

Homoeopathic Perspective on Very Common Anorectal Disorder: Haemorrhoids

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Abstract: Haemorrhoids are one of the most common anorectal disorders, presenting with symptoms such as bleeding, pain, prolapse, itching and soiling, which significantly affect the quality of life and clinical presentation may vary according to its types and degrees. They are broadly classified into four degrees based on severity, as well as into internal and external types depending on their position. Conventional management, including topical applications and dietary modifications such as high-fiber intake or bulk laxatives, may provide temporary relief but rarely achieve a permanent cure. Haemorrhoidectomy remains the mainstay of treatment for advanced cases; however, it is frequently associated with complications, prolonged recovery and high recurrence rate. Whereas homoeopathy emphasizes an individualised approach based on the totality of symptoms and underlying miasmatic influences. The concept of miasms provides a deeper understanding of the chronic predispositions and disease tendencies in patients, thereby aiding in the selection of a constitutional remedy for long-term relief. Exploring haemorrhoids through a miasmatic perspective not only highlights the chronic diathesis behind the condition but also strengthens the rationale for individualised homoeopathic prescription in achieving holistic management.

Keywords - Haemorrhoid, dynamic disorders, miasmatic understanding, constitutional - holistic approach.

I.INTRODUCTION

“Common, painful and often silent - Haemorrhoids not only reflects medical condition but also associated with societal embracement, in addressing one’s own discomfort”. Haemorrhoids are characterised by distal displacement and prolapse of the normal anal cushions, accompanied by distension of the haemorrhoidal arterio-venous conjunction and dilatation of the veins

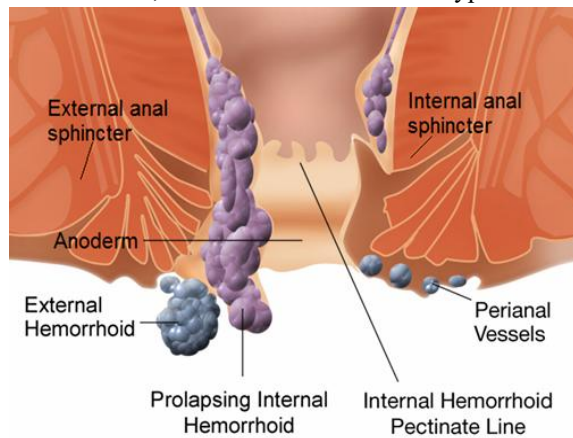
of both internal as well as external haemorrhoidal venous networks, primarily due to deterioration of anchoring tissue. In recent times, their prevalence has increased among both men and women, largely attributed to modernisation of lifestyle, including the consumption of highly processed & low-fibre diets.

Currently, a large proportion of patients visiting physicians present with venous insufficiency-related issues, among which haemorrhoids being a prominent example. According to National Institute of Health, nearly 1million cases of haemorrhoids are reported annually in US at the prevalence rate of 4.4% with the highest prevalence rate in those between 45 to 65 years of age. In UK, haemorrhoids were reported to affect 30% to 36% of the general population. In USA, each 1 of 20 persons have haemorrhoids. According to Journal of the Korean Society of Coloproctology, haemorrhoids affect nearly 5% of people at some point in life. An Australian national healthcare colorectal cancer screening involving 976 adult participants revealed that 380 suffered from haemorrhoids, suggesting a significant prevalence within this age group. The development of haemorrhoids before the age of 20 is unusual. As summarised by the Association of Colon and Rectal Surgeons of India (ACRSI), nearly one in two individuals globally will experience haemorrhoids during their lifetime, typically by the age of 50. Studies suggest that only 1 of 3 haemorrhoidal patients looking for a medication for their complaints annually; although haemorrhoids are recognised as a very common cause of rectal bleeding and anal discomfort, accurate epidemiological information regarding this disease is still unavailable because patient have a tendency to use self-medication rather than to seek proper medical

attention, an estimated 70 to 75% of individuals older than 30 years are living with this condition.

II. PATHOPHYSIOLOGY

Haemorrhoids, that also known as piles, are swollen and engorged vascular structures located in the anal canal. They are part of the normal anatomy of the ano-rectal region and contribute to maintaining continence by cushioning the anal canal and assisting in sealing the anus. However, they become pathological when these vascular cushions enlarge, become inflamed, or prolapse through the anal opening, resulting in symptoms and often complicated by inflammation, thrombosis and bleeding. Haemorrhoids are divided into internal and external types determined by their origin in relation to the pectinate line. Internal haemorrhoids arise above this line and are typically painless, often presenting with bright red bleeding per rectum during defecation. In contrast, External haemorrhoids develop below pectinate line and are often associated with pain and sensitive to temperature, particularly when thrombosed. A third intermediate form, often termed mixed or Interno-External haemorrhoids, involves elements of both types.



Internal & External haemorrhoids

Morphological defect: Haemorrhoids are especially varicosities of the venous networks embedded in the wall of the anal canal & the lowermost portion of the rectum, typically within the last half inch. These venous swellings, covered by mucosa, bulge into the cavity of the anal canal are primarily formed from the submucosal internal haemorrhoidal network, which comprises the terminal radicles of the superior haemorrhoidal vein. Morphologically, these collecting

veins lie unsupported within the loose submucosal connective tissue of the ano-rectal region, making them vulnerable to dilatation and displacement. Absence of valve in superior haemorrhoidal vein is also one of the contributing factor.

Risk factors: exact cause is multifactorial, but increased intra-abdominal pressure and venous congestion are considered key contributors. One of the most significant risk factor is chronic constipation, which leads to repeated straining during defecation, increasing pressure within the haemorrhoidal plexus. Similarly, prolonged diarrhoea can irritate the mucosa and the supporting structures. A low fibre diet, which results in hard stools and straining, is also a major contributing factor. Pregnancy is another common cause, elevated levels of progesterone reduce venous tone and cause relaxation of vessel walls, while the enlarged uterus may compress the superior haemorrhoidal vein, impeding venous return. Additionally, increased intra abdominal and luminal pressure - such as that experience during straining or defecation - transmits arterial pressure to the venous system, leading to engorgement and bulging of the haemorrhoidal plexus. During defecation, the contraction of rectal musculature compresses haemorrhoidal veins and their branches, further contributing to venous congestion and outflow obstruction. Other risk factors include prolonged sitting or standing, sedentary lifestyle, obesity, aging, portal hypertension and hereditary weakness of the vein walls. Additionally, heavy lifting, anal intercourse and habitual use of laxatives or enemas can also predispose individuals to haemorrhoids.

Complications: Untreated or improperly managed haemorrhoids may lead to several complications. Thrombosis, particularly in external haemorrhoids, can cause sudden severe pain and a bluish perianal swelling, sometimes requiring surgical intervention. Persistent bleeding may result in iron deficiency anaemia. Advanced prolapsed haemorrhoids can become strangulated, leading to ischaemia, necrosis, and intense pain. Other complications include ulceration, secondary infection, abscess formation (especially after procedures), fibrosis with anal stenosis, and rarely fecal incontinence following sphincter damage. Chronic prolapse may also cause mucus discharge, pruritus ani, hygiene difficulties, and

recurrence, while in rare cases haemorrhoidal sloughing may result in anal fissure formation.

Clinical features: Internal haemorrhoids usually begin painlessly with swelling and bright red bleeding during defecation, later progressing to prolapse that may require manual reduction in advanced stages. External haemorrhoids often present with pain, especially when thrombosed, along with swelling, itching and irritation. Common associated symptoms include bleeding, mucus discharge, pruritus, rectal discomfort, soiling and, in severe cases, gas incontinence due to disruption of anal cushion function or sphincter weakness. Complications such as thrombosis, strangulation or associated anal fissure may lead to significant pain and require further evaluation.

Management: The American College of Gastroenterology (ACG) recommends that, initial management of haemorrhoids should focus on lifestyle and dietary changes. A high-fibre diet is considered the cornerstone of treatment, with patients encouraged to consume more vegetables and fruits to increase fiber intake. The use of fiber supplements such as psyllium husk is also advised, as recent meta-analyses have shown that they moderately improve overall symptoms and bleeding. Adequate fluid intake (at least eight glasses of water a day) is recommended to help soften stools and reduce straining during defecation, which in turn decreases pressure on hemorrhoidal veins. Certain lifestyle modifications can support symptom relief and prevent progression. Patients should avoid prolonged sitting, especially in toilet, as well as long periods of standing, both of which can increase anal venous pressure. Regular physical activity, such as walking for 30 minutes daily, is beneficial for maintaining bowel health. Good anal hygiene and the use of sitz baths may provide symptom relief. A Sitz bath involves soaking the rectal area in warm water in a shallow bath for 15 to 20 minutes, typically 3-4 times per day, helps to reduce pain, swelling, and irritation, and promotes healing of the anal tissues. While relieving constipation is important, the use of laxatives is generally discouraged as some can become habit-forming or lead to diarrhoea, which may aggravate hemorrhoidal symptoms. Although some of these lifestyle measures lack strong clinical evidence, they are widely

recommended in primary care due to their safety and supportive role. These conservative strategies are particularly appropriate for patients with early-stage or mild haemorrhoids.

Prevention: To manage and prevent haemorrhoids effectively, incorporating fiber-rich foods such as seasonal fruits, green leafy vegetables and whole grains into the daily routine diet is essential, such foods facilitate softer stool and enhances bowel movement regularity, decreasing the need for straining during defecation. Staying well-hydrated by drinking plenty of fluids throughout the day is equally important, as it aids in stool consistency. In cases where dietary fiber alone is insufficient, fiber supplements can be added to support bowel regularity. Finally, limiting prolonged sitting, especially on the toilet, can reduce venous pressure in the rectal area. Together, these lifestyle modifications form the foundation of haemorrhoidal management and prevention.

III.HOMEOPATHIC PERSPECTIVE

Homeopathic system of medicine arises from the perfect observation, precise interpretation, rational explanation & scientific construction by master Samuel Hahnemann from simple unknown principle, Nature's Law of Cure, which was once given by Hippocrates is 'Similia Similibus Curanter', which later corrected as 'Similia Similibus Curenter' by master hahnemann. In this noble medical system, diseases are treated according to symptoms similarity with a single medicine in minute doses, resulting in rapid, gentle and permanent cure (aphorism 2, 274, 277), where cure is eradication of the all sign and symptoms of the disease, and to bring back the original healthy state of a patient.

In Homeopathic practice, a person is treated with holistic approach where person is considered as an individual, which comprises of physical, psychological, social and spiritual well-being (aphorism 82). Therefore, homeopathy does not take into account any part as diseased, instead consider the disease expression in one part in relation to the whole person.

According to Homoeopathic Science, 'health' is termed as a state of harmonious functioning of the mind, body & spirit, where all parts of the organism work together in balance. In organon of medicine,

Hahnemann describes health as “the state of health is that condition in which the spiritual vital force animates the material body harmoniously, and the functions of life proceed freely and unobstructed”. Key aspects of health include the concept of the vital force, which must remain balanced for the body to function properly, any disturbance -whether emotional, physical or environmental- can disrupt this balance and lead to disease. Even the concept of disease is revolves around the concept of vital force, ‘When a person falls ill, it is only this spiritual, self-acting vital force, everywhere present in organism, that is primarily deranged by the dynamic influence of a morbidic agent; it is only the vital force deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, which leads to structural changes either reversible or irreversible and incline it to the irregular processes which we call disease’. If the disease is left unchecked and maltreated in its initial stage, when reversible changes are there, it goes deeper and go on increasing and worsening the condition with irreversible structural changes of patients with ever aggravated suffering, which may progress towards surgical intervention (aphorism 78). According to aphorism 11; In disease, the vital force only chiefly morbidly deranged and expresses its suffering by abnormal sensations and functions of the organism. Thus, diseases are considered as dynamic disorders that rationally requires dynamic medicines, which completely leads to permanent restoration of health and inevitably prevents its repeated occurrence and transmission to future generation.

With its holistic approach, focusing not just on the disease or its symptoms, but on the patient as a whole person. This means that treatment is individualised, the homeopathic practitioner selects a remedy based on a comprehensive evaluation of the patient’s physical, emotional and mental constitution, as well as their medical history; for chronic conditions, miasmatic tendencies are also taken into consideration. Homeopathic system of medicine offers not only relief but eradicate the disease in its whole extent, in most shortest, most reliable & most harm-less way especially when the disease is reversible. Irreversible changes can only be managed; it also eliminate the chances of complication and possibility of surgical intervention. Moreover, extensive homeopathic

management can remove the tendency and prevent its repeated occurrence.

In homeopathy, disease is always seen as a general or systemic disturbance, even if the symptoms appear to be localised. No single part or organ becomes diseased in isolation, it always reflects a disorder of the whole organism. For instance, a tumor or bone lesion isn't viewed as the entire disease but rather a local expression of a deeper, systemic imbalance. Similarly, haemorrhoids are considered not just as a local manifestation but as an external sign of internal disease processes. Therefore, such conditions must be treated holistically, not just based on what is visible to the senses or detectable by instruments or lab tests. When viewed from this perspective, the approach to diagnosis and treatment of haemorrhoids takes on a completely different dimension in homeopathy; one that emphasizes the underlying cause rather than the superficial symptoms.

Haemorrhoids are considered pure surgical disorder according to Allopathic system of medicine but in homeopathy according to Dr.Hahnemann, it is True natural chronic disease that arises from chronic miasm, an invisible polluting substance which once gains entrance overpowers vital force & produces tendencies for particular diseases, presenting with different symptoms indicating different miasms, thus miasmatic cleavage will be different from person to person, therefore, complete case taking is needed to determine which miasm are there and which is prominent one. Hahnemann has stated, Haemorrhoids are mixed miasmatic disease of Psora, Sycosis and Syphilis; with backdrop of fundamental and the only real cause of all diseases, Psoric miasm (aphorism 80). But in current practises it presenting as more tubercular than psoric and sycotic in nature.

According to Aphorism 210; Organon of Medicine (6th edition), local diseases, including conditions like haemorrhoids, must not be treated solely through local means. Although the pathology in such cases may primarily manifest as local venous congestion and inflammation; and treatments like ointments, suppositories or other topical applications may offer temporary relief, they do not address the underlying cause. Hahnemann emphasizes that every local disease is rooted in a deeper systemic imbalance, often influenced by the patient’s miasmatic predisposition. Therefore, true healing requires a constitutional approach, which considers not only the local

symptoms but also the patient's individual constitution, mental-emotional state and complete portrait of disease. In this light, haemorrhoids are seen as an expression of internal disorder, and the homeopathic physician aims to restore health by stimulating the vital force with a simillimum, thereby addressing the root cause and not merely suppressing local symptoms. Certain conditions associated with haemorrhoidal cases may require surgical intervention, even Samuel Hahnemann didn't reject surgery outright, in fact, he recognized its necessity in certain cases. While homeopathy primarily focuses on internal healing through stimulating the body's vital force using the principle of "similia similibus curenter", Hahnemann acknowledged that surgical intervention is essential when mechanical or structural issues are present, which cannot be cured by medicines alone. In the majority of homeopathic literature, it is emphasised that homeopathy can often help avoid unnecessary surgical interventions, particularly in conditions like haemorrhoids. Several published research studies have concluded that homeopathic treatment is highly effective in managing haemorrhoids. Unlike conventional treatments that may focus solely on symptomatic relief, homeopathy aims at treating the root cause of the condition, thereby providing not only quick relief but also long-term resolution. When combined with appropriate lifestyle modifications, such as a high-fiber diet, hydration and regular exercise, homeopathic remedies can significantly alleviate symptoms and eliminate the need for surgery in many cases. A well-chosen homeopathic remedy, based on a thorough constitutional assessment, can remove the underlying tendency toward recurrence, offering preventive benefits alongside curative ones. According to Hahnemannian classification of disease, Haemorrhoids comes under various classes, such as Pseudo chronic disease, due to unhealthy lifestyle and bad food habits; Surgical diseases when the condition of patient is severe and surgical intervention is needed; Pseudo surgical disease, when external manifestation of disease is due to internal derangement; and True natural chronic disease when disease arises from chronic miasms.

Aphorism 77 of the Organon of Medicine by Dr. Samuel Hahnemann conveys that not all long-standing illnesses are truly chronic in nature. Many persistent conditions arise from continual exposure to avoidable harmful lifestyle habits or environmental influences.

These include regular consumption of alcohol or unhealthy food, living in unhygienic or confined spaces, lack of physical activity or fresh air, chronic mental stress and neglect of essential needs like proper nutrition and rest; such influences weaken the vital force, which are avoidable and the diseases resulting from them are not genuinely chronic. They often resolve on their own when the harmful habits are corrected, assuming no underlying miasmatic influence is present. From a homeopathic perspective, these are considered "pseudo-chronic diseases" because, although they resemble chronic conditions, they do not require medicinal treatment; if their cause is removed they recover naturally without the need for medication. Lifestyle correction becomes the primary approach in such cases. However, if symptoms persist despite improved living conditions, it may indicate a miasmatic foundation requiring homeopathic intervention.

Stuart close, in "The Genius of homoeopathy" defines the disease as, 'disease is an abnormal vital process, a changed condition of Life, which is inimical to the true development of the individual and tends to organic dissolution'. The vital principle may be arranged primarily by some hereditary dyscrasia and secondarily by some environmental influences throughout life. If we consider the disease process, disease originates internally, often before any physical signs are evident. Just as we cannot observe the beginning of thought or life, the onset of disease also remains unseen. Initially, disease presents as functional disturbances such as changes in energy, mood or digestion, this functional changes always precedes structural changes, if disease is not cured at this stage and the vital principle continues to suffer, ultimately structural changes take place and finally the destruction of the tissues and organs occur and the condition become difficult to cure. Initially the nature tries to localised the disease process in one of the less important organ like skin, but subsequently affecting more vital structures, including heart, lungs, brain etc. Whatever the nature of organic pathology comes in front of homoeopathic physician are nothing but the end result of disease process. Neither the functional symptoms nor the organic change along constitute the entire disease process, from the homeopathic point of you, the totality of all the symptoms of both the dynamic and the organic pathology constitute disease.

Dr. J T Kent in “lectures on homoeopathic philosophy” correlated the concept of immaterial dynamic cause in terms of simple substance and the visible materialistic result of disease, stated that, ‘everything that can be seen that can be observed with the aid of the finest instrument is but the result’. He emphasizes that, the root cause of disease is not visible, even with the most precise scientific instruments. We can only see the results like tissue changes, bacteria, other clinical signs etc., which are manifestations of a much more subtle, immaterial disturbance. The true cause of disease lies beyond material observation, in the realm of the dynamic or energetic, which cannot be perceived by the human senses or instruments.

Similar idea has also been expressed in “The Chronic Miasm” by J. H. Allen. “The pathological symptoms are never the initial cause in any case. There is something behind pathology, something a little deeper down in each case. Pathology may be a death process, but it was first a perverted biological process, first a perverted physiology, a perverted function and functional changes preceded and does precede all the manifestation of pathological conditions. Pathology is the final expression of the perverted life activities. However, internal derangement is externally reflected through perceptible abnormal signs and symptoms, which altogether represent ‘Totality of Symptoms’, this is the only expression of the disease which physician has to take of.

Pathology studies the causes and effects of disease by examining both structural and functional changes. It connects deranged functions with altered structures with the clinical symptoms observed. According to Boyd; Structure and function in disease are inseparable. Disease includes anatomical changes, functional disturbances, biochemical and genetic disorders, and immune dysfunctions. To truly understand a disease, a physician must see the whole process from its origin to its final outcome, not just the lesions. Even homeopathic physicians sometimes get confused when facing advanced pathological conditions. In advanced diseases, treatment should focus on the whole person, not the local pathology. Our aim should be the cure of the curable cases and give palliation of the incurable cases.

The remedy selected on one troublesome group of symptoms alone will often fail to bring lasting relief, and even if it temporarily alleviates the most marked symptoms, the patient’s overall condition may remain

unimproved or may even deteriorate. In such cases, we have not truly cured the patient but merely palliated a portion of his symptom picture, thereby obliterating a valuable part of the total symptomatology. If the patient is in fact curable, suppressing or removing these symptoms blinds us to his true state and hinders the selection of the correct remedy. Therefore, whether for the palliation of incurable diseases or for the cure of curable ones, the symptomatology of the chosen remedy must, as far as possible, correspond to the entire disease picture in order to bring genuine and lasting relief.

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