

Understanding Anal Fissure for Homoeopathic Practice

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Abstract: Anal Fissure is a challenging case for the Homoeopath to deal with in practice, as it is presented very acute sever complaints which disturbs the daily routine of the patient. This demands immediate relief of the situation. with the Homoeopathic mind set this article will help for the clear understanding of the disease phenomenon as well the required characteristic symptoms for the Acute management for the said condition as well as for the radical cure. Collected date will help the homeopathic physician to focus during the case taking of a patient suffering from Anal fissure.

Key Words: Homoeopathy, Anal Fissure, Individualization, Homoeopathic Therapeutics, Characteristic symptom, Boericke, Kent Repertory.

INTRODUCTION

Anal fissure or fissure-in-an is a small cut or tear in the mucosa (lining) due to friction scratch or trauma. Anal fissure is a longitudinal ulcer in the anal canal posteriorly situated in majority of cases. (Das, feb, 2018)

Anal fissure can occur at any age and affect both men and women equally. (Tinsley R. Harrison, 2019)

TYPES

The presentation of a fissure-in-Ano could be,

-Acute / superficial fissure: symptoms lasting for less than 6 weeks. It looks like fresh tear in anal canal with surrounding edema and inflammatory induration and it often heals spontaneously.

-Chronic fissure: symptoms affecting more than 6 weeks. There is cut is deeper accompanied by fleshy growth and skin tag which known as 'sentinel pile'. And it takes long time to heal. (Das, feb, 2018)

RISK FACTORS

It includes chronic constipation and diarrhea, multiple pregnancies, sedentary lifestyle, chronic use of laxatives, underlying other disorder like inflammatory bowel disease, Crohn's disease, ulcerative colitis, STDs etc.

CLINICAL PRESENTATIONS

Severe pain while passing stool,

-Pain as if passing pieces of broken glass or sever knife like pain while passing stool.

-Some may experience severe burning pain which remain for several hours.

-sometime pain is so severe that patient prefers to avoid defecation to avoid pain.

Severe spasm of anal sphincter.

Streaks of bright red blood with stool.

Itching and swelling at anal region.

Discharge from the anus.

A small lump or a skin tag near the anal fissure. (davidson, 2018)

SUPPORTIVE TREATMENT

Eat healthy diet to avoid constipation, eat more fruits, green leafy vegetables and high fiber diet. Avoid deep fried, oily, bakery products, alcohol, coffee etc. Drink plenty of water.

Use warm baths or sitz bath 2 to 3 times per day for 5 to 10 min.

Do not suppress the desire of passing stool and avoid laxatives and purgatives

HOMOEOPATHIC MANAGEMENT PERSPECTIVE OF ANAL FISSURE

In Homoeopathy, we have to match 'totality of symptoms' of the patient to the symptoms of remedy which is called as symptom similarity. In case of anal fissure different medicine cover different symptom of fissure like character of pain, type of fissure, associated symptoms, concomitant of fissure, causative factor etc. These characteristic aspects are very useful in the practice in the Acute exacerbating condition of the disease, which require the immediate demand of Acute medicine. Hence following important rubrics are collected for the ease for the Homoeopathic practitioner.

HOMOEOPATHIC THERAPEUTICS FOR ANAL FISSURE (W.Boericke, 2017) (H.C.Allen)

Homoeopathic remedy for anal fissure can be helpful in treating mild and initial stages of fissure. It does not respond to sever fissure cases and might require surgical intervention.

GRAPHITES

This medicine is usually recommended to patient who are obese and having history of habitual constipation. Stool is hard, knotty and mixed with undigested substances with very fetid, sour odor along with smarting, soreness and itching present at anal region.

NITRIC ACID

There is tearing, cutting pain during and after stool which lasting for hours. Patient has to strain to pass stool but little passes, despite the stool is soft. After passing stool patient being irritable and exhausted.

AESCULUS

This medicine is used to treat dryness, soreness and aching at the anal region due to anal fissure. Patient feels full of small sticks at anal region along with large, hard, dry stool.

RATANHIA

This medicine is used for fissure of anus with great constriction, burning like fire and anus ache and burn for hours after stool which temporary relived by cold water. Patient having pain as if full of broken glasses.

PAEONIA

This medicine is mostly used to treat the discharge that occurs during anal fissure. Patient having burning in anus after stool and then internal chilliness.

IGNATIA

Patient having difficulty in passing stool and along with painful constriction of anus after stool. Also having itching and stitching up the rectum.

RUBRICS

RUBRICS FOR ANAL FISSURE AND ITS CONCOMITANT FROM BOERICKE'S REPERTORY (E.Boericke, 2017)

ABDOMEN- Eruption- fissure, rhagades, excoriation, ulcerations, soreness, rawness

ABDOMEN- hemorrhage

ABDOMEN- inflammation (proctitis)

ABDOMEN- itching (pruritus)

ABDOMEN- pain- aching

ABDOMEN- pain- contraction, spasmodic

ABDOMEN- pain- contraction, spasmodic

ABDOMEN- neuralgic

ABDOMEN- splinter like, pricking, stinging, stitching, cutting, shooting

ABDOMEN- constipation

ABDOMEN- constipation- type of stool- dry, difficult, scanty, knotty, ball or dung like

ABDOMEN- constipation- hard, covered with mucus

ABDOMEN- constipation- no desire or urging

RUBRICS FOR ANAL FISSURE AND ITS CONCOMITANT FROM KENT'S REPERTORY (J.T.Kent, 2021)

RECTUM- FISSURE

RECTUM- CONSTIPATION

RECTUM- CONSTIPATION- ineffectual urging and straining

RECTUM- CONSTIPATION- sedentary habits from

RECTUM- HEMORRHAGE

RECTUM-HEMORRHAGE-stool during

RECTUM-ITCHING

RECTUM- MOISTURE

RECTUM- PAIN

RECTUM- PAIN- burning

RECTUM- PAIN- cutting

RECTUM- PAIN- soreness

RECTUM- PAIN- tearing

RECTUM- REDNESS of anus

RECTUM- SENSITIVE

RECTUM- SWELLING of anus

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