nerve supply of the two parts is apparent in the condition of Haemorrhoids, which may be covered by skin inferiorly and mucosa superiorly. Fissure in ano (tearing of anal valves) is very painful because it involves this lower part of the anal canal. In portal obstruction, the collateral circulation opened up by anastomosis between portal and systemic veins in the anal canal may cause these veins to dilate, predisposing to haemorrhage.

Rectal Examination

On inserting the index finger through the anal orifice in rectal examination, the finger is first resisted by the subcutaneous external sphincter and then by the internal sphincter, superficial and deep parts of the external sphincter and the puborectalis; beyond this it may reach the inferior (or even middle) transverse rectal fold. Many structures related to the canal and lower rectum may be palpated.

In males through the anterior rectal wall, the penile bulb and (particularly with a catheter in the urethra) the membranous urethra are first identified; about 4 cm from the anus the prostate can be felt and beyond this the seminal vesicles (if enlarged) and the base of the bladder (especially if distended). Posteriorly, pelvic surfaces of the lower sacrum and coccyx are palpable and laterally the ischial spines and tuberosities and (if enlarged) the internal iliac lymph nodes. Pathological thickening of the ureters, swellings in the ischiorectal fossa and abnormal contents of the rectovesical recess may also be detected.

In females the uterine cervix is palpable through the anterior rectal wall; its degree of dilatation during parturition may be assessed in this manner. Pathological conditions causing tenderness or changes in the shape, size, consistency or position of the ovaries, uterine tubes, broad ligaments and recto-uterine pouch may be detected.

Vessels of the Large Intestine

Arteries

Rectal and anal canal arteries are:

- The superior rectal (the continuation of the inferior mesenteric). This is the main rectal vessel, dividing into two branches descending one on each side of the rectum, their terminal branches piercing the muscular coat to enter the rectal submucosa and descend into the anal columns as far as the anal valves, where they form looped anastomoses.
- The middle rectal arteries which traverse the 'lateral rectal ligaments' to supply the muscle of the lower rectum, anastomosing freely with each other but forming only poor anastomoses with the superior and inferior rectal arteries.
- The inferior rectal arteries (from the internal pudendals), which supply the internal and external sphincters, the anal canal below its valves and the perianal skin.
- The median sacral artery which supplies the posterior wall of the anorectal junction and of the anal canal.

Veins

The veins of the rectum and anal canal are:

- The superior rectal veins, which pass from the internal rectal plexus in the anal canal and ascend in the rectal submucosa as about six vessels of considerable size to pierce the rectal wall about 7.5 cm above the anus, uniting to form the superior rectal vein, which continues as the inferior mesenteric.
- The middle rectal veins, from the submucosa of the rectal ampulla which drain chiefly its muscular walls.
- The inferior rectal veins, which drain the external rectal plexus and lower anal canal.

Anastomoses occur between portal and systemic veins in the wall of the anal canal.

Rectal Venous Plexus

This plexus surrounds the rectum, connecting anteriorly with the vesical plexus in males and the uterovaginal plexus in females. It consists of-

- Internal part beneath the rectal and anal epithelium and
- External part outside the muscular stratum.

In the anal canal the internal plexus has longitudinal dilatations, connected by transverse branches in circles immediately above the anal valves. The dilatations are most prominent in the left lateral, right anterolateral and right posterolateral sectors.

The internal plexus drains mainly to the superior rectal vein but connects widely with the external plexus.

The external plexus is drained inferiorly by the inferior rectal vein into the internal pudendal, its middle part by a middle rectal vein into the internal iliac, its superior part by the superior rectal vein. Communication between portal and systemic venous systems is thus established in the rectal plexus.

Clinical Anatomy

Veins of the internal rectal plexus are apt to become varicose. The vessels lie in very loose areolar tissue, less supported by surrounding structures than most veins, and are less able to resist increased blood pressure; the superior rectal vein and the portal vein have no valves; rectal veins pass through muscular tissue and are liable to compression, especially during defecation; they are affected by every form of portal obstruction.

A clear distinction cannot be made between rectal varices and Haemorrhoids.

- Varices occur as a result of portal hypertension: they are dilated venous channels structurally similar to oesophageal varices, and caused by the same mechanism.

- Internal Haemorrhoids are engorged arteriovenous cushions, which are thought to arise as a result of faecal pressure against an abnormally resistant sphincter. They originate above the dentate line and are covered by rectal (columnar) epithelium.
- The term external Haemorrhoid is probably a misnomer and refers to thrombosis or rupture of one of the veins in the subcutaneous part of the external plexus.

What is Haemorrhoid

Definitions

A precise definition of Haemorrhoids does not exist, but they can be described as masses or clumps (“cushions”) of tissue within the anal canal that contain blood vessels and their surrounding, supporting tissue made up of muscle and elastic fibers. The anal canal is the last four centimeters through which stool passes as it goes from the rectum to the outside world. The anus is the opening of the anal canal to the outside world.

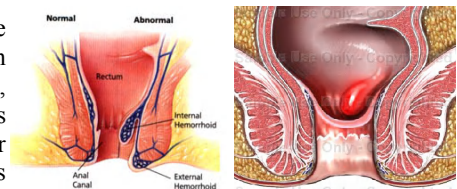
- Merck Manual defines Haemorrhoids as “Varicosities of the veins of the Haemorrhoidal plexus, often complicated by inflammation, thrombosis, and bleeding.
- A more recent definition by Merck Manual is, “Vascular cushions, consisting of thick submucosa containing both venous and arterial blood vessels, smooth muscle, and elastic connective tissue. While everyone has this tissue, it is the enlargement, bleeding and protrusion that create pathology.
- An enlarged or swollen blood vessel, usually located near the anus or the rectum. (www.dana-farber.org/can/dictionary)
- Taber’s Cyclopedic Medical Dictionary defines as A mass of dilated tortuous veins in anorectum involving the venous plexus of that area. There are two kinds, external, those involving veins distal to the anorectal line, internal, those involving veins proximal to the anorectal line.
- Swollen blood vessel which lines the anal opening. (www.sjo.org/Clinical_Services/Colorectal_Services/Glossary.aspx)
- A mass of dilated veins in swollen tissue at the margin of the anus or nearby within the rectum. Also called piles. External Haemorrhoid: Outside the rectum. Internal Haemorrhoid: Inside the rectum. Prolapsed Haemorrhoid: Internal protruding outside the rectum. (www.colonrectal.org/patientinfo/definitions/definitions.htm)
- Enlarged veins in the anus or rectum, generally caused by constipation or straining to have a bowel movement. Very common in pregnancy or after childbirth. (www.laborcompanions.com/definitions.htm)
- pain caused by venous swelling at or inside the anal sphincter wordnet.princeton.edu/perl/webwn
- Haemorrhoids (AmE), Haemorrhoids (BrE), emerods, or piles) are varicosities or swelling and inflammation of veins in the rectum and anus. (en.wikipedia.org/wiki/Haemorrhoid)
- Haemorrhoids- hemc[-roydz-- A varicose condition of the external Haemorrhoidal veins causing painful swellings at the anus. Syn: piles. – Origin- [G. haimorrhoids, pl. haimorrhoides, veins likely to bleed, fr. haima, blood, + rhoia, a flow]. ([Stedman’s Medical Dictionary, V. 4.0](#)).

Prevalence of Haemorrhoids

Although Haemorrhoids occur in everyone, they become large and cause problems in only 4 percent of the general population. Haemorrhoids that cause problems are found equally in men and women, and their prevalence peaks between 45 and 65 years of age.

Anatomy of Haemorrhoids

The arteries supplying blood to the anal canal descend into the canal from the rectum above and form a rich network of arteries that communicate with each other around the anal canal. Because of this rich network of arteries, Haemorrhoidal blood vessels have a ready supply of arterial blood. This explains why bleeding from Haemorrhoids is bright red (arterial blood) rather than dark red (venous blood), and why bleeding from Haemorrhoids occasionally can be severe. The blood vessels that supply the Haemorrhoidal the supporting tissue of the Haemorrhoidal cushions.



vessels pass through

The anal veins drain blood away from the anal canal and the Haemorrhoids. These veins drain in two directions. The first direction is upwards into the rectum, and the second is downwards beneath the skin surrounding the anus. The dentate line is a line within the anal canal that denotes the transition from anal skin (anoderm) to the lining of the rectum.

Formation of Haemorrhoids

If the Haemorrhoid originates at the top (rectal side) of the anal canal, it is referred to as an internal Haemorrhoid. If it originates at the lower end of the anal canal near the anus, it is referred to as an external Haemorrhoid. Technically, the differentiation between internal and external Haemorrhoids is made on the basis of whether the Haemorrhoid originates above or below the dentate line (internal and external, respectively).

As discussed previously, Haemorrhoidal cushions in the upper anal canal are made up of blood vessels and their supporting tissues. There usually are three major Haemorrhoidal cushions oriented right posterior, right anterior, and left lateral. During the formation of enlarged internal Haemorrhoids, the vessels of the anal cushions swell and the supporting tissues increase in size. The bulging mass of tissue and blood vessels protrudes into the anal canal where it can cause problems. Unlike with internal Haemorrhoids, it is not clear how external Haemorrhoids form.

Types of Haemorrhoids

There are two types of Haemorrhoids based on their location:

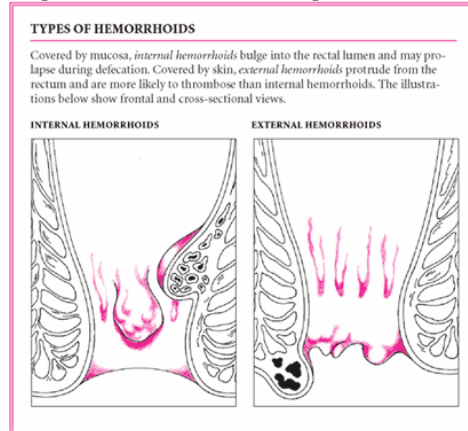
External Haemorrhoids:

External Haemorrhoids develop near the anal opening which is covered by sensitive skin. A patient suffering from external

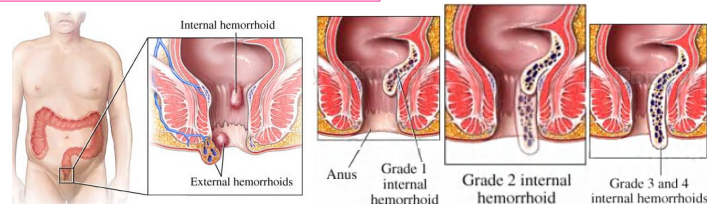
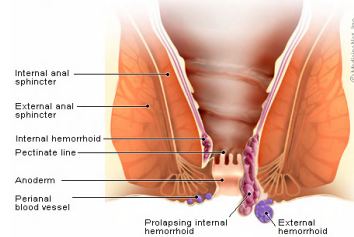
Haemorrhoids experiences a hard, sensitive lump that bleeds on rupture.

Internal Haemorrhoids:

Internal Haemorrhoids develop inside the anal canal. One of the common symptoms of this type of Haemorrhoid is painless bleeding and protrusion of Haemorrhoids from the anal canal during bowel movement. Internal Haemorrhoids are painful if it is “prolapsed”- if the Haemorrhoid protrudes from the anal opening and cannot be pushed back.



Formation of hemorrhoids



Types of Haemorrhoids

Haemorrhoid Histology

There are variant definitions of the histology of the Haemorrhoid tissue, but they are universally classified according to anatomical origin. Internal Haemorrhoids consist of redundant mucus membrane of the anal canal with the origin above the dentate (ano-rectal) line. External Haemorrhoids have an epithelial component and originate below the dentate line.

Grading of Haemorrhoids

First degree

The mucosa barely prolapses, but with severe straining may be trapped by the closing of the anal sphincter. Subsequently, venous congestion occurs occasionally, resulting in discomfort and/or bleeding.

Second degree

With further protrusion of the mucosa, the patient complains of an obvious lump, but this disappears spontaneously and rapidly after defecation unless thrombosis occurs.

Third degree

In chronic Haemorrhoidal disease, the persistent prolapsing produces dilatation of the anal sphincter, and the Haemorrhoids protrude with minimal provocation and usually require manual replacement.

Fourth degree

These are usually described as external Haemorrhoids and are protruding all the time unless the patient replaces them, lies down, or elevates the foot of the bed. In these fourth degree Haemorrhoids, the dentate line also distends, and there is a variable external component consisting of redundant, permanent perianal skin.

Etiology of Haemorrhoids

The exact cause of enlarged and symptomatic Haemorrhoids is debated, and numerous etiologies have been suggested. Some of the earliest proposed etiologies included temperament, body habits, customs, passions, sedentary life, tight-laced clothes, climate, and seasons. Recent studies implicate gravity, intrinsic weakness of the blood vessel wall, heredity, increased intra-abdominal pressure from many causes, including prolonged forceful valsalva during defecation or resistance training, obstruction of venous outflow secondary to pregnancy or pelvic masses, and constipated stool in the rectal ampulla. As a patient ages and has continual presence of one or more of the factors mentioned, the integrity of the Haemorrhoid “cushions” deteriorates, and the Haemorrhoids begin to bulge and descend into the anal canal. When the cushion bulges into the canal, it is exposed to potential trauma and irritation from the passage of stool.

Differential Diagnosis

When a patient presents with rectal discomfort, swelling, pain, discharge, and bleeding at the time of defecation, it is prudent not to assume it is a result of Haemorrhoids; a full evaluation is indicated, including a rectal examination, a proctoscopic exam, and in some cases a sigmoidoscopy.

There are several conditions producing symptoms similar to Haemorrhoids that must be considered. Other types of ano-rectal pathology that must be ruled out include-

- **Anal fissures**, which can cause pain with defecation and be associated with rectal bleeding. The pain will be described as burning or tearing, as opposed to the achiness or feeling of fullness after defecation described by patients with Haemorrhoids.

- **Perirectal abscesses** are less common in the general population but should be considered in patients with diabetes or other immunocompromising conditions.
- **Anal fistulas** can cause drainage, soiling of underwear, and discomfort.
- **Mucosal diseases** such as ulcerative proctitis, colitis, or Crohn's disease can present with rectal bleeding and should be ruled out.
- **Perianal condylomas** cause pruritis, local irritation, pain and bleeding.
- **Skin tags** can be remnants of past external Haemorrhoids and commonly co-exist with fissures.
- **Rectocele** can cause fullness in the rectum, giving the patient a similar sensation to an internal Haemorrhoid.

Complications of Haemorrhoids

Some possible complications of this procedure are:

1. **Pain-** The most common complication is severe or sharp pain immediately after band application. This is almost always caused by improper placement of the band either too low in the anal canal.
2. **Bleeding-** Some bleeding normally occur at the first bowel movement after the procedure. However, severe bleeding which requires hospitalization.
3. **Band slippage-** Slippage of the band can occur if there is not enough pile mass to band in the first place.
4. **Blood clot -** In about 5% of patients, a very painful blood clot develops in a condition called thrombosed Haemorrhoids.
5. **Infection and Pelvic Sepsis-** Although rare, complications involving post-treatment infection and sepsis are very serious and can be life-threatening. In a sepsis, infection from the Haemorrhoidal banding site enters the bloodstream to cause a widespread infection.
6. **Anal fissure -** Fissure develops in about 1% of the patients as a result of sloughing of the Haemorrhoid.



Treatment Options of Haemorrhoids

There are several over-the-counter topical agents available for Haemorrhoids. Conservative therapies for both conditions include diet, lifestyle changes, and hydrotherapy which require a high degree of patient compliance to be effective. When conservative Haemorrhoid therapy is ineffective, other non-surgical modalities: injection sclerotherapy, cryotherapy, manual dilation of the anus, infrared photocoagulation, bipolar diathermy, direct current electrocoagulation, or rubber band ligation etc. are optional. If a non-surgical approach fails, the patient is often referred to a surgeon.

Haemorrhoid Classification and Treatment Chart

Classification	Treatment Options
1 st Degree - No rectal prolapse	<ul style="list-style-type: none"> • Diet • Local & general drugs • Sclerotherapy • Infrared coagulation
2 nd Degree - Rectal prolapse is spontaneously reducible	<ul style="list-style-type: none"> • Sclerotherapy • Infrared coagulation • Banding [recurring banding may require Procedure for Prolapse and Haemorrhoids (PPH)]
3 rd Degree - Rectal prolapse is manually reducible	<ul style="list-style-type: none"> • Banding • Haemorrhoidectomy • Procedure for Prolapse and Haemorrhoids (PPH)
4 th Degree - Rectal prolapse irreducible	<ul style="list-style-type: none"> • Haemorrhoidectomy • Procedure for Prolapse and Haemorrhoids (PPH)

Oral dietary supplementation is an attractive addition to the traditional treatment of Haemorrhoids. The loss of vascular integrity is associated with the pathogenesis of Haemorrhoids. Several botanical extracts have been shown to improve microcirculation, capillary flow, and vascular tone, and to strengthen the connective tissue of the perivascular amorphous substrate. Oral supplementation with Aesculus hippocastanum, Ruscus aculeatus, Centella asiatica, Hamamelis virginiana, and bioflavonoids may prevent time-consuming, painful, and expensive complications of Haemorrhoids.

Conventional Approaches

Despite thousands of years and millions of patients with pain, discomfort, and perceived embarrassment of Haemorrhoids, the exact nature and cause of the condition is not clear, and the standard treatments are, at best, imperfect. Dietary manipulation, vascular tonifying agents, injection sclerotherapy, cryotherapy, manual dilation of the anus, infrared photocoagulation, bipolar diathermy, direct current electrocoagulation, rubber band ligation, and Haemorrhoidectomy are all standard considerations for the treatment of Haemorrhoids.

The treatments can be grouped into –

- conservative (diet and vascular tonification);
- nonexcisional (sclerotherapy, cryotherapy, manual dilation, photocoagulation, diathermy, and electrocoagulation); and
- surgical methods (ligation and Haemorrhoidectomy).

Conservative methods with or without nonexcisional treatments are preferred to surgical methods.

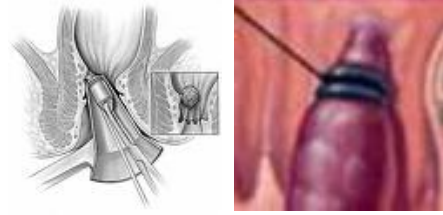
Direct Current Electrocoagulation:

A small probe is inserted into the Haemorrhoid, and very low levels of electrical current are applied for six to ten minutes. The electrical current closes off the blood supply to the Haemorrhoid.

One group of Haemorrhoids is treated at a time, so patients must return for additional treatments.

Rubber Band Ligation:

A device is used to place one or two small rubber bands securely around the base of the Haemorrhoid. The rubber bands are left in place to close off the blood supply to the Haemorrhoid. The Haemorrhoid and the rubber bands fall off after seven to ten days, leaving a small sore that will heal over time.

**Infrared Coagulation:**

The device is used to deliver four to five 1.5-second applications of infrared light to close off the blood supply to the Haemorrhoid. One area is treated per office visit. Additional visits may be necessary, usually one month apart. Patients may experience a little bleeding between the fourth and tenth days after the procedure.

Bipolar Electrocoagulation:

The probe is used to deliver electrical current for two seconds to the Haemorrhoid. This will close off the blood supply to the Haemorrhoid. This procedure is similar to infrared coagulation and direct current electrocoagulation.

Hydrotherapy

The warm sitz bath is the hydrotherapy indicated for conditions associated with increased pelvic congestion. The warm sitz bath is an effective non-invasive therapy for uncomplicated Haemorrhoids.

Complications of Conventional Treatments:

Some of the conventional approaches are not without potential complications. Injection sclerotherapy has resulted in cases of anaphylactic shock. Cryotherapy is cumbersome to perform and is associated with severe rectal pain and discharge. Manual dilation often requires general anesthetic and admission to the hospital. If dilation is not performed carefully the results may be disastrous. Septic complications, including death, have resulted from rubber band ligation. Haemorrhoidectomy, although indicated in extreme cases unresponsive to conservative treatment, is extremely painful and requires a four to six week recovery.

Dietary Approaches to Haemorrhoids

Diet therapy is a widely accepted modality in the management of Haemorrhoids. The first line of therapy is a high fiber diet with commercial fiber supplements and enough oral fluids to produce soft, but well formed and regular bowel movements. A low fiber diet can result in small hard stools that can cause patients to strain during bowel movements. This strain increases intra-abdominal pressure, subsequently increasing pressure on the veins of the lower legs and the Haemorrhoidal cushions. Over time this can deteriorate vascular integrity. A high fiber diet is an important component to the prevention and treatment of both Haemorrhoids.

Specific Nutrients and Botanicals for the Prevention and Treatment of Haemorrhoids

Several botanical extracts have been shown to improve microcirculation, capillary flow, and vascular tone, and strengthen connective tissue of the perivascular amorphous substrate. The goals of botanical and nutritional support are consistent with the philosophy of treating the cause of a disease. The low compliance associated with treatments such as hydrotherapy, mechanical compression therapy, and diet and lifestyle changes renders oral dietary supplementation an attractive option. The use of nutritional and botanical agents for the treatment of Haemorrhoids is possibly the missing link to an effective conservative approach to these diseases.

Prevention of Haemorrhoids

To prevent Haemorrhoids flare-ups, advise should be given to –

- Eat high-fiber foods.
- Eat more fruits, vegetables and grains.
- Drink plenty of liquids.
- Consider fiber supplements. Over-the-counter products such as Metamucil and Citrucel can help keep stools soft and regular.
- Exercise. To stay active to reduce pressure on veins, which can occur with long periods of standing or sitting, and to help prevent constipation. Exercise can also help to lose excess weight that may be contributing to Haemorrhoids.
- Avoid long periods of standing or sitting. Sitting too long, particularly sitting on the toilet for long periods, can increase the pressure on the veins in the anus.
- Don't strain. Straining and holding breath when trying to pass a stool creates greater pressure in the veins in the lower rectum.
- Go as soon as you feel the urge. If one waits to pass a bowel movement and the urge goes away, the stool could become dry and be harder to pass.

Self-care

The mild pain, swelling and inflammation of most Haemorrhoidal flare-ups can be temporarily relieved with the following self-care measures:

- Topical treatments.
- Keeping the anal area clean.
- Soaking regularly in a warm bath.
- Applying cold. Ice packs or cold compresses on the anus may be applied to relieve swelling.

- Use of a sitz bath with warm water.
- Avoiding use of dry toilet paper. Instead, to help keep the anal area clean after a bowel movement, use moist towelettes or wet toilet paper that doesn't contain perfume or alcohol.
- Taking oral medications.

Homoeopathic Approach

To understand Haemorrhoids and their treatment, a thorough knowledge of Homoeopathy is necessary.

What is homoeopathy-

Homoeopathy (=homeopathy) is an alternative method of treatment, based on the nature's Law of Cure, namely 'Like Cures Like'. The truth of this law was discovered by a German scientist Dr. Samuel Hahnemann in 1796. Homoeopathy is the revolutionary, natural medical science. Homoeopathy is gentle and effective system of medicine. The remedies are prepared from natural substances to precise standards and work by stimulating the body's own healing power.

Homoeopathy: The Holistic medicine-

The concept of disease in homoeopathy is that disease is a total affection of mind and body, the disturbance of the whole organism i.e. 'Totality'. Individual organs are not the cause of illness but disturbance at the inner level (disturbance of the life force, the vital energy of the body) is the cause of illness. Therefore homoeopathy does not believe in giving different medicines for different afflicted parts of body but rather give one single constitutional remedy which will cover the disturbance of the whole person. Homoeopathy treats the patient as a whole and not just the disease. Medical philosophy is coming more and more to the conclusion that the mere treatment of symptoms and organs can only help temporarily and that it is the healing power of the body as whole that has to be enhanced. Homoeopathy believes in holistic, totalistic and individualistic approach.

Principles of Homoeopathy-

Homoeopathy is a system of medicine based on three principles:

- **Like cures like**
For example, if the symptoms of your cold are similar to poisoning by mercury, then mercury would be your homeopathic remedy.
- **Minimal Dose**
The remedy is taken in an extremely dilute form; normally one part of the remedy to around 1,000,000,000,000 parts of water.
- **The Single Remedy**
No matter how many symptoms are experienced, only one remedy is taken, and that remedy will be aimed at all those symptoms.

Chronic Diseases and Theory of Miasms

[n. miasm \ Greek: *μίασμα* - stain, pollution; that which defiles* \]

Term Samuel Hahnemann used in the Organon. Apparently against a Christian background Hahnemann used the term to describe health or medical exterior "pollution" or internal pollution comparable with sin, apparent in Psora, Sycosis and Syphilis, the exterior factors could deteriorate the internal (§ 204 Organon). Hahnemann considered miasms as one of the fundamental causes of disease, which should be treated.

The true natural chronic diseases are those that arise from a chronic miasm, which when left to themselves, and unchecked by the employment of those remedies that are specific for them, always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated sufferings. Organon § 78

Miasms are nothing but an extension of these functions, but disturbed functions !! thus we can see that there is god in every cell-

Generation : excess : When disturbed ----- > Sycosis.

Organisation: deficiency: when disturbed ---> Psora.

Defence: destruction: when disturbed -----> Syphilis.

Physical expressions of the miasms

The mind and body work together as a unit and the disturbances are expressed in both spheres.

- **A.- Psoric Miasm:** reaction of body on exposure to environmental stimuli to ones surroundings like noise, light, and odors, producing functional disturbances like headache, nausea, and discomfort.
- **B.- Sycotic Miasm:** hypersensitive response to something specific arising from a deficiency of the normal response like tumors, allergies, keloids. Deficient feeling gives rise to an increased attempt to repair the fault.
- **C.- Syphilitic Miasm:** Not manageable, finding destruction like gangreen, ulceration. Body and mind destroy itself, give-up.
- **D.- Tubercular Miasm:** respiratory imbalance, weak lungs, offensive, headsweat, worse with exposure to cold, re-occurring epistaxis, bleeding gums, long eyelashes, craving for salt, enuresis, bleeding stools, milk disagrees causing diarrhea, anemic, weakness, ringworm, acne, white spots on nails, nightmares.

Personality types

- **A.- Psoric Miasm:** highs and lows, struggling with outside world, becomes apparent at times of stress, lack of confidence, constant anxiety feelings, fear, like he can't do it, insecurity, anxiety about the future but always having hope, mentally alert.
- **B.- Sycotic Miasms:** secretiveness, hide his weakness, tense, constantly covering up situations, fixed habits, suspicious, jealous, forgetful.
- **C.- Syphilitic Miasm:** strong pessimistic view on life, cannot modify what is wrong, give-up, destroy, no point in trying to adjust, sudden impulsive violence directed at himself or others, dictatorial rigid ideas. Mental paralysis, mentally dull, suicidal, stupid, stubborn, and homicidal.
- **D.-Tubercular Miasm:** dissatisfaction, lack of tolerance, changes everything, does harmful thing to one's self.

General Nature of the Miasm

- **A.-Psoric Miasm-** itching, burning, inflammation leading to congestion.- philosopher, selfish, restless, weak, fears.
- **B.-Sycotic Miasm:** over production of growth like warts, condylomata, fibrous tissue, attack internal organs, pelvis, sexual organs.
- **C.-Syphilitic Miasm:** destructive, disorder everywhere, ulceration, fissures, deformities, ignorance, suicidal, depressed, memory diminished.
- **D.-Tubercular Miasm:** changing symptomology, vague, weakness, shifting in location, depletion, dissatisfaction, lack of tolerance, careless "problem child", cravings that are not good for them.

Dermatological Symptoms of the Miasms

- **A.-Psoric Miasm:** dirty, dry, itching without pus or discharge, burning, scaly eruptions, eczema, cracks in hands and feet, sweat profuse < during sleep offensive.
- **B.-Sycotic Miasm:** Warty, moles, unnatural thickening skin, herpes, scars, nails are thick and irregular--- corrugated, oily skin with oozing, disturbed pigment in patches.
- **C.-Syphilitic Miasm:** Ulcers, boils, discharge of fluids and pus offensive, slow to heal, leprosy, copper colored eruptions < by heat of bed, spoon shape thin nails that tear easily, gangreen putrid.
- **D.-Tubercular Miasm:** ringworm, eczema, urticaria, herpes, re-occurring boils with pus and fever. Does not heal fast. Leprosy < by warmth of bed > by cold nails white spots.

Pains Of Miasms

- **A. -Psoric Miasm:** neurological type, sore, bruised, >rest <motion.
- **B. -Sycotic Miasm:** Joint pains, rheumatic pains are < cold, damp > motion, stitching, pulsating, wandering
- **C.- Syphilitic Miasm:** Bone Pains, tearing, bursting, burning
- **D.- Tubercular Miasm:** Great exhaustion, never enough rest, sun> give strength.

Miasmatic Clinicals

- **A.-Psoric Miasm:** Acidity, burning, cancer, sarcomas, constipation, epilepsy, flatulence, hoarseness, itching of skin, leprosy, burning of spinal cord, watery discharge from nose and eyes with burning
- **B.-Sycotic Miasm:** Abortion, acne without pus, angina pectoris, anemia, appendicitis, cough (whooping), colic, pelvic disease + sexual organs, piles, prostatitis, nephritis (kidney), gout, arthritis, dry asthma, dysmenorrhoea, herpes, rheumatism, warts, urinary ailments.
- **C.-Syphilitic Miasm:** discharges putrefaction, blindness, boil in veins and bones, carcinomas, fistula, fungal infection of extremities, gangrene, hyperextension, bone marrow inflammation, insanity due to depression, leucorrhoea, rheumatism of long bones, skin disease with ooze + pus, sore throat, history of abortions, sterility, immature death, cardiac attacks, suicidal deaths, insanity, cancer, tuberculosis, ulcers of ear, nose, urinary organs, mouth
- **D.-Tubercular Miasm:** Aching pain in knees, swelling without any cause, asthma, bedwetting, cancer, carious teeth, destruction of bone marrow, diabetes, dry cough (barking), eczema, emaciation, epilepsy, extreme fatigue, weakness, glands enlarged, tonsils, influenza, insanity, obstruction of intestines, malaria, insomnia, nocturnal perspiration, palpitation, profuse hemorrhage of any orifice, pneumonia, ring worm, short temper, nasal coryza, worms.

Homoeopathy and Haemorrhoids

Miasmatic Diagnosis of Haemorrhoids

Sign or Symptom

Bleeding
Constipated stool in the rectal ampulla
Dilatation of the anal sphincter
Dirty body habits
Discomfort
Haemorrhoid "cushions" deterioration
Haemorrhoids bulging
Hardness
Heredity
Increase in size of the vessels of the anal cushions swell and the supporting tissues
Increased intra-abdominal pressure
Intrinsic weakness of the blood vessel wall
Lump
Obstruction of venous outflow secondary to pregnancy or pelvic masses
Painless bleeding
Passions
Prolonged forceful valsalva during defecation
Protrusion of Haemorrhoids from the anal canal during bowel movement
Sedentary life
Sensitive
Temperament
The bulging mass
Thrombosis
Venous congestion

Miasm

Psora+ Syphilis
Psora
Syphilis+Sycosis
Psora
Psora
Syphilis
Syphilis+ Sycosis
Sycosis
Syphilis+ Sycosis
Psora+ Sycosis
Psora+Sycosis
Syphilis
Sycosis
Psora
Syphilis
Pseudopsora +Psora
Psora+ Pseudopsora
Psora+ Syphilis+ Sycosis
Sycosis
Sycosis
Psora+ Sycosis
Syphilis + Sycosis
Sycosis
Psora

• Psora	119/151	78.80 %
• Sycosis	100/151	66.22 %
• Syphilis	84/151	55.63 %
• Pseudopsora	68/151	45.03 %
• Cancerous	76/151	50.33 %

Remedies for cancerous miasm

acet-ac. acon. alum. alumn. **Ambr.** **ANAC.** anan. anil. **Ant-m.** anthraci. **Apis** apoc. arg-met. arg-n. **ARS.** ars-br. **Ars-i.** asaf. **Aster.** **Aur.** aur-ar. aur-i. **Aur-m.** aur-m-n. aur-s. **Bapt.** bar-c. bar-i. bell. bism. **BROM.** **Bry.** **Bufo** cadm-met. **Cadm-s.** **Calc.** calc-ar. **Calc-i.** calc-ox. **Calc-s.** **Calen.** calth. **Carb-ac.** **CARB-AN.** **Carb-v.** **Carbn-s.** **CARC.** card-m. caust. chel. chin. chol. cholin. **Cic.** cinnm. **Cist.** **Cit-ac.** cit-l. clem. **CON.** conin. cory. crot-h. **Cund.** cupr. cupr-act. cur. dulc. echi. elaps eos. epiph. eucal. euph. euph-he. ferr-i. ferr-p. ferr-pic. form. form-ac. fuli. **Gali.** gent-l. ger. **Graph.** gua. **Ham.** hep. **Hippoz.** **Hydr.** hydrin-m. ign. **Iod.** iris **Kali-ar.** **Kali-bi.** kali-c. kali-chl. **Kali-cy.** **Kali-i.** **Kali-p.** **Kali-s.** **Kreos.** kres. **Lach.** **Lap-a.** lob-e. **LYC.** mag-m. maland. matth. med. **Merc.** **Merc-i-f.** methyl. **Mill.** **Morph.** mur-ac. murx. nat-c. nat-cac. nat-m. nectrin. **NIT-AC.** **Ol-an.** **Op.** orni. oxyg. ph-ac. **PHOS.** **PHYT.** pic-ac. plb-i. psor. rad-br. ran-b. rub-t. rumx-act. ruta **Sang.** sarcol-ac. **Scir.** scroph-n. sec. sed-r. **Semp.** sep. sieg. **SIL.** silphu. spong. squil. **STAPH.** stront-c. **Strych-g.** sul-ac. **Sulph.** symph. syph. tarax. tarent. tax. **Ter.** thap-g. **Thuj.** trif-p. viol-o. visc. **X-ray** zinc.

Remedies for psoric miasm

abrot. acet-ac. acon. adlu. aesc. **Agar.** alco. aln. **ALOE** alum. alumn. am-c. am-m. ambr. amyg. anac. ang. anh. **Ant-c.** ant-t. apis aran. arg-met. arg-n. arn. ars. **Ars-i.** ars-s-f. asaf. asar. astra-e. aur. aur-m. bac. **Bar-c.** bell. benz-ac. berb. berb-a. beryl. bism. bor-ac. borx. bov. bry. bufo buni-o. **CALC.** calc-act. calc-f. **Calc-p.** calc-s. camp. cann-s. canth. caps. **Carb-an.** **Carb-v.** caust. cham. chel. chin. cic. cina cinnb. cist. clem. coc-c. coca coec. coff. colch. coloc. con. cortiso. croc. crot-c. crot-h. **Cupr.** cycl. cyna. daph. des-ac. dig. dros. dulc. euph. euph-cy. euph-l. euphr. ferr. ferr-ar. ferr-ma. ferr-p. fl-ac. flav. galph. graph. guaj. guat. halo. ham. harp. hell. helon. **Hep.** hip-ac. hir. hist. hydr. hydr-ac. hyos. hypoth. iber. ign. iod. ip. kali-ar. kali-bi. **Kali-c.** kali-i. kali-n. kali-p. kali-s. kreos. kres. lac-c. lac-d. lach. laur. led. levo. lil-t. lob. **LYC.** m-arct. m-aust. **Mag-c.** **Mag-m.** mag-s. mand. mang. **Merc.** merc-c. mez. mill. mim-p. morph. mosch. mur-ac. murx. **Nat-c.** **Nat-m.** nat-s. nicc. **Nit-ac.** nux-v. oci-sa. okou. **Ol-j.** olnd. onop. op. orig. palo. par. paraph. ped. perh. pers. **Petr.** ph-ac. phal. phenob. phos. plat. plb. plb-act. pneu. podo. prot. **PSOR.** puls. pyrog. ran-b. rauw. reser. rheum rhod. rhus-t. rib-ac. rumx. ruta sabad. sabin. samb. saroth. sarr. sars. sec. sel. seneg. sep. **Sil.** spig. spong. squil. stann. staph. stram. stront-c. sul-ac. **SULPH.** tarax. tarent. tell. teucr. thala. ther. thiop. thuj. thy. trif-p. trios. tub. tub-r. ven-m. verat. visc. zinc.

Remedies for sycotic miasm

adlu. aesc. **Agar.** agn. alum. alumin. alumn. am-c. am-m. ambr. anac. **Anan.** ang. ant-c. ant-t. **Anthraco.** **Apis** aran. **ARG-MET.** **ARG-N.** arn. **Ars.** asaf. asar. asim. aspar. **Aster.** aur. **Aur-m.** aur-m-n. **Bar-c.** **Benz-ac.** berb. berb-a. borx. bov. bry. bufo calad. **Calc.** cann-i. cann-s. canth. caps. carb-ac. carb-an. carb-v. carbn-s. castm. caul. **Caust.** cedr. cham. chim. chin. cic. cimmic. cinnb. clem. cob-n. coc-c. coch. colch. coloc. con. cop. croc. crot-h. crot-t. cub. cupr-act. cycl. cyna. dig. dor. **Dulc.** epig. erech. erig. ery-a. eup-pur. euph. euph-pi. euphr. fago. **Ferr.** **Fl-ac.** flav. gamb. gels. gnaph. **Graph.** guaj. guat. helon. hep. hydr. influ. **Iod.** kali-bi. kali-c. kali-i. kali-m. kali-n. **KALI-S.** kalm. kreos. kres. **Lac-c.** **Lach.** lil-t. lith-c. **LYC.** mag-c. **Mang.** **Med.** merc. **Merc-c.** merc-d. **Merc-sul.** **Mez.** mill. mosch. murx. nat-c. **Nat-m.** **Nat-p.** **NAT-S.** **NIT-AC.** nux-v. ol-j. orig-v. pall. pareir. penic. petr. petros. ph-ac. phos. **Phyt.** pic-ac. pip-n. plat. plb. pneu. prun. psor. puls. rat. rauw. rhus-t. sabad. **SABIN.** sacch-l. sanic. sarr. **Sars.** **Sec.** **Sel.** senec. seneg. **SEP.** **Sil.** spig. **STAPH.** still. stram. **Sulph.** tab. tell. ter. **THUJ.** thy. uran-n. ven-m. vib. zing.

Remedies for syphilitic miasm

aethi-a. aethi-m. agn. ail. allox. aln. am-c. anag. **Anan.** ang. ant-c. **Ant-t.** **Apis** arg-cy. arg-i. arg-met. arg-n. arn. **Ars.** **ARS-I.** ars-met. **Ars-s-f.** **Asaf.** asar. **Asc-t.** astra-e. **AUR.** aur-ar. aur-br. aur-i. **AUR-M.** aur-m-k. **AUR-M-N.** aur-s. bad. bapt. bell. benz-ac. berb. berb-a. buni-o. cadm-met. calc-ar. **Calc-f.** **Calc-i.** **Calc-s.** calo. **Carb-an.** carb-v. carc. **Caust.** **Cean.** **Chim.** chinin-ar. chr-o. **Cinnb.** clem. cob-n. **Colch.** **Con.** convo-s. cop. cor-r. cory. crot-c. crot-h. cund. cupr. cupr-s. echi. ery-a. eryth. eucal. euph. ferr. ferr-i. **Fl-ac.** franc. **Graph.** gua. guaj. ham. hecla **Hep.** hip-ac. **Hippoz.** hir. hydr. hydr. hypoth. iber. **Iod.** **Iris** jac-c. **Jac-g.** jatr-c. jug-r. **Kali-ar.** **Kali-bi.** kali-br. kali-c. **Kali-chl.** kali-f. **KALI-I.** **Kali-m.** **KALI-S.** **Kalm.** **Kreos.** **Lac-c.** lac-d. **Lach.** **LAUR.** **Led.** lith-c. **Lyc.** maland. med. **MERC.** merc-aur. **MERC-C.** merc-cy. **Merc-d.** **MERC-I-F.** **MERC-I-R.** **Mez.** mill. nat-s. nep. **NIT-AC.** nux-v. ol-sant. osm. penic. perh. petr. petros. **Ph-ac.** **Phos.** **PHYT.** pilo. pitu. plat. plat-m. psor. reser. rhod. rhus-g. **Sabad.** **Sang.** **Sars.** sec. sel. **Sep.** **SIL.** spong. **Staph.** stict. **STILL.** strych-g. **Sul-i.** **Sulph.** **SYPH.** ter. thala. thiop. **Thuj.** thymol. **Thyr.** tub. ulm-c. vac. **Viol-t.** xan.

Remedies for tubercular miasm

abr. acet-ac. **AGAR.** all-c. alum. alum-sil. alumn. ambr. ant-c. ant-i. ant-t. apis arg-n. **ARS.** **Ars-i.** ars-s-f. aur. **Aur-ar.** aur-fu. aur-i. aur-m. **BAC.** bapt. **Bar-c.** bar-m. bell. brom. bry. bufo **CALC.** calc-ar. calc-i. **CALC-P.** calc-s. calc-sil. calo. **Carb-ac.** carb-an. **Carb-v.** **Carbn-s.** carc. caust. cetr. cham. chin. chinin-ar. chr-o. cic. **Cist.** con. crot-t. cund. **DROS.** dulc. elaps euon. ferr-ar. ferr-i. ferr-p. ferr-pic. fl-ac. form. form-ac. gal-ac. graph. guaj. guar. guare. hep. hippoz. **Hydr.** **Hydre.** iod. irid-met. kali-ar. **Kali-bi.** kali-c. **Kali-chl.** **Kali-i.** kali-m. kali-n. kali-p. kali-s. **Kreos.** lac-d. lach. lachn. laur. **LYC.** m-arct. med. merc. merc-i-r. myos-a. myric. nat-cac. nat-m. nat-s. nat-sel. **Nit-ac.** ol-j. ph-ac. phel. **PHOS.** **Phyt.** plb. polygn-vg. **Psor.** ran-b. rhus-t. sabin. sang. **SANIC.** scir. senec. seneg. sep. **SIL.** spong. stann. staph. sulph. syph. **TARENT.** ther. thiosin. **Thuj.** **TUB.** tub-a. tub-d. **Tub-k.** tub-m. tub-r. tub-sp. urea x-ray zinc.

Homoeopathic Treatment of Haemorrhoids

Homoeopathy does miracles if prescribed as per principles of nature's law of cure i. e. constitutional basis. For finding the

similimum, there are a number of rubrics available in various repertories.

Clarke J. H., Clinical Repertory (English)-

1. **Clinical - H - haemorrhoidal discharge-** lob. muc-u.
2. **Clinical - H - haemorrhoids-** abrot. *Acon.* aesc-g. *Aesc.* alet. aloe am-c. *Am-m.* anac. anag. ant-c. aral. ars-met. aur-m-n. aur. bad. bar-c. bell. *Caps. Carb-an. Carb-v.* card-m. caust. chel. chin. chr-o. cimx. coca cocc. *Coll.* cop. dios. dulc. erig. ery-a. euph-a. ferul. *Fl-ac.* galv. gast. graph. grat. *Ham.* helia. hep. hydr. hyper. *Ign.* iod. ip. kali-act. kali-br. kali-c. kali-chl. kali-m. kiss. lach. lam. laps. lim. lina. linu-c. lipp. lyc. mag-m. merc-i-r. muc-u. *Mur-ac.* musa *Nux-v.* paeon. pen. petr. phys. phyt. pin-s. pip-n. plan. plat. plb. podo. polyg-h. polyp-p. psor. *Puls.* ran-fi. ran-s. rat. rhodi-o-n. rhus-t. rhus-v. sin-n. slag still. stront-c. *Sulph.* tep. ter. thuj. ulm-m. *Verb.* wies. wye. zinc-val.
3. **headache - haemorrhoidal-** coll.
4. **Causation - flow, haemorrhoidal, suppressed-** lycps-v.
5. **Causation - haemorrhoidal flow, suppressed-** lycps-v.
6. **Causation - suppressed - haemorrhoidal flow-** lycps-v.
7. **Temperaments - haemorrhoidal troubles-** caps. plat.
8. **Temperaments - nervous - constitutions disposed to haemorrhoids-** sulph.
9. **Temperaments - nervous - disposed to haemorrhoids-** sulph.
10. **Temperaments - venous - constitutions - with tendency to haemorrhoids-** nux-v.

Guernsey W., Repertory of Haemorrhoids-

11. **SUBJECTIVE SYMPTOMS - forming, sensation as if haemorrhoids were-** **CHAM.** med.
12. **OBJECTIVE SYMPTOMS - stool, haemorrhoids preventing-** caust. sul-ac.

Phatak S. R. Concise Repertory-

13. **P - Piles, haemorrhoids-** **AESC. ALOE** ars. carb-an. carb-v. *Caust. Coll. Graph. Ham. Kali-c. Lach.* lyc. merc-i-r. **MUR-AC. NIT-AC. NUX-V.** paeon. phos. puls. sep. **SULPH.**

Boger C. Boenninghausen Repertory-

14. **MIND - Aggravation - suppressed or receding skin diseases or hemorrhoids, after-** anac. ant-c. *Arn. Ars.* bell. caust. cupr. *Fl-ac.* hyos. ign. *Lach. Lyc.* nux-v. phos. sep. *Sulph.* verat. *Zinc.*
15. **HEAD - Internal - aggravation - hemorrhoids, from-** lach. **NUX-V.**
16. **ABDOMEN - Aggravation - hemorrhoids, from-** *Carb-v.* cham. *Coloc. Lach.* **NUX-V. PULS. Sec. SULPH.**
17. **STOOL - Concomitants before stool - hemorrhoids, pain in-** iod.
18. **URINE - Micturition - urination - strangury - hemorrhoid, with-** acon. *Ars.* calc. *Carb-v.* lach. *Merc.* **NUX-V. PULS. SULPH.**
19. **URINE - During urination - hemorrhoids, prolapsing-** kali-c.
20. **BACK - Aggravation - haemorrhoids, before protrusion of-** alum.

Herberts A. Sensation As If-

21. **Rectum, anus and stool - Creeping - of cool worm in anus and protruding haemorrhoids-** all-c.
22. **Rectum, anus and stool - Excoriated - haemorrhoids were-** ign.
23. **Rectum, anus and stool - Forcing - out in rectum premonitory of haemorrhoids-** ran-s.
24. **Rectum, anus and stool - Form, haemorrhoids would-** nit-ac.
25. **Rectum, anus and stool - Haemorrhoid were there but there is not-** sulph.
26. **Rectum, anus and stool - Knife - haemorrhoids were split with-** graph.
27. **Rectum, anus and stool - Pepper - were sprinkled on haemorrhoids-** caps.
28. **Rectum, anus and stool - Protrude - haemorrhoids would-** ham.
29. **Rectum, anus and stool - Split - with knife, haemorrhoids were-** graph.
30. **Rectum, anus and stool - Turned - inside out in haemorrhoid or gut were overturned-** aesc.
31. **Rectum, anus and stool - Worm - cool, in anus and protruding haemorrhoids-** all-c.
32. **Neck and back - Break - with haemorrhoids, back would-** ham.

Ward J. Sensation As If-

33. **Pathogenetic - Abscesses haemorrhoidal-** anan.
34. **Pathogenetic - Anus haemorrhoid-** carl.
35. **Pathogenetic - Anus haemorrhoids-** cic.
36. **Pathogenetic - Excoriated haemorrhoids-** aeth.
37. **Pathogenetic - Haemorrhoidal congestion-** cact.
38. **Pathogenetic - Haemorrhoidal flow-** nux-m.
39. **Pathogenetic - Haemorrhoids anus-** ip. nit-ac. rhus-t.
40. **Pathogenetic - Haemorrhoids blind-** ter.

41. Pathogenetic - Haemorrhoids coming- [merc-i-r](#).
42. Pathogenetic - Haemorrhoids constricting- [nux-v](#).
43. Pathogenetic - Haemorrhoids forcing- [ran-s](#).
44. Pathogenetic - Haemorrhoids form- [cham](#).
45. Pathogenetic - Haemorrhoids itching- [nat-c](#).
46. Pathogenetic - Haemorrhoids rectum- [ign. op](#).
47. Pathogenetic - Haemorrhoids soreness- [nux-v](#).
48. Pathogenetic - Hemorrhoidal constriction- [staph](#).
49. Pathogenetic - Hemorrhoids burning- [alum. m-ambo](#).
50. Pathogenetic - Hemorrhoids painful- [nux-v](#).
51. Pathogenetic - Hemorrhoids sore- [nux-v](#).
52. Pathogenetic - Itching haemorrhoidal- [borx](#).
53. Pathogenetic - Rectum haemorrhoids- [coloc. graph](#).
54. Pathogenetic - Worms haemorrhoids- [kali-c](#).
55. Clinical - Burning hemorrhoids- [aesc](#).
56. Clinical - Excoriated hemorrhoids- [ign](#).
57. Clinical - Haemorrhoids bleeding- [aeth](#).
58. Clinical - Haemorrhoids full- [sabin](#).
59. Clinical - Hemorrhoids itching- [nux-v](#).
60. Clinical - Hemorrhoids sore- [ign. nux-v](#).
61. Clinical - Hemorrhoids standing- [caust](#).
62. Clinical - Hemorrhoids sticking- [nux-v](#).
63. Clinical - Knife hemorrhoids- [graph](#).
64. Clinical - Pepper haemorrhoids- [caps](#).
65. Clinical - Protrusion hemorrhoids- [merc](#).
66. Clinical - Raw haemorrhoids- [aeth](#).
67. Clinical - Sore hemorrhoids- [nux-v](#).
68. Clinical - Split hemorrhoids- [graph](#).
- Boericke O. Repertory-
69. HEAD - Headache - cause – Haemorrhoids- [coll. nux-v](#).
70. HEAD - Headache - Concomitants – Haemorrhoids- [nux-v](#).
71. NOSE - Internal nose - Bleeding - Cause - Haemorrhoids, suppressed- [nux-v](#).
72. ABDOMEN - Colic pain - Cause and nature – Haemorrhoidal- [Aesc. all-c. coloc. Nux-v. puls. sulph](#).
73. ABDOMEN - Constipation - Cause and type - from – haemorrhoids- [Aesc-g. Aesc. caust. Coll. hydr. nat-m. Nux-v. podo. Sulph](#).
74. ABDOMEN - Diarrhoea, enteritis - after stool – Haemorrhoids- [Aloe ham. mur-ac. sulph](#).
75. ABDOMEN - Dysentery - Hemorrhoidal form- [aloe coll. ham](#).
76. URINARY SYSTEM - Urination - Complaints - after act – Haemorrhoids- [bar-c](#).
77. FEMALE SEXUAL SYSTEM - Complaints following menses – Hemorrhoids- [cocc](#).
78. FEMALE SEXUAL SYSTEM - Complaints during pregnancy – Haemorrhoids- [coll. podo. sulph](#).
79. FEMALE SEXUAL SYSTEM - Puerperium – Haemorrhoids- [acon. Aloe bell. ign. puls](#).
80. FEMALE SEXUAL SYSTEM - Complaints after puerperium – Haemorrhoids- [ham](#).
81. CIRCULATORY SYSTEM - Heart - Affections - with haemorrhoids- [cact. Coll. dig](#).
82. CIRCULATORY SYSTEM - Heart - Neuroses - Irritable from - suppressed haemorrhoids- [coll](#).
83. RESPIRATORY SYSTEM - Asthma - concomitants with – haemorrhoids- [junc-e. nux-v](#).
84. RESPIRATORY SYSTEM - Lungs - Haemorrhage – haemorrhoidal- [mez. nux-v](#).
85. FEVER - Chill - Concomitants - Haemorrhoidal symptoms- [caps](#).
- Boger C. Synoptic Key-
86. ANUS AND RECTUM – Hemorrhoids- [Aesc. Aloe caust. coll. graph. ham. kali-c. lach. Mur-ac. Nit-ac. NUX-V. SULPH](#).
- Schroyens F. Synthesis 9.1-
87. MIND - FEAR - stool - involuntary stool; of - hemorrhoids; with- [ozone](#)

88. MIND - HEMORRHOIDS; after suppressed- anac. ant-c. arn. ars. bell. caust. cupr. fl-ac. hyos. ign. lach. lyc. nux-v. phos. sep. sulph. verat. zinc.
89. MIND - HYPOCHONDRIASIS - hemorrhoids; with- aesc. grat. *Nux-v.*
90. MIND - IRRITABILITY - hemorrhoids, with- *Apis* **NUX-V.**
91. MIND - SADNESS - hemorrhoids suppressed, after- caps.
92. HEAD - HEMORRHOIDS agg.- lach. *Nux-v.*
93. HEAD - PAIN - alternating with – hemorrhoids- abrot. aloë
94. STOMACH - OPERATION; after - hemorrhoids; of- croc.
95. STOMACH - ULCERS - hemorrhoids; from suppressed- nux-v.
96. STOMACH - VOMITING; TYPE OF - blood - hemorrhoidal flow; after suppressed- acon. *Carb-v.* **NUX-V.** *Phos. Sulph.*
97. ABDOMEN - CIRRHOSIS of liver - hemorrhoids; during- card-m.
98. ABDOMEN - COMPLAINTS of abdomen - accompanied by – hemorrhoids- carb-v. cham. coloc. lach. **NUX-V. PULS.** sec. *Sulph.*
99. ABDOMEN - CONGESTION - accompanied by – hemorrhoids- aesc. *Aloe* coll. ham. neg. nux-v. sep. *Sulph.*
100. ABDOMEN - PAIN - cramping - accompanied by – hemorrhoids- *Aesc.* all-c. coloc. *Nux-v.* puls. sulph.
101. ABDOMEN - PAIN - hemorrhoidal flow; suppressed- **NUX-V.**
102. ABDOMEN - PAIN - hemorrhoids; from- *Aesc.* caps. carb-v. coloc. lach. *Nux-v.* puls. *Sulph.* valer.
103. ABDOMEN - PAIN - Liver - accompanied by – hemorrhoids- dios.
104. RECTUM - CONSTIPATION - accompanied by – hemorrhoids- *Aesc-g.* aesc. *Aloe* alumn. am-m. anac. *Calc-f.* caust. coll. euon. glon. graph. hydr. kali-s. lyc. nat-m. nit-ac. *Nux-v.* paraf. podo. *Rat.* sil. *Sulph.* verb. wye.
105. RECTUM - CONSTIPATION - flatulence; with - hemorrhoids; and- bac. **COLL.**
106. RECTUM - DIARRHEA - accompanied by – hemorrhoids- caps. coll.
107. RECTUM - DIARRHEA - alternating with – hemorrhoids- aloë coll.
108. RECTUM - DIARRHEA - black - accompanied by – hemorrhoids- brom.
109. RECTUM - DYSENTERY – hemorrhoidal- aloë coll. ham. sulph.
110. RECTUM - FISSURE - hemorrhoids; from- caps. caust. cham. *Nit-ac.* rat. *Sed-ac.*
111. RECTUM - HEAT - hemorrhoids; in- acon.
112. RECTUM - HEMORRHAGE from anus - hemorrhoids; after removal of- nit-ac.
113. RECTUM – HEMORRHOIDS- abrot. acet-ac. acon. aesc-g. **AESC.** aeth. **AGAR.** agn. alet. all-s. **ALOE** alum-p. alum. alumn. am-br. *Am-c.* am-m. ambr. ambro. anac. anag. anan. androc. ang. *Ant-c.* ant-t. *Apis* apoc. aral. arg-n. *Arist-cl.* arn. *Ars-i.* ars-met. **ARS.** arum-t. arund. aur-m-n. aur-m. aur. *Bac.* bacls-7. bad. bapt. *Bar-c.* bar-s. *Bell.* berb. beta blum-o. borx. bov. *Brom.* brucel. bry. *Bufo Cact.* cadm-met. calc-caust. calc-f. calc-i. *Calc-p.* *Calc-s.* *Calc.* cann-s. canth. *Caps.* carb-ac. **CARB-AN. CARB-V.** carbn-s. carc. *Card-m.* carl. cas-s. casc. **CAUST.** cham. *Chel.* chim. chin. chinin-ar. chord-umb. chr-ac. chr-met. chr-o. cic. cimic. *Cimx.* clem. cnic-ar. *Coca* coec. *Coff.* colch. **COLL.** *Coloc.* con. cop. croc. crot-h. cupr. *Cycl. Dios.* dol. dream-p. dulc. echi. elaps. *Erig.* ery-a. *Eug.* euph-a. euphr. *Ferr-ar.* ferr-m. ferr-p. *Ferr.* ferul. *Fl-ac.* galv. gast. gels. *Gran.* **GRAPH.** grat. **HAM.** helia. *Hell.* helo-s. *Hep. Hydr.* hydroph. *Hyos.* hyper. *Ign. Iod. Ip.* kali-act. **KALI-AR.** *Kali-bi.* kali-br. **KALI-C.** kali-chl. kali-m. kali-n. kali-p. **KALI-S.** ketogl-ac. kiss. kreos. lac-del. **LACH.** lact. lam. lap-la. laps. led. *Lept.* lil-t. lim. lina. linu-c. lipp. lob. **LYC.** lycps-v. *M-ambo.* m-aust. mag-c. *Mag-m.* mag-p. manc. mand. med. *Meli.* **MERC-I-R.** *Merc.* mez. mill. moni. morg-g. morg-p. morg. mosch. muc-u. **MUR-AC.** musa *Nat-m.* *Nat-s.* neg. nig-s. **NIT-AC. NUX-V.** ozone **PAEON.** pen. *Petr.* petros. ph-ac. **PHOS.** phys. *Phyt.* pin-con. pin-s. pip-n. plan. plat. plb-xyz. plb. *Podo.* polyg-h. polyg-xyz. polyp-p. prot. *Psor.* **PULS.** querc-r-g-s. rad-br. ran-b. ran-fi. ran-s. *Rat.* rauw. rein. rhod. rhodi-o-n. *Rhus-t.* rhus-v. rumx. rusc-a. *Ruta Sabin.* *Sacch.* *Sang.* *Sanguis-s.* saroth. sars. saxon. *Scroph-n.* sec. sed-ac. semp. **SEP.** *Sil.* sin-n. slag spig. stann. *Staph.* still. stram. streptoc. stront-c. *Sul-ac.* sul-i. **SULPH.** sumb. symph. syph. tep. *Ter.* ther. *Thuj.* tritic-vg. *Tub.* ulm-c. valer. vanil. verat-v. verat. verb. visc. wies. wye. zinc-val. zinc. *Zing.*
114. RECTUM - ITCHING - hemorrhoids; from- *Acon. Aesc. Aloe* ars. caps. carb-v. caust. cina cop. dulc. euphr. *Fl-ac.* glon. **GRAPH.** *Ham.* ign. iod. *Lyc. M-ambo.* m-aust. morg-g. morg-p. mur-ac. nit-ac. *Nux-v.* *Petros.* phos. plan. plb. polyg-h. prot. puls. rhus-t. sep. sil. sul-ac. **SULPH.** tritic-vg.
115. RECTUM - PAIN - hemorrhoids; from- aesc. aloë bac. caust. coll. dulc. led. lyc. med. morg-g. morg-p. nux-v. rosm. tritic-vg.
116. RECTUM - PAIN - extending to - Liver - stitching pain - accompanied by – hemorrhoids- dios.
117. RECTUM - PARALYSIS - hemorrhoids, after removal of- kali-p.
118. RECTUM - PROLAPSUS - hemorrhoids; during- aesc-g. aesc. lept. podo.
119. RECTUM - STRICTURE - hemorrhoids; from- bapt.
120. RECTUM - SWELLING of anus - hemorrhoids; from- caps. mur-ac.

121. **BLADDER - CATARRH**, mucopus - hemorrhoidal subjects, in- coll.
122. **BLADDER - COMPLAINTS** of bladder - accompanied by – hemorrhoids- canth. dig. erig. nux-v.
123. **BLADDER - HEMORRHOIDS** of- acon. ant-c. borx. *Canth.* carb-v. euph. *Ham. Nux-v. Puls.* staph. sulph. thuj. wies.
124. **BLADDER - URINATION** - dysuria - painful - accompanied by – hemorrhoids- acon. ars. calc. carb-v. lach. merc. **NUX-V.** *Puls. Sulph.*
125. **URINE - BLOODY** - hemorrhoidal flow or menses, after sudden stopping of- *Nux-v.*
126. **FEMALE GENITALIA/SEX - ITCHING** - Vulva - accompanied by – hemorrhoids- coll. tarent.
127. **FEMALE GENITALIA/SEX - LEUKORRHEA** - hemorrhoids; from suppressed- am-m.
128. **FEMALE GENITALIA/SEX - MENSES** - painful - accompanied by – hemorrhoids- coll.
129. **FEMALE GENITALIA/SEX - PROLAPSUS** - Uterus - accompanied by – hemorrhoids- podo.
130. **RESPIRATION - ASTHMATIC** - accompanied by – hemorrhoids- *Junc-e.* nux-v.
131. **RESPIRATION - CATCHING** - stitching, from - hemorrhoids, in- **SULPH.**
132. **COUGH - ALTERNATING** with – hemorrhoids- berb.
133. **CHEST - HEART**; complaints of the - accompanied by – hemorrhoids- cact. coll. dig.
134. **CHEST - HEART**; complaints of the - alternating with – hemorrhoids- coll.
135. **CHEST - HEMORRHAGE** of lungs - hemorrhoidal flow; after suppression of- acon. *Carb-v. Led. Lyc. mez.* **NUX-V.** phos. *Sulph.*
136. **CHEST - INFLAMMATION** - Lungs - hemorrhoids; after- hyper.
137. **CHEST - PALPITATION** of heart - accompanied by – hemorrhoids- coll.
138. **CHEST - PALPITATION** of heart - alternating with – hemorrhoids- **COLL.**
139. **CHEST - PALPITATION** of heart - hemorrhoids; after suppressed- coll.
140. **BACK - PAIN** - break; as if it would - accompanied by – hemorrhoids- bell.
141. **BACK - PAIN** - hemorrhoids - protrusion of hemorrhoids; before- alum.
142. **BACK - PAIN** - Lumbar region - alternating with – hemorrhoids- *Aloe*
143. **BACK - PAIN** - Lumbar region - hemorrhoids; during- aesc. bell. ham. nux-v.
144. **BACK - PAIN** - Sacral region - hemorrhoids; during- calc-f.
145. **EXTREMITIES - PAIN** - rheumatic - alternating with – hemorrhoids- *Abrot.* calli-h. coll.
146. **EXTREMITIES - PAIN** - rheumatic - hemorrhoids; suppressed- *Abrot.*
147. **EXTREMITIES - PAIN** - Lower limbs - Sciatic nerve - accompanied by – hemorrhoids- **AESC.**
148. **SLEEP - SLEEPLESSNESS** - hemorrhoids; from- abrot. *Ars. Kali-c.*
149. **GENERALS - FAINTNESS** - hemorrhoids; after- chin.
150. **GENERALS - HEMORRHOIDS** agg.- coll.
151. **GENERALS - PAIN** - rheumatic - accompanied by – hemorrhoids- *Berb.*

General Repertorization of all the rubrics related to Haemorrhoids

S. No.	Rubric	No. of Remedies
1	Clarke J. H., Clinical Repertory (English) - Clinical - H - Haemorrhoidal discharge	2
2	Clarke J. H., Clinical Repertory (English) - Clinical - H - Haemorrhoids	104
3	Clarke J. H., Clinical Repertory (English) - Clinical - H - headache - Haemorrhoidal	1
4	Clarke J. H., Clinical Repertory (English) - Causation - flow, Haemorrhoidal, suppressed	1
5	Clarke J. H., Clinical Repertory (English) - Causation - Haemorrhoidal flow, suppressed	1
6	Clarke J. H., Clinical Repertory (English) - Causation - suppressed - Haemorrhoidal flow	1
7	Clarke J. H., Clinical Repertory (English) - Temperaments - Haemorrhoidal troubles	2
8	Clarke J. H., Clinical Repertory (English) - Temperaments - nervous - constitutions disposed to Haemorrhoids	1
9	Clarke J. H., Clinical Repertory (English) - Temperaments - nervous - disposed to Haemorrhoids	1
10	Clarke J. H., Clinical Repertory (English) - Temperaments - venous - constitutions - with tendency to Haemorrhoids	1
11	Guernsey W., Repertory of Haemorrhoids - SUBJECTIVE SYMPTOMS - forming, sensation as if Haemorrhoids were	2
12	Guernsey W., Repertory of Haemorrhoids - OBJECTIVE SYMPTOMS - stool, Haemorrhoids preventing	2
13	MIND - Aggravation - suppressed or receding skin diseases or Haemorrhoids, after	18

14	HEAD - Internal - aggravation - Haemorrhoids, from	2
15	ABDOMEN - Aggravation - Haemorrhoids, from	8
16	STOOL - Concomitants before stool - Haemorrhoids, pain in	1
17	URINE - Micturition - urination - strangury - Haemorrhoid, with	9
18	URINE - During urination - Haemorrhoids, prolapsing	1
19	BACK - Aggravation - Haemorrhoids, before protrusion of	1
20	P - Piles, Haemorrhoids	21
21	Rectum, anus and stool - Creeping - of cool worm in anus and protruding Haemorrhoids	1
22	Rectum, anus and stool - Excoriated - Haemorrhoids were	1
23	Rectum, anus and stool - Forcing - out in rectum premonitory of Haemorrhoids	1
24	Rectum, anus and stool - Form, Haemorrhoids would	1
25	Rectum, anus and stool - Haemorrhoid were there but there is not	1
26	Rectum, anus and stool - Knife - Haemorrhoids were split with	1
27	Rectum, anus and stool - Pepper - were sprinkled on Haemorrhoids	1
28	Rectum, anus and stool - Protrude - Haemorrhoids would	1
29	Rectum, anus and stool - Split - with knife, Haemorrhoids were	1
30	Rectum, anus and stool - Turned - inside out in Haemorrhoid or gut were overturned	1
31	Rectum, anus and stool - Worm - cool, in anus and protruding Haemorrhoids	1
32	Neck and back - Break - with Haemorrhoids, back would	1
33	Pathogenetic - Abscesses Haemorrhoidal	1
34	Pathogenetic - Anus Haemorrhoid	1
35	Pathogenetic - Anus Haemorrhoids	1
36	Pathogenetic - Excoriated Haemorrhoids	1
37	Pathogenetic - Haemorrhoidal congestion	1
38	Pathogenetic - Haemorrhoidal flow	1
39	Pathogenetic - Haemorrhoids anus	3
40	Pathogenetic - Haemorrhoids blind	1
41	Pathogenetic - Haemorrhoids coming	1
42	Pathogenetic - Haemorrhoids constricting	1
43	Pathogenetic - Haemorrhoids forcing	1
44	Pathogenetic - Haemorrhoids form	1
45	Pathogenetic - Haemorrhoids itching	1
46	Pathogenetic - Haemorrhoids rectum	2
47	Pathogenetic - Haemorrhoids soreness	1
48	Pathogenetic - Haemorrhoidal constriction	1
49	Pathogenetic - Haemorrhoids burning	2
50	Pathogenetic - Haemorrhoids painful	1
51	Pathogenetic - Haemorrhoids sore	1
52	Pathogenetic - Itching Haemorrhoidal	1
53	Pathogenetic - Rectum Haemorrhoids	2
54	Pathogenetic - Worms Haemorrhoids	1
55	Clinical - Burning Haemorrhoids	1
56	Clinical - Excoriated Haemorrhoids	1
57	Clinical - Haemorrhoids bleeding	1
58	Clinical - Haemorrhoids full	1
59	Clinical - Haemorrhoids itching	1
60	Clinical - Haemorrhoids sore	2
61	Clinical - Haemorrhoids standing	1
62	Clinical - Haemorrhoids sticking	1
63	Clinical - Knife Haemorrhoids	1
64	Clinical - Pepper Haemorrhoids	1
65	Clinical - Protrusion Haemorrhoids	1
66	Clinical - Raw Haemorrhoids	1
67	Clinical - Sore Haemorrhoids	1
68	Clinical - Split Haemorrhoids	1
69	HEAD - Headache - cause - Haemorrhoids	2
70	HEAD - Headache - Concomitants - Haemorrhoids	1
71	NOSE - Internal nose - Bleeding - Cause - Haemorrhoids, suppressed	1
72	ABDOMEN - Colic pain - Cause and nature - Haemorrhoidal	6
73	ABDOMEN - Constipation - Cause and type - from - Haemorrhoids	9
74	ABDOMEN - Diarrhoea, enteritis - after stool - Haemorrhoids	4
75	ABDOMEN - Dysentery - Haemorrhoidal form	3
76	URINARY SYSTEM - Urination - Complaints - after act - Haemorrhoids	1
77	FEMALE SEXUAL SYSTEM - Complaints following menses - Haemorrhoids	1
78	FEMALE SEXUAL SYSTEM - Complaints during pregnancy - Haemorrhoids	3
79	FEMALE SEXUAL SYSTEM - Puerperium - Haemorrhoids	5

80	FEMALE SEXUAL SYSTEM - Complaints after puerperium - Haemorrhoids	1
81	CIRCULATORY SYSTEM - Heart - Affections - with Haemorrhoids	3
82	CIRCULATORY SYSTEM - Heart - Neuroses - Irritable from - suppressed Haemorrhoids	1
83	RESPIRATORY SYSTEM - Asthma - concomitants with - Haemorrhoids	2
84	RESPIRATORY SYSTEM - Lungs - Haemorrhage - Haemorrhoidal	2
85	FEVER - Chill - Concomitants - Haemorrhoidal symptoms	1
86	ANUS AND RECTUM - Haemorrhoids	12
87	MIND - FEAR - stool - involuntary stool; of - Haemorrhoids; with	1
88	MIND - HAEMORRHOIDS; after suppressed	18
89	MIND - HYPOCHONDRIASIS - Haemorrhoids; with	3
90	MIND - IRRITABILITY - Haemorrhoids, with	2
91	MIND - SADNESS - Haemorrhoids suppressed, after	1
92	HEAD - HAEMORRHOIDS agg.	2
93	HEAD - PAIN - alternating with - Haemorrhoids	2
94	STOMACH - OPERATION; after - Haemorrhoids; of	1
95	STOMACH - ULCERS - Haemorrhoids; from suppressed	1
96	STOMACH - VOMITING; TYPE OF - blood - Haemorrhoidal flow; after suppressed	5
97	ABDOMEN - CIRRHOSIS of liver - Haemorrhoids; during	1
98	ABDOMEN - COMPLAINTS of abdomen - accompanied by - Haemorrhoids	8
99	ABDOMEN - CONGESTION - accompanied by - Haemorrhoids	8
100	ABDOMEN - PAIN - cramping - accompanied by - Haemorrhoids	6
101	ABDOMEN - PAIN - Haemorrhoidal flow; suppressed	1
102	ABDOMEN - PAIN - Haemorrhoids; from	9
103	ABDOMEN - PAIN - Liver - accompanied by - Haemorrhoids	1
104	RECTUM - CONSTIPATION - accompanied by - Haemorrhoids	25
105	RECTUM - CONSTIPATION - flatulence; with - Haemorrhoids; and	2
106	RECTUM - DIARRHEA - accompanied by - Haemorrhoids	2
107	RECTUM - DIARRHEA - alternating with - Haemorrhoids	2
108	RECTUM - DIARRHEA - black - accompanied by - Haemorrhoids	1
109	RECTUM - DYSENTERY - Haemorrhoidal	4
110	RECTUM - FISSURE - Haemorrhoids; from	6
111	RECTUM - HEAT - Haemorrhoids; in	1
112	RECTUM - HEMORRHAGE from anus - Haemorrhoids; after removal of	1
113	RECTUM - HAEMORRHOIDS	278
114	RECTUM - ITCHING - Haemorrhoids; from	38
115	RECTUM - PAIN - Haemorrhoids; from	14
116	RECTUM - PAIN - extending to - Liver - stitching pain - accompanied by - Haemorrhoids	1
117	RECTUM - PARALYSIS - Haemorrhoids, after removal of	1
118	RECTUM - PROLAPSUS - Haemorrhoids; during	4
119	RECTUM - STRICTURE - Haemorrhoids; from	1
120	RECTUM - SWELLING of anus - Haemorrhoids; from	2
121	BLADDER - CATARRH, mucopus - Haemorrhoidal subjects, in	1
122	BLADDER - COMPLAINTS of bladder - accompanied by - Haemorrhoids	4
123	BLADDER - HAEMORRHOIDS of	13
124	BLADDER - URINATION - dysuria - painful - accompanied by - Haemorrhoids	9
125	URINE - BLOODY - Haemorrhoidal flow or menses, after sudden stopping of	1
126	FEMALE GENITALIA/SEX - ITCHING - Vulva - accompanied by - Haemorrhoids	2
127	FEMALE GENITALIA/SEX - LEUKORRHEA - Haemorrhoids; from suppressed	1
128	FEMALE GENITALIA/SEX - MENSES - painful - accompanied by - Haemorrhoids	1
129	FEMALE GENITALIA/SEX - PROLAPSUS - Uterus - accompanied by - Haemorrhoids	1
130	RESPIRATION - ASTHMATIC - accompanied by - Haemorrhoids	2
131	RESPIRATION - CATCHING - stitching, from - Haemorrhoids, in	1
132	COUGH - ALTERNATING with - Haemorrhoids	1
133	CHEST - HEART; complaints of the - accompanied by - Haemorrhoids	3
134	CHEST - HEART; complaints of the - alternating with - Haemorrhoids	1
135	CHEST - HEMORRHAGE of lungs - Haemorrhoidal flow; after suppression of	8
136	CHEST - INFLAMMATION - Lungs - Haemorrhoids; after	1
137	CHEST - PALPITATION of heart - accompanied by - Haemorrhoids	1
138	CHEST - PALPITATION of heart - alternating with - Haemorrhoids	1
139	CHEST - PALPITATION of heart - Haemorrhoids; after suppressed	1
140	BACK - PAIN - break; as if it would - accompanied by - Haemorrhoids	1
141	BACK - PAIN - Haemorrhoids - protrusion of Haemorrhoids; before	1
142	BACK - PAIN - Lumbar region - alternating with - Haemorrhoids	1
143	BACK - PAIN - Lumbar region - Haemorrhoids; during	4
144	BACK - PAIN - Sacral region - Haemorrhoids; during	1
145	EXTREMITIES - PAIN - rheumatic - alternating with - Haemorrhoids	3

146	EXTREMITIES - PAIN - rheumatic - Haemorrhoids; suppressed	1
147	EXTREMITIES - PAIN - Lower limbs - Sciatic nerve - accompanied by - Haemorrhoids	1
148	SLEEP - SLEEPLESSNESS - Haemorrhoids; from	3
149	GENERALS - FAINTNESS - Haemorrhoids; after	1
150	GENERALS - HAEMORRHOIDS agg.	1
151	GENERALS - PAIN - rheumatic - accompanied by - Haemorrhoids	1

Repertorization

	nux-v.	coll.	sulph.	aesc.	aloe	puls.	ham.	lach.	carb-v.	caust.
	10464	4490	4265	2820	2475	2039	1494	1395	1380	1330

Result of Repertorization showing top ten Remedies for Haemorrhoids in General

S. No.	Remedy	No. of Rubrics Covered by the Remedy	Marks
1	nux-v.	45	10464
2	coll.	28	4490
3	sulph.	27	4265
4	aesc.	18	2820
5	aloe	15	2475
6	puls.	13	2039
7	ham.	14	1494
8	lach.	13	1395
9	carb-v.	12	1380
10	caust.	12	1330

Therapeutics for Haemorrhoids

Aesculus hippocastanum – Painful, blind or protruding piles of purplish color which is very sore with aching, burning and itching and a sensation of sticks or splinters in the rectum, rarely bleeding. Hard dry stool passed with difficulty and followed by a feeling of prolapse of rectum. Bleeding gives relief. Especially suitable to the form of Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks. Many liver symptoms and Haemorrhoids in the provers. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications. Hughes prefers Nux vomica and Sulphur in Haemorrhoids dependent on congestion of the portal system. Pulsatilla is one of the best remedies in Haemorrhoids after Aesculus. Passive congestion and dyspeptic troubles are the keynotes; blind Haemorrhoids. Haemorrhoids that bleed easily. It acts best in the higher potencies (Dewey). Haemorrhoids from chronic constipation may be cured with Aesculus.

Aloe socotrina – When the blood passes like water from hydrant, piles protrude like bunch of grapes. Better by cold water, flatus with faeces. Violent itching and burning in anus. Constantly putting finger in anus. Constant bearing down in anus; bleeding, soreness which gets relieved by cold water. Sense of insecurity in rectum when passing flatus. Lumpy, watery, jelly like stool. Haemorrhoids protruding, very sore and tender. This is also a most useful Haemorrhoidal remedy. Piles protrude like a bunch of grapes, bleeding often and profusely, and are greatly relieved by the application of cold water. Very marked burning in the anus the bowels feel as if scraped. There is a tendency to diarrhoea, with the well-known uncertain feeling in the lower bowel. This tendency to diarrhoea will distinguish from Collinsonia, which has the tendency to constipation. Ratanhia has burning in the anus, and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum (Capsicum).

Arsenic album – Burning pain and restlessness relieved by hot application. Haemorrhoids burn like fire and skin around the anus gets excoriated. Painful spasmodic protrusion of rectum with severe tenesmus. Great exhaustion from least exertion with burning pains. Night aggravation of complaints with restlessness and fear and fright.

Collinsonia – Haemorrhoids with backache and obstinate constipation. Prolapse of rectum. Piles bleeding or blind and protruding. There may be obstinate constipation and diarrhea. But says that no remedy can equal Collinsonia in obstinate cases of Haemorrhoids, which bleed almost incessantly, he recommends the tincture. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual Haemorrhoid flow. It is somewhat similar to Nux, but is a far more useful remedy.

Hammamelis – Painless bleeding followed by prostration which is out of all proportion to the blood lost. The blood is of dark color. There is anemia, breathlessness and weakness notwithstanding good appetite. Venous congestion and venous stasis are characteristics. Bruised soreness of affected parts. Passive hemorrhage from any part as piles.

Muriatic acid – Piles like bunch of grapes which look purple and burn when touched. Piles in children; protruding; reddish blue. Tendency to involuntary evacuation while urinating. Haemorrhoids most sensitive to all touches, even sheet of toilet paper is painful. Anal itching and prolapsus ani while urinating. Haemorrhoids during pregnancy, bluish, hot, with violent stitches.

Nitric acid – Haemorrhoids that have ceased to bleed, but very painful and hanging down loosely with sharp pricking pains in rectum. Great straining while passing stool and Haemorrhoids that bleed easily. Haemorrhages from bowels and violent cutting pains after stools lasting for an hour after stool. Severe burning and stinging. Rectum feels torn and severe fissures in rectum. Severe exhaustion and irritability after stools.

Nux-vomica – One of the main remedy for bleeding or non-bleeding piles to be given when there is burning pain and constipation with ineffectual desire. Haemorrhoids large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants.

Itching Haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications. Great sensitiveness of the anus cannot make use of the softest toilet paper; the piles are so sore and sensitive that the slightest touch is unbreakable.

Paenoia – Haemorrhoids with ulceration, the anus and surrounding parts are purple and covered with crusts, ulcers within the anus are very painful. The whole mucus membrane studded with ulcers and cracks. Biting, itching in anus that provokes scratching. Anal orifice swollen and burning in anus after stool then internal chilliness. Fistula ani with painful ulcers. Purple Haemorrhoids covered with crusts and severe atrocious pains with and after each stool.

Ratanhia - The rectal symptoms are most important. Aching in rectum as if full of broken glass. Anus burns for hours after stool and feels constricted. Dry heat at anus with sudden knife like stitches. Stools must be forced with great effort and thus Haemorrhoids too protrude out. Fissures of anus with great constriction and burning like fire. Haemorrhoids too burn and get relieved by cold water.

Sulphur – Haemorrhoids and to the troubles resulting from piles which have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Itching and burning of anus and piles dependent upon abdominal plethora. Frequent unsuccessful desire to go to closet. Stool hard, knotty and insufficient. Redness around anus with Haemorrhoids oozing and belching.

Ammonium carb – Protrusion of piles after stools with long lasting pains cannot walk. Piles also protrude independent of stool. Burning and itching in anus which prevents sleep. Piles worse at the times of menses.

Kali carbonicum – Piles painful, burning like fire and bleed copiously. Great distension and swelling inside. Fistula of the anus. Burning temporarily relieved by sitting in cold water or by cold application.

Carbo veg. - Protruding piles, blue, even suppurating, offensive, swelling, burning in the rectum, oozing of fluid from rectum, flatulence; Itching, gnawing and burning in rectum. Soreness, moisture around anus at night. Discharge of blood with stool. White Haemorrhoids with excoriation of anus. Bluish burning piles and paining after stool.

Millifolium – Hemorrhage from bowels. Bleeding Haemorrhoids and stool as well as urine is bloody. Blood is bright red in color.

Ficus religiosa – Hemorrhage and Haemorrhoids. Bloody Haemorrhoids with bright red blood and pain, soreness, burning, itching and aching in rectum.

Phosphorus – Bleeding Haemorrhoids and great weakness after stool. White, hard stool with discharge of blood from rectum each time with and after stool. Painless copious debilitating stools with very fetid stool as well as flatus. Green mucus with long, narrow, hard stool like a dog's. Seems as if anus is open at all times. Blood from Haemorrhoids is bright red in color and great debility co-exists.

Thuja – Piles swollen and painful while sitting with burning pains in anus. Anus is fissured and painful to touch with many painful warts. Constipation with violent rectal pains causing stool to recede. Distended, indurations in abdomen and chronic diarrhea.

Materials and Methodology

A. MATERIALS

- I. **Project site:** Proposed study was conducted on the patients at O.P.D./I.P.D. of Solan Homoeopathic Medical College and Hospital, Kumharhatti, Solan (Himachal Pradesh).
- II. **Number of cases:** For the purpose of this clinical study, total 05 cases were studied. 02 were males and 03 were females. The cases were 01 from 21 to 30 years, 02 from 31 to 40, 01 from 41 to 50 and 01 from 51 to 60 years age groups. There were 02 Hindu and 03 muslims. 03 were obese, 01 was moderate and 01 was lean thin individual. 02 were from rich community, 01 from middle class families and 01 from poor ones.
- III. **Duration of study:** The duration of study was a period of one year.
- IV. **Procuring of medicine:** Medicine were dispensed from hospital dispensary and from reputed Homoeopathic pharmacies.

B. METHODOLOGY

- I. **Selection of cases:** Selection of cases was done by arranging camps and screenings at various localities as well as O.P.D. at Solan Homoeopathic Medical College and Hospital, Kumharhatti, Solan (Himachal Pradesh).
- II. **Inclusion criteria:** The study was undertaken in-
 - Diagnosed cases of Haemorrhoids, taking treatment from other system of medicine, feeling no relief or recurrence & seeking Homoeopathic treatment- **02**
 - Diagnosed cases of Haemorrhoids, taking treatment from other system of medicine, under control but seeking Homoeopathic treatment- **01**
 - Undiagnosed cases of Haemorrhoids, seeking Homoeopathic treatment- **02**
 - The above groups were subdivided into-
 - a) Male cases- **02**
 - b) Female cases- **03**
- III. **Exclusion criteria:** The cases, who do not continue with treatment up to six visits, were dropped out of the study.
- IV. **Diagnostic criteria:** The detailed case taking & clinical examination were carried out to clinch the diagnosis. The diagnoses of Haemorrhoids were -
 - First Degree Haemorrhoids **02**
 - Second Degree Haemorrhoids **02**
 - Forth Degree Haemorrhoids **01**
- V. **Case taking proforma:** A case taking proforma was especially designed for the study.
- VI. **Case taking:** Proper case taking was done on the basis of proforma prepared for the study and investigations

done.

- VII. **Analysis & evaluation:** After detailed case taking, analysis & evaluation of the symptoms were done.
- VIII. **Repertorisation:** The Repertorisation was done with the help of various repertories & computer software programs, especially Radar (version 9.1.2.1b) depending on the necessity of the case.
- IX. **Selection of medicines:** this was done on the basis of totality of symptoms, miasmatic background and reportorial analysis of the case.
- X. **Selection of dose & potency:** it was done according to the nature of the case and pathology responsible for disease.
- XI. **Advise:** Depending upon the case, the patients were advised to curtail or stop the dose of other system of medicine gradually.
- XII. **Follow up:** The follow up was done at the interval of 10 to 15 days, as per gravity of the case, for duration of 2-6 months.
- XIII. **Record:** The patients records are maintained to draw the conclusions.
- XIV. **Criteria for results:** Following parameters had been fixed according to the type of response after the treatment-
 - **Cure-** Feeling of mental & physical well being with disappearance of all the symptoms & signs for which patient originally approached, with no relapse along with reversal of diagnostic parameters was the yardstick.
 - **Improvement/ Relief-** Feeling of mental & physical well being with disappearance of all the symptoms & signs for which patient originally approached.
 - **Status quo-** No change in any complaint of patient in spite of taking up the medicine.
 - **No improvement/ Not cured-** Where there is no change in the condition of the patient & instead he/she feels worse.

Master Chart					
	Case No. 1	Case No. 2	Case No. 3	Case No. 4	Case No. 5
Patient's Name	Urmila	Ved P. Rana	Geeta Negi	Kiran	Girish
Regd. No.	12460/07	12569/07	13102/07	13404/07	13860/07
Date of Reg.	18-05-07	15-06-07	11-07-07	15-08-07	19-09-07
Sex	F	M	F	F	M
Age	60 yrs	55 yrs	37 yrs	22 yrs	44 yrs
Occupation	House Wife	Rtd. Army personnel	House Wife	Pvt. Job	Shop Keeper
Marital Status	Married	Married	Married	Unmarried	Married
Diet	Veg.	Non veg.	Veg.	Veg.	Non veg.
Accommodation	Average	Good	Average	Average	Poor
Financial Status	Average	Good	Average	Average	Poor
Diagnosis	Int. Haem. 4 Deg.	Int. Haem. 3 Deg.	Int. Haem. 2 Deg.	Int. Haem. 1 Deg.	Ext. Haem.
Miasmatic Diagnosis	Psora 30% Sycosis 50% Syphilis 20%	Psora 25% Sycosis 40% Syphilis 35%	Psora 35% Sycosis 45% Syphilis 20%	Psora 40% Sycosis 40% Syphilis 20%	Psora 15% Sycosis 55% Syphilis 30%
First Remedy	Lyco	Phosph	Nux vom	Puls	Sulph
Second Remedy	Collinsonia		Sepia	Gels	Caust
Result	Cured	Cured	Cured	Cured	Not Cured

Observations and result

- Total cases studied were 5.
- 2 were male and 3 females.
- 1 case was from 20- 30 age group.
- 1 case was from 30- 40 age group.
- 1 case was from 40- 50 age group.
- 2 cases were from 50- 60 age group.
- The 2 were house wives, 1 in Pvt. Job, 1 retired army personnel and 1 was shop keeper.
- 4 were married and 1 unmarried.
- 3 were vegetarian and 2 non-vegetarian.
- 1 was from good accommodation, 1 poor and 3 from average.
- 1 was from good income status, 1 poor and 3 from average.
- 1 case was diagnosed as External Haemorrhoids and 4 as 1st, 2nd, 3rd and 4th degree internal Haemorrhoids.

- Total Psora in all the 5 cases was 145/5
- Total Sycosis in all the 5 cases was 230/5
- Total Syphilis in all the 5 cases was 125/5
- Out of 5 cases, 4 were cured and 1 was not cured.
- Remedies of first choice- Lyco, Phosph, Nux vom, Puls, Sulph.
- Remedies of second choice- Collinsonia, Sepia, Gels, Caust.

Summary and Conclusion

- The dissertation was designed to provide a full overview of Haemorrhoids including their historical perspectives, medical perspectives, introduction to Homoeopathic system of medicine with special reference to Miasmatic concepts followed by stress to understand Haemorrhoids in Homoeopathic terminology and Homoeopathic therapeutics to assure their complete cure.
- In the last of study, a detailed repertory enriched with maximum available rubrics related to Haemorrhoids found in various available repertories was compiled for future references and search- easy Repertorization.
- All the rubrics pertaining to Haemorrhoids were repertorized in general to find the most frequent remedies for Haemorrhoids.
- Ten most frequent remedies for Haemorrhoids for fast track search of similimum were given in end.
- Miasmatic nature of Haemorrhoids was well studied and explained.
 - Psora 29 %
 - Sycosis 46 %
 - Syphilis 25 %
- The same was utilized to diagnose various cases of Haemorrhoids taken in for study and utilized during treatment.
- The result of Homoeopathy was found to be miraculous while prescribed on miasmatic basis as per laws of similia.
- Out of total 5 cases, all the four cases having internal Haemorrhoids were completely cured.
- 1 case having external Haemorrhoids was not cured in spite of very careful case taking, Repertorization and change of medicine more than twice.
- The more the Sycosis, more difficult was case to cure.
- The more the Psora, the easiest was the cure.
- Syphilis did not show its remarkable obstacle to cure.
- The efficacy of Homoeopathic medicine in 5 presented cases was 80% with full recovery.

This work does not mean every thing about Haemorrhoids. This is only a single step towards eradication planning of this common problem we often meet in our life time. Further studies are needed to overcome this disease in future.