

## Evaluating the Role of Individualized Homoeopathic Treatment in the Management of Haemorrhoids: A Case Study

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### ABSTRACT

Piles, medically known as haemorrhoids, are among the most common ano-rectal conditions, affecting a large proportion of the population worldwide. Although not generally life-threatening, they often present with bleeding, pain, itching, and discomfort that can significantly impair day-to-day functioning and quality of life. Conventional options such as lifestyle modifications, topical preparations, or surgical procedures are available, yet many patients prefer less invasive, holistic approaches. Homoeopathy, with its individualized system of prescribing, has shown potential benefits, especially when combined with dietary regulation and supportive measures. This case report describes the management of a patient with haemorrhoids treated with the homoeopathic remedy Nux vomica. Prescription was based on a thorough case analysis, taking into account both physical complaints and general health. Alongside dietary guidance and auxiliary advice, the individualized medicine led to a notable reduction in bleeding, pain, and discomfort. Symptomatic improvement was observed within a short span of treatment, and no side effects were reported. The findings from this case highlight the scope of individualized homoeopathic treatment in haemorrhoids. When integrated with simple lifestyle measures, it may provide safe and effective relief while supporting long-term well-being. Further clinical studies could strengthen evidence for its broader application.

## Introduction

Haemorrhoids are among the most frequently encountered ano-rectal disorders in clinical practice, often presenting with symptoms like bleeding, pain, and prolapse (1). The term is derived from the

Greek words haema (blood) and rhoos (flow), while "piles" originates from the Latin pila, meaning lump (2). They result from the displacement and dilation of anal cushions due to impaired venous drainage (3). Depending on their position relative to the dentate line, they are classified as internal or external and further graded based on the degree of prolapse (4, 5). Internal haemorrhoids are further graded based on the degree of prolapse

- **Grade I:** Non-prolapsing
- **Grade II:** Prolapse during straining but reduce spontaneously
- **Grade III:** Require manual reduction
- **Grade IV:** Irreducible, often thrombosed or strangulated.(5,6)

Though factors such as constipation and straining are commonly associated, the exact aetiology remains unclear (1). Homoeopathy approaches treatment by individualizing each case according to the law of similars, considering the totality of symptoms and miasmatic background (7). This case report illustrates the successful management of Grade I internal haemorrhoids using an individualized homoeopathic remedy. Haemorrhoids affect 4.4% general population globally, it is one of the most prevalent anorectal disorders that general practitioners, general surgeons, and gastrointestinal surgeons in India deal with on a regular basis is haemorrhoidal disease(3,8). According to epidemiological data, over 50% of people will get haemorrhoids at some point in their lives, most likely by the time they are 50, and 5% of people will experience haemorrhoids at any given moment. (1, 9)

## **Methodology**

### **Patient Information**

A 48-year-old Male software professional presented to the outpatient department of Jawaharlal Nehru Homoeopathic Medical College and Hospital on 27th November 2023, with a six-month history of internal haemorrhoids. The primary complaints included an ineffectual urge for stool and the protrusion of a single haemorrhoidal mass during defecation, which would spontaneously retract within 2–3 hours. The patient experienced a dull, aching pain in the anal region lasting for approximately 20–30 minutes post-defecation. He also reported chronic constipation, characterized by dry and hard stools that were difficult to pass. Interestingly, his appetite had noticeably increased since the onset of symptoms.

### **History of Presenting Complaints-**

Patient was actually well 6 months ago then he started having complaints of protruding blind piles. All his complain were due to alcoholism. He had first developed piles when he started drinking alcohol. Later on it was subsided by allopathic treatment but now since 6 months again developed. He has been diagnosed as case of Internal Haemorrhoids since last 6 months. Now he is having-

- Ineffectual urging for stool
- Blind haemorrhoids aggravated during defecation
- Single pile protrudes while passing stool which regress after 2–3 hours by itself.
- Pain in anal region remains for 20-30 minutes after passing the stool.

**Associated symptoms:** No any other complaints.

**Drug History:** The patient had previously taken Allopathic treatment for the Haemorrhoids but got only symptomatic relief.

### **Personal history:**

- **Appetite:** Increased since complaints started
- **Thirst:** 7-8 glasses/day

- Urine: Normal in colour and odour 4-5/0-1 Day/Night
- Stool: Once in a day Dry and Hard stools, Constipated with ineffectual urge
- Desires: Alcohol
- Aversions: Coffee
- Sleep: 6-7 hours/night sometime not refreshing due to stress of work
- Perspiration: Moderate only during exertion
- Addictions: Alcohol
- Thermals: Chilly

**Life-space:** The patient belongs from a middle-class background. During his childhood, he was a nervous and sensitive child, though he consistently performed well in academics. Despite his success, he sometimes had fear of failure, reflecting a perfectionist and anxious personality trait. He is having habit of Drinking Alcohol since last 1 year but since complaints started he has reduced the consumption of alcohol. He is currently employed at a multinational company in Vadodara, where he has demanding job role. By nature, the patient is quiet and calm, but under high levels of stress, he tends to become irritable and short-tempered, particularly when his work is questioned or criticized. The pressure to meet deadlines has significantly impacted his sleep patterns, often resulting in inadequate rest at night and daytime drowsiness, which further affects his job performance.

In an attempt to cope with this stress, the patient has occasionally alcohol consumption, which he thinks provides temporary relief.

At the age of 38 years, likely influenced by chronic stress, irregular lifestyle, poor sleep, and dietary habits, the patient developed haemorrhoids, which led him to seek homoeopathic treatment, when he got only temporary relief from allopathic treatment.

**Mentals:**

- Angry
- Workaholic
- Fastidious++

**Past History:**

Malaria before 3years got cured

**Family history:**

**Relation Alive/Dead Major Illness**

Mother- Dead due to Hypertension

Father- History of Haemorrhoids got cured, Alive

**Physical Examination:**

Vital signs:

Pulse- 80 /minute

(B.P.) Blood Pressure-130/ 70mm of Hg

Respiratory Rate(R.R.)- 26/min

Temperature- 98Fahrenheit

**General Examination:**

Built: Moderate

Height: 5 feet

Weight: 60 kilogram

Tongue: clean

Nails: pink

Hair: good growth

Systemic Examination: No abnormality detected

Local Examination: Piles at 7”O clock position

Grade-First

Investigation: Proctoscopic examination

Disease diagnosis: Haemorrhoids

Phase of the disease: Chronic fully developed

Diagnosis of Miasm-

Dominant Miasm: Psora

Fundamental Miasm: Sycosis

**Diagnosis of Susceptibility: High**

**Analysis:**

- Anger- Mental general Common symptom
- Fastidious- Mental general Characteristic symptom
- Appetite: wanting- during illness - Physical general Characteristic symptom
- Aversion: coffee- Physical general Common symptom
- Desire: Alcohol- Physical general Characteristic symptom
- Haemorrhoids in drunkards- Pathological general Characteristic symptom
- Internal haemorrhoids- Pathological general Common symptom
- Blind haemorrhoids < during defecation- Pathological general Characteristic symptom
- Pile protrudes during stool- Pathological general Characteristic symptom
- Pain in Anal region after passing stool- Pathological general Common symptom
- Itching around anal region after passing stool- Pathological general Characteristic symptom

**Evaluation:**

- Fastidious+++
- Anger
- Appetite: wanting++
- Aversion: coffee++
- Desire: Alcohol+++
- Haemorrhoids in drunkards+++
- Blind haemorrhoids < during defecation+++
- Pile protrudes during stool+++
- Pain in Anal region after passing stool++
- Internal haemorrhoids++
- Itching around anal region after passing stool+

**Totality of symptoms:**

- Fastidious
- Appetite: wanting
- Aversion: coffee
- Desire: Alcohol
- Haemorrhoids in drunkards
- Internal haemorrhoids

- Blind haemorrhoids < during defecation
- Pile protrudes during stool.
- Pain in Anal region after passing stool
- Itching around anal region after passing stool

**Repertorial Result Analysis (From Figure-2 Below)**

(Nux Vom)Nux Vomica, (Ars Alb) Arsenic Album, (Calc Carb) Calcarea Carbonicum, (Sulph acid) Sulphuric acid

**Remedy selection:** Nux vomica

**Prescription:**

Nux Vomica 200 1Dose Stat, Sac Lac (BDS) Twice in a day for 15 days

I have prescribed Nux Vomica, according to the Kent Repertory, it covers eight symptoms out of ten, including all mental and other symptoms, and it ranks first, so I have prescribed it.

**Diet and Regimen:**

- Stop Drinking Alcohol
- Drink 4-5 litres of water daily
- Avoid Spicy and rich fatty food
- Took fibrous foods
- Took Boiled and Green leafy Vegetables

**Auxiliary Measures:**

Take warm sitz bath in water twice in a day for 15 days

**Proctological Symptom Score-**

Symptoms	Intensity Of Symptoms										
	None	Mild			Moderate			Severe			Very Severe
	0	1	2	3	4	5	6	7	8	9	10
Pain								7			
Itching							6				
Discharge	0										
Bleeding	0										
PSS Score	13										

**Table-1** Proctological Symptom Score

None- 0

Mild- 1-3

Moderate- 4-6

Severe- 7-9

Very Severe- 10

Total marks- 40

PSS Score- 13

**Pain:**

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**Itching:**

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**Discharge:**

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**Bleeding:**

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**Figure-1** Proctological Symptom Scale Rating(10)

**Results-**

**Follow-up:**

Follow up No.	Date	Complaints	Prescription	Justification
1.	12/12/2023	Feels better. Pain in haemorrhoids reduced Stools- Dry and hard feels constipated Itching after passing stool present.	Sac Lac, 200, BDS 15 days	Improvement in patient complaints so Sac Lac is repeated.
2.	27/12/2023	Feels better. Pain in haemorrhoids reduced. Stools- Once in a day Satisfactory Itching while passing stool still present.	Sac Lac 200, BDS 15 days	Improvement continues as whole so Sac Lac is repeated.
3.	11/01/2024	Pain in haemorrhoids present while passing stool. Stools- Unsatisfactory hard stools once in a day Itching relieved.	Nux vomica200, Sac Lac 200, BDS 15 days	Nux Vom along with Sac Lac is prescribed due to pain increases mildly.

4.	26/01/2024	Itching on and off. No Pain	Sac Lac 200, BDS 1 month	No new and old symptoms appear so Sac Lac is given.
5.	10/02/2024	Itching on and off. No Pain while passing the stool.	Sac Lac 200, BDS 1 month	Sac Lac is given due to all patients complaints Improved and no symptoms appeared.

**Table-2** Follow-up and outcome

**Modified Monarch-9 Score -**

Sr. No.	Criteria	Yes	No	Not Sure or Not Applicable
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-	-
3.	Was there an aggravation of symptoms?	-	0	-
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1	-	-
5.	Did overall wellbeing improve?	+1	-	-
6.	Direction of cure: (A) Did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0
	Direction of cure: (B) Did at least two of the following aspects apply to the order of improvement of symptoms: 1- From organs of more importance to those of less importance 2- From deeper to more superficial aspects of the individual 3- From the top downwards	+1	-	-
7.	Did old symptoms (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8.	Are there alternate causes (other than the medicine) that- with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-	+1	0

9.	Was the health improvement confirmed by any objective data?(e.g. clinical observation or lab test etc.)	+2	-	-
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-

**Table-3-** Modified Monarch-9 Score(14) Modified Monarch-9 Score is-10

**Proctological Symptom Score-**

Symptoms	Intensity Of Symptoms										
	None	Mild			Moderate			Severe			Very Severe
	0	1	2	3	4	5	6	7	8	9	10
Pain	0										
Itching			2								
Discharge	0										
Bleeding	0										
PSS Score	2										

**Table-4** Proctological Symptom Score

None- 0

Mild-1-3

Moderate-4-6

Severe-7-9

Very Severe-10

**Total marks- 40**

**PSS Score- 2**

**Expected Outcome-**

$$\text{Improvement status (\%)} = \frac{(40-2)}{40} \times 100 = 95\%$$

**Improvement Status-** Marked Improvement

## Repertorization Chart-

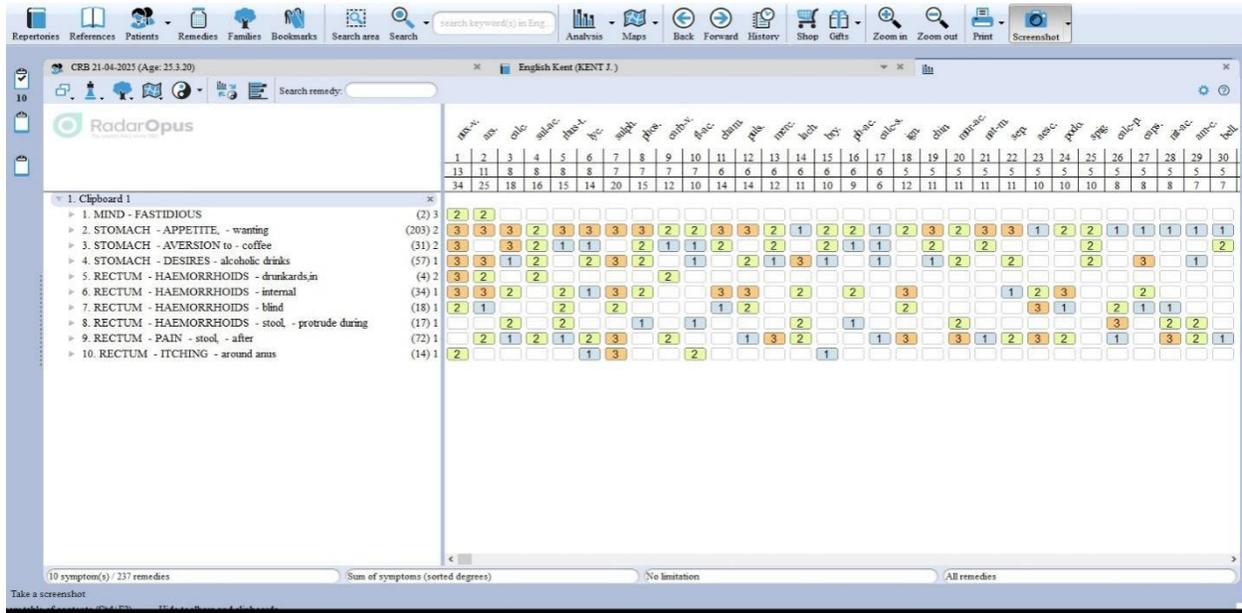


Figure-2 Repertorization Sheet (11)

The patient received treatment of the individualized homeopathic remedy Nux Vom200, selected through repertorization using Kent Repertory via Rapid Aid to Drug Aimed Research (RADAR) software for the management of haemorrhoids. On follow-up, the patient reported a significant reduction in symptoms, particularly in terms of anal pain and discomfort. With the addition of dietary restrictions and lifestyle advice, the patient showed marked overall improvement, indicates positive response to the individualized homeopathic approach.

**Discussion-** The remedy was selected after carefully considering the patient’s overall symptom picture, which included constipation, irritability, and painful haemorrhoids.

On follow-up, the patient reported significant relief, particularly a reduction in pain and discomfort (Table- 2). In addition to homeopathic treatment, dietary modifications were advised, which supported the healing process.

This case shows the effectiveness of individualized homeopathic prescribing, and I have prescribed Nux Vom, according to the Kent Repertory, it covers eight symptoms out of ten, including all mental and other symptoms, and it ranks first (Figure 2), I selected this prescription as the remedy has a marked action on the gastrointestinal tract, making it a suitable choice for the similimum (12, 13). Aided by repertorization tools, in providing holistic and long lasting relief from haemorrhoidal symptoms.

The Marked clinical improvement observed suggests that the selected remedy was well-indicated, and the combination of homeopathic intervention with lifestyle and dietary management has proven effective in this case. Continued monitoring and follow-up are advised to assess sustained relief and to prevent recurrence and after follow ups. Proctological Symptom Score(PSS) which is

2 it shows there is improvement and Modified Monarch-9 Score assessed which is 10 so it suggests that after treatment patient is improved.(Table 3 and 4)

**Conclusion-** This case highlights that individualized homoeopathic management with Nux vomica 200 proved to be a gentle yet effective approach in restoring the patient's health. The treatment contributed to a decrease in haemorrhoidal size and pain, along with notable overall symptomatic improvement. The Marked improvement observed in this case shows individualized homoeopathic medicine can address the totality of symptoms and contribute significantly to the patient's recovery in a holistic and non-invasive manner.

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### **Author Contributions-**

Samir G: Concepts, Definition and Introduction of Content, Literature review, data analysis, manuscript preparation

Kirtida D: Concept, Data Analysis and Manuscript Review, Project administration

Krishna R: Literature Search, Manuscript Preparation, editing and Manuscript Review

**Ethics Approval-** The author certify that they have obtained verbal consent for publishing her reports. In this case report identity is not revealed in any form.

**Data Availability-** Due to Patient privacy consideration the raw data cannot be made publically available however deidentified summary data and analysis code are available from the corresponding author upon reasonable request, we are committed to supporting legitimate ethics-aligned inquiries.

### **Abbreviations-**

ODP- Onset Duration Progress

<- Aggravation

R.R.- Respiratory Rate

B.P.- Blood Pressure

PSS- Proctological Symptom Score

S.L.- Sac lac

Nux Vom- Nux Vomica

Ars Alb- Arsenic Album

Calc Carb- Calcarea Carb

Sulph Acid- Sulphuric acid

BDS- Twice in a Day

RADAR Software- Rapid Aid to Drug Aimed Research.

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