

Role of Nitric Acid in the Holistic Management of Haemorrhoids: A Case Study

**Dr. Samir Gupta¹, Dr. Kirtida Desai², Dr. Poorav Desai³, Dr. Piyush Nagar⁴,
Dr. Alpesh Jaiswal⁵**

¹PhD Scholar, Associate Professor, Department of Practice of Medicine, Jawaharlal Nehru Homoeopathic Medical College, Parul University, Vadodara, Gujarat, India

E-mail: samir.gupta87142@paruluniversity.ac.in Orcid id- 0000-0003-4114-621X

²Professor & Research Supervisor, Department of Practice of Medicine, Jawaharlal Nehru Homoeopathic Medical College, Parul University, Vadodara, Gujarat, India

E-mail: kirtida.desai@paruluniversity.ac.in

³Dean and Principal, Jawaharlal Nehru Homoeopathic Medical College, Faculty of Homoeopathy, Parul University, Vadodara, Gujarat, India E-mail:

poorav.desai@paruluniversity.a.cin

⁴Associate Professor, Department of Homoeopathic Materia Medica, Jawaharlal Nehru

Homoeopathic Medical College, Parul University, Vadodara, Gujarat, India

E-mail: piyush.nagar36448@paruluniversity.ac.in

⁵Associate Professor, Department of Organon of Medicine, Parul Institute of Homoeopathy and Research, Parul University, Vadodara, Gujarat, India

E-mail: alpesh.jayswal87136@paruluniversity.ac.in

DOI: 10.63001/tbs.2025.v20.i04.pp1581-1593

KEYWORDS

Haemorrhoids,
Piles,
Homoeopathy,
Nitric Acid,
Individualized
treatment,
Lifestyle
management

Received on:

14-10-2025

Accepted on:

17-11-2025

Published on:

24-12-2025

ABSTRACT

Haemorrhoids, or piles, are a common anorectal disorder that can significantly impair quality of life due to symptoms such as bleeding, pain, and itching. While conventional management includes lifestyle modifications, topical therapy, and surgery, many patients seek non-invasive, holistic approaches.

Case Presentation: A patient presenting with haemorrhoids was treated with the individualized homoeopathic remedy *Nitric Acid*. Case analysis included a detailed assessment of physical symptoms, mental-emotional state, and general health. Supportive dietary guidance and lifestyle recommendations were also provided.

Intervention and Outcome: The patient received *Nitric Acid* tailored to the totality of symptoms. Within a short period, there was a marked reduction in pain, and discomfort, Itching. No adverse effects were reported.

Conclusion: This case demonstrates the potential of individualized homoeopathic treatment in managing haemorrhoids effectively and safely. Integration with simple lifestyle and dietary measures may enhance symptomatic relief and support long-term well-being. Further studies are recommended to establish broader clinical efficacy.

Introduction

Haemorrhoidal disease is a frequently encountered anorectal condition in clinical practice, presenting with symptoms such as bleeding, pain, itching, and prolapse due to engorgement of the normal vascular cushions of the anal canal. These cushions become pathologic haemorrhoids when displaced and dilated, often due to increased venous pressure and connective tissue changes. Haemorrhoids are classified based on their location relative to the dentate line as internal (above) or external (below), with internal haemorrhoids further graded by the degree of prolapse: Grade I lesions do not prolapse, Grade II prolapse during straining but reduce spontaneously, Grade III require manual reduction, and Grade IV remain irreducible [1]. Epidemiological studies estimate the prevalence of symptomatic haemorrhoids at approximately 4.4 % of the general population, with increasing frequency in middle-aged adults [2]. Despite associations with constipation, straining, low-fiber diets, and sedentary behavior, the precise aetiology of haemorrhoids remains multifactorial and not fully understood [2,3]. Homoeopathic management is individualized according to the law of similars, considering the totality of mental and physical symptoms to select a constitutional remedy tailored to the patient [3].

Methodology

Patient Information

A 35-year-old Male Office worker presented to the outpatient department of Jawaharlal Nehru Homoeopathic Medical College and Hospital on 1st October 2023, with a eight-month history of internal haemorrhoids. The primary complaints included an ineffectual urge for stool and the protrusion of a single haemorrhoidal mass during defecation and cutting drawing pain which would last for hours. He also reported chronic constipation, characterized by dry and hard stools that were difficult to pass.

History of Presenting Complaints-

Patient was actually well 8 months ago then he started having complaints of Constipation, painful hard difficult stool and Ineffectual urging for stool. Later on it was subsided by allopathic treatment but now since 8 months again developed. He has been diagnosed as case of Internal Haemorrhoids since last 8 months. Now he is having-

- Ineffectual urging for stool
- Sensation as if rectum were filled and he cannot expel it
- Drawing, cutting pain and pressing before stool, Splinters like pain in rectum.
- Constipation, painful hard difficult stool.
- The pain keeps her in bed for hours after every stool.
- Itching and burning in anus. Constant acrid moisture and discharge of pus about the anus. Burning and sticking pain during stool.
- Piles are very painful on the slightest touch or at stool. Foetid moisture at anus.

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: 3-4 glasses/day
- Urine: Normal in colour and odour 3-4/0-1 Day/Night
- Stool: Once in a day Dry and Hard stools, Constipated with ineffectual urge
- Desires: Spicy food

- Aversions: No any
- Sleep: 6-7 hours/night sometime not refreshing due to stress of work
- Dreams: death of relatives, fights
- Perspiration: Moderate only during exertion
- Addictions: Tea 4-5 cups per day
- Thermals: Chilly

Life-space:

Early Childhood

From early childhood, the patient was emotionally reserved and inward-oriented, showing a preference for solitude and quiet observation over active social interaction. He demonstrated self-containment, with minimal need for emotional reassurance. A heightened startle response, particularly at bedtime, suggested early underlying insecurity. Emotional experiences were largely internalized rather than expressed.

Middle Childhood

During school years, the patient exhibited difficulty sustaining mental effort, with early signs of mental fatigue on prolonged concentration. Emotional detachment increased, and he remained reserved in peer interactions. A growing sense of being misunderstood or unsupported emerged, contributing to emotional withdrawal. He relied on emotional independence rather than seeking help, reinforcing a self-contained coping style.

Adolescence

Adolescence was marked by intensification of emotional symptoms, with evening depression, anxiety, vexation, and sorrow, especially after loss of sleep. Self-directed anger, sometimes with trembling, became evident. Despite feeling weary of life, the patient developed a fear of death, indicating internal conflict. He became obstinate and resistant to consolation, withdrawing further from family and peers. Dreams reflected themes of conflict, death, and escape, suggesting unresolved subconscious distress.

Early Adulthood

In early adulthood, symptoms progressed to marked mental prostration and indifference. Efforts at reflection led to disappearance of thoughts, and enjoyment in life diminished. Anxiety became focused on financial insecurity, while emotional relationships weakened, resulting in indifference toward family and preference for isolation. A persistent belief that others were against him reinforced withdrawal. Health anxiety, fear of death, despair of recovery, and hopelessness, particularly in the evenings, dominated the clinical picture, along with fright on falling asleep and anxious dreams.

Mentals:

- Prostration of mind
- Anxious – about health, financial matters++
- Irritable on small matters++
- Reserved ++
- Self-contentment with no expectations from others++
- Indifference to the own family members++
- Not forgiving +
- Thinks that everyone is against him+
- Fear- something will happen to him, death
- Dreams – drinking, death of relatives, fights++

Past History:

No any major illness found

Family history:**Relation Alive/Dead Major Illness**

Mother- Alive

Father- History of Haemorrhoids got cured, Alive

Physical Examination:

Vital signs:

Pulse- 72 /minute

(B.P.) Blood Pressure-130/ 90mm of Hg
Temperature- 98.3Fahrenheit

Respiratory Rate(R.R.)- 25/min

Height: 5 feet 2inch

Tongue: clean

General Examination:

Built: Moderate

Weight: 60 kilogram

Nails: pink

Hair: good growth

Systemic Examination: No abnormality detected

Local Examination: Piles at 7"O clock position

Grade- Second External

Internal- Internal

Single- Single

Multiple

Investigation: Proctoscopic examination**Disease diagnosis:** Haemorrhoids

Phase of the disease: Chronic fully developed

Diagnosis of Miasm-

Dominant Miasm: Syco-syphilitic

Fundamental Miasm: Psora

Diagnosis of Susceptibility: High**Analysis:**

- Prostration of mind- Mental general Characteristic
- Anxious – about health, financial matters Mental general Common

- Irritable on small matters Mental general Characteristic
- Reserved- Mental general Common
- Self-contentment with no expectations from others- Mental general Characteristic
- Indifference to the own family members- Mental general Characteristic
- Not forgiving- Mental general Characteristic
- Thinks that everyone is against him- Mental general Characteristic
- Fear- something will happen to him, death- Mental general Characteristic
- Dreams – drinking, death of relatives, fights-Physical general Characteristic
- Ineffectual urging for stool- Physical general Common
- Sensation as if rectum were filled and he cannot expel it Physical general Common
- Drawing, cutting Splinters like pain in rectum before stool- Physical general Characteristic
- Constipation, painful hard difficult stool- Physical general Common
- Pain lasting for hours after stool- Physical general Characteristic
- Itching and burning in anus- Physical general Common
- Discharge of pus about the anus while walking between nates- Physical general Characteristic
- Piles are very painful on the slightest touch or at stool- Physical general Characteristic

Evaluation:

- Prostration of mind+++
- Anxious – about health, financial matters++
- Irritable on small matters++
- Reserved ++
- Self-contentment with no expectations from others++
- Indifference to the own family members++
- Not forgiving +
- Thinks that everyone is against him+
- Fear- something will happen to him, death, health++
- Dreams – drinking, death of relatives, fights++
- Ineffectual urging for stool+
- Fullness sensation in rectum
- Piles are very painful <on the slightest touch or at stool+++
- Drawing, cutting Splinters like pain in rectum before stool++
- Constipation, painful hard difficult stool+
- Pain lasting for hours after stool++
- Itching and burning in anus+
- Discharge of pus about the anus while walking between nates++

Totality of symptoms:

- Prostration of mind
- Anxious – about health, financial matters
- Irritable on small matters

- Reserved
- Self-contentment with no expectations from others
- Indifference to the own family members
- Thinks that everyone is against him
- Fear- something will happen to him, death, health
- Dreams – drinking, death of relatives, fights
- Ineffectual urging for stool
- Piles are very painful <on the slightest touch or at stool
- Drawing, cutting Splinters like pain in rectum before stool
- Constipation, painful hard difficult stool
- Pain lasting for hours after stool
- Itching and burning in anus
- Mild Discharge of pus about the anus while walking between nates

Repertorial Result Analysis (From Figure-2 Below)

(Nit Acid) Nitric Acid, (Nat mur) Natrum Mur, (Sulph) Sulphur, (Calc) Calcarea, (Plat.) Platina

Remedy selection: Nitric Acid

Prescription:

Nitric Acid 200 1Dose Stat, Sac Lac (BD) Twice in a day for 15days

I have prescribed Nitric Acid, according to the Kent Repertory, it covers 11 symptoms out of 17, including mental and other symptoms, and it ranks first, so I have prescribed it.

Diet and Regimen:

- Reduce tea drinking
- Drink 4-5litres 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						5					
Discharge				3							
Bleeding	0										
PSS Score	15										

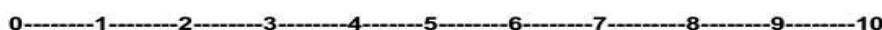
Table-1 Proctological Symptom Score

None- 0
Mild- 1-3
Moderate- 4-6
Severe- 7-9
Very Severe- 10
Total marks- 40
PSS Score- 15

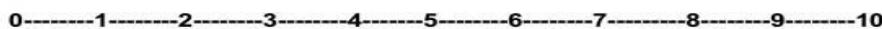
Pain:



Itching:



Discharge:



Bleeding:

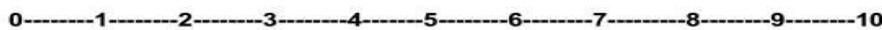


Figure-1 Proctological Symptom Scale Rating(10)

Results-

Follow-up:

Follow up No.	Date	Complaints	Prescription	Justification
1.	16/10/2023	Feels better. Pain in haemorrhoids reduced Stools- Dry and hard feels constipated Itching after passing stool present. Whitish Discharge of pus from anus reduced.	Sac Lac, 200, BD 15 days	Improvement in patient complaints so Sac Lac is repeated.

2.	31/10/2023	Feels better. Splinter like Pain in haemorrhoids reduced lasting for 1hour Stools- Once in a day Satisfactory Itching while passing stool still present. No Discharge present.	Sac Lac 200, BD 15 days	Improvement continues as whole so Sac Lac is repeated.
3.	15/11/2023	Pain in haemorrhoids present after passing stool. Stools- Unsatisfactory hard stools once in a day Itching relieved. No Discharge.	Nitric Acid 200, Sac Lac 200, BD 15 days	Nitric Acid along with Sac Lac is prescribed due to pain increases mildly.
4.	30/11/2023	Itching on and off. Splinter like pain present after stool but for minutes only.	Sac Lac 200, BD 15days	No new and old symptoms appear so Sac Lac is given.
5.	15/12/2023	Itching on and off. Mild Pain after passing the stool. Stools- Satisfactory stools once in a day	Nitric Acid 200, Sac Lac 200 BDS 1 month	Nitric Acid and 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		2								
Itching			2								
Discharge	0										
Bleeding	0										
PSS Score	4										

Table-4 Proctological Symptom Score

None- 0

Mild-1-3

Moderate-4-6

Severe-7-9

Very Severe-10

Total marks- 40

PSS Score- 4

Expected Outcome-

Improvement status (%) = $\frac{(40-4)}{40} \times 100 = 90\%$

Improvement Status- Marked Improvement

Repertorization Chart-

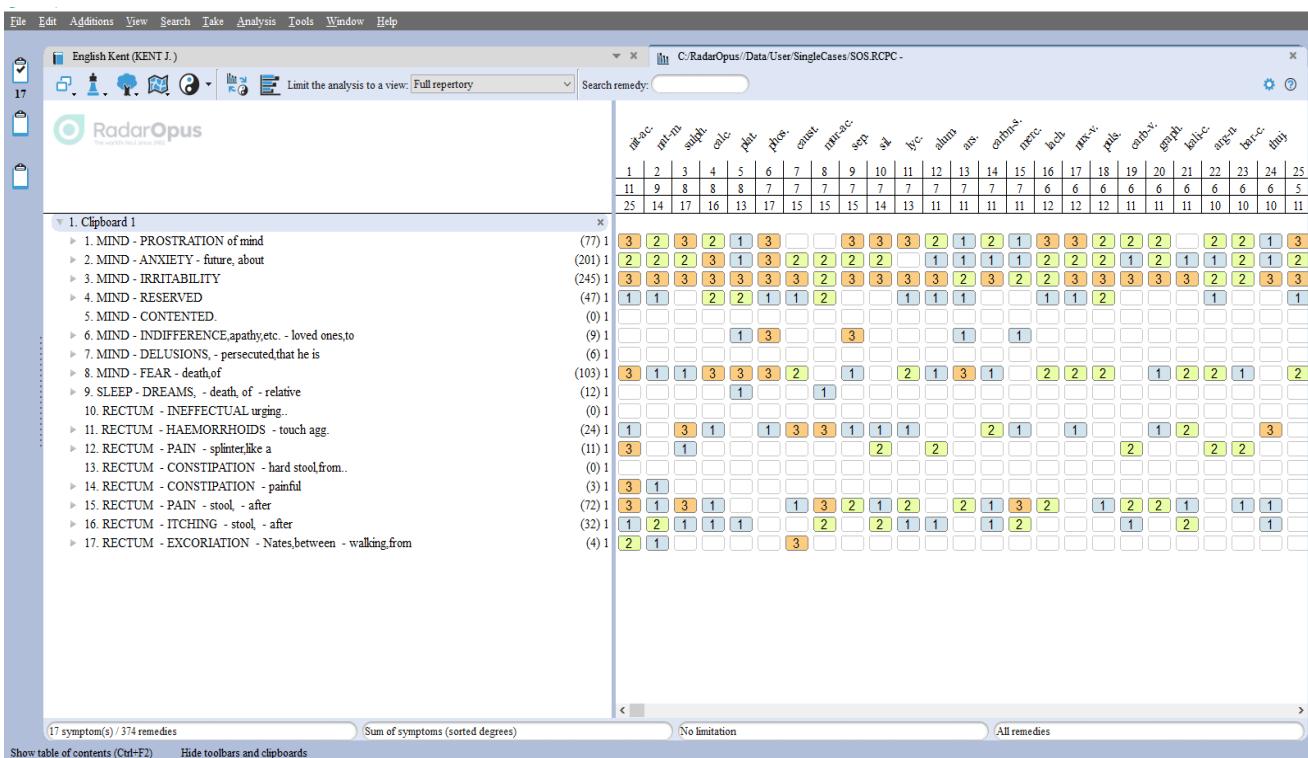


Figure-2 Repertorization Sheet (11)

The patient received treatment of the individualized homoeopathic remedy Nitric Acid 200, selected through repertorization using Kent Repertory via Rapid Aid to Drug Aimed Research (RADAR) software for the management of haemorrhoids. On completion of follow-ups, the patient reported a significant reduction in symptoms, particularly in terms of anal pain after passing stool, pus, itching and discomfort. With the addition of dietary restrictions and lifestyle advice, the patient showed marked overall improvement, indicates positive response to the individualized homoeopathic 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 homoeopathic treatment, dietary modifications were advised, which supported the healing process.

This case shows the effectiveness of individualized homoeopathic prescribing, and I have prescribed Nitric Acid, according to the Kent Repertory, it covers 11 symptoms out of 17, including 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 as well as on Mental sphere, making it a suitable choice for the simillimum (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 homoeopathic 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 4 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 *Nitric Acid* 200 proved to be a gentle yet effective approach in restoring the patient's health. The treatment contributed to a decrease in Haemorrhoidal pain, Itching and Discharge 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.

Acknowledgement-

I sincerely thank Jawaharlal Nehru Homoeopathic Medical College and Hospital for their support and for providing the clinical setting and resources necessary for the preparation and publication of this case report.

Funding- No Funding was received for this study.

Conflict of Interest- There is no conflict of interest in this study.

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

Piyush N: Literature Search, Manuscript Preparation

Poorav D: Whole article

Alpesh J: , 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

Nit Acid- Nitric Acid

Nat Mur- Natrum Mur

Calc - Calcarea

Sulph- Sulphur

Plat- Platina

BDS- Twice in a Day

RADAR Software- Rapid Aid to Drug Aimed Research.

References-

1. Hemorrhoids: Background, Anatomy, Etiology and Pathophysiology [Internet]. *Medscape*. Available from: <https://emedicine.medscape.com/article/79937-periprocedure>
2. Riss S, Weiser FA, Schwameis K, et al. Lifestyle and risk factors in hemorrhoidal disease: a review. *Front Surg*. 2021;8:729166. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8416428/>
3. Classification and epidemiology of hemorrhoids: prevalence and age distribution. *Ecricon Microbiology*. Available from: <https://ecricon.net/assets/ecmi/pdf/presentation-classification-and-surgical-management-of-hemorrhoids.pdf>
4. Jacobs DO. Hemorrhoids: What are the options in 2018? *Curr Opin Gastroenterol*. 2018 Jan;34(1):46-49. doi:10.1097/MOG.0000000000000412.
5. Acheson AG, Scholefield JH. Management of haemorrhoids. *BMJ*. 2008 Jan 12;336(7640):380-3. doi:10.1136/bmj.39465.674745.80.
6. Goligher JC. *Surgery of the Anus, Rectum and Colon*. 5th ed. London: Baillière Tindall; 1984.
7. Kraemer M, Kara D, Rzepisko M, Sayfan J. A simple tool to evaluate common disorders: validation of a “proctological symptom scale.” *Int J Colorectal Dis*. 2015 May;30(5):679–82. doi:10.1007/s00384-015-2172-7.
8. Acheson AG, Scholefield JH. Management of haemorrhoids. *BMJ*. 2008 Jan 12;336(7640):380-3. doi:10.1136/bmj.39465.674745.80.

9. Johanson JF, Sonnenberg A. The prevalence of hemorrhoids and chronic constipation: an epidemiologic study. *Gastroenterology*. 1990 Feb;98(2):380-6. doi:10.1016/0016-5085(90)90828-o.
10. Kraemer M, Kara D, Rzepisko M, Sayfan J. A simple tool to evaluate common disorders: validation of a proctological symptom scale. *Int J Colorectal Dis*. 2015;30(5):679-82.
11. RADAR Computer Programme. Belgium Version Firefox Developed by Archibel Homoepathic Software Company: 2011
12. Kent J.T.; Repertory of Homoeopathic Materia Medica; 6th edition; 8th impression; 2013; B.Jain publishers (P) Ltd; New Delhi.
13. Boericke William; Pocket Manual of Homoeopathic Materia Medica and Repertory; 11th Edition; 2012; B.Jain Publisher (P) Ltd; New Delhi.
14. Lamba CD, Gupta VK, van Haselen R, Rutten LLB, Mahajan N, Molla AM, et al. Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. *Homoeopathy*. 2020 Nov;109(4):191–197. doi:10.1055/s-0040-1701251.