

THERAPEUTIC APPROACH TO HEMORROIDS WITH AID OF BOERICKE REPERTORY

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Article Received on
09 April 2021,

Revised on 28 April 2021,
Accepted on 19 May 2021

DOI: 10.20959/wjpr20216-20589

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ABSTRACT

Hemorrhoids are defined as the symptomatic enlargement and distal displacement of the normal anal cushions. It is a very common condition that a physician would encounter in day to day practice. Main stay of treatment of piles is surgical which usually associated with many postoperative complications like pain, bleeding anal strictures etc. which can result in protracted period of convalescence. Homoeopathic system of medicine shows promising role in improvement of symptoms of piles. In day today homoeopathic practice a homoeopathic physician many of the times follows

therapeutic approach in cases where common pathological symptoms masks characteristics. This article emphasis on management of Haemorrhoids with discussion of rubrics related to Haemorrhoids of Boericke repertory which is one of the widely used clinical repertories. Homoeopathic literature acknowledge many medicines for the haemorrhoidal condition of which a similimum can help a patient for keeping the disease far away for long period and offer a gentle and safe relief.

KEYWORDS: Hemorrhoids, Piles, Homoeopathy, Boericke repertory, clinical rubric.

INTRODUCTION

Hemorrhoid is the fourth leading outpatient gastrointestinal disease diagnosis. Hemorrhoids are enlarged veins located in the lower part of the rectum and the anus. Common symptoms include pain, itching, swelling, anal discomfort, and rectal bleeding; all of which severely affect patient quality of life.^[1] The condition affects 39-52% of adults. Haemorrhoids is most common among adults aged 45-65.^[2] The prevalence of hemorrhoids in India is around 40

million. Symptoms related to hemorrhoids are very common in the Western hemisphere and other industrialized societies. It represents one of the most common medical and surgical disease processes encountered in the United States, resulting in >2.2-million outpatient evaluations per year.^[2,3]

Hemorrhoids which originate below the dentate line are external hemorrhoids, while internal hemorrhoids are above the line and are classified according to their degree of prolapse from the anal canal.^[1]

Grades of hemorrhoids^[1]

- **Grade I** - Are visualized on anoscopy, bulge into the lumen but do not extend below the dentate line,
- **Grade II**- Prolapse out of the anal canal with defecation or with straining but reduce spontaneously,
- **Grade III** - Prolapse out of the anal canal with defecation or straining, and require reduction,
- **Grade IV hemorrhoids** - Are irreducible and may strangulate

It is important to identify symptomatic hemorrhoids as the underlying source of the anorectal symptom and to have a clear understanding of the evaluation and management of this disease process. Constipation and prolonged straining are widely believed to cause hemorrhoids because hard stool and increased intraabdominal pressure could cause obstruction of venous return, resulting in engorgement of the hemorrhoidal plexus.^[3] The definite diagnosis of hemorrhoidal disease is based on a precise patient history and careful clinical examination. Assessment should include a digital examination and anoscopy in the left lateral position. The perianal area should be inspected for anal skin tags, external hemorrhoid, perianal dermatitis from anal discharge or fecal soiling, fistula-in-ano and anal fissure.

Therapeutic treatment of hemorrhoids ranges from dietary and lifestyle modification to radical surgery, depending on degree and severity of symptoms. Although surgery is an effective treatment of hemorrhoids, it is reserved for advanced disease and it can be associated with appreciable complications. The main treatment option is surgical. But, operative haemorrhoidectomy is usually associated with significant postoperative complications, including pain, bleeding and anal strictures, which can result in protracted period of convalescence.^[4]

Homeopathy ranks the most popular among the traditional, complementary, or alternative medicines. Homeopathic literature shows anecdotal data on the usefulness of homeopathic medicines in hemorrhoids. Although remarkable cure of hemorrhoids with homeopathic medicines in casual clinical experiences has been noted, research evidence remains seriously compromised.^[5] In homoeopathy hemorrhoids are treated as not local but as derangement in the dynamic vital force. According to Dr. Gilchrist J.G “Hemorrhoids are, by irregulars, often tied, but the practice is not only useless, but may be a source of positive danger.”^[6] Hemorrhoids are generally sycopsoric; psoric miasm is predominant when they are associated with discomfort and itching. Rectal hemorrhoids with extreme sensitiveness and pain are sycotic. Rectal fissures and hemorrhoids with putrid and foetid discharges are syphilitic. Strictures, hemorrhoids sinuses, fistulas and pockets in rectum are of tubercular origin and are much aggravated when combined with sycosis and syphilis. Bleeding hemorrhoids are tubercular.^[6]

In such cases clinical repertories come into use. The most widely used bedside clinical repertory attached to Pocket Manual of Homoeopathic Materia Medica by W. Boericke; is compiled by Oscar Eugene Boericke. These sorts of repertories contain clinical symptoms/conditions with their corresponding group of medicines. They are not commonly used for the purpose of repertorization. However these repertories can be used for repertorization of cases where clinical conditions mask the characteristic symptoms of the patient.

In Boericke repertory rubric arrangement is as cause, type, location, character of pain, concomitants and modalities (aggravations and ameliorations). To preserve uniformity, the technical names of diseases are bracketed, thereby assuming a subsidiary place, which is in strict accord with the homoeopathic requirement. Rubrics in each chapter are in BOLD CAPITAL. Sub rubrics in roman bold at first indention and are arranged alphabetically. Cross references are given after the remedies for the particular rubric or sub rubric.

Rubrics related to hemorrhoids from Boericke Repertory^[7]

Hemorrhoids (piles) -- Abrot., *Acon.*, *Ćsc. gl.*, *Ćsc.*, *Aloe*, *Am. c.*, *Am. m.*, *Apis*, *Ars.*, *Aur. m.*, *Bar. c.*, *Bell.*, *Brom.*, *Calc. fl.*, *Caps.*, *Carbo an.*, *Carbo v.*, *Card. m.*, *Caust.*, *Cham.*, *Chrom. ac.*, *Collins.*, *Cop.*, *Diosc.*, *Ferr. p.*, *Fluor. ac.*, *Grat.*, *Ham.*, *Hep.*, *Hydr.*, *Hyper.*, *Ign.*, *Kali m.*, *Kali s.*, *Lach.*, *Lyc.*, *Mag. m.*, *Millef.*, *Mucuna*, *Mur. ac.*, *Negundo*, *Nit. ac.*, *Nux*

v., *Pconia*, *Pinus sylv.*, *Pod.*, *Polyg.*, *Puls.*, *Radium*, *Ratanh.*, *Sab.*, *Scrophul.*, *Sedum*, *Sep.*, *Semperv. t.*, *Sul.*, *Sul. ac.*, *Thuya*, *Verbasc.*, *Wyeth.*, *Zing.*

- **Bleeding** -- *Acon.*, *Ćsc.*, *Aloe*, *Am. c.*, *Bell.*, *Calc. fl.*, *Caps.*, *Card. m.*, *Chrom. ac.*, *Collins.*, *Erig.*, *Ferr. p.*, *Ficcus*, *Ham.*, *Hydr.*, *Hyper.*, *Kali m.*, *Lept.*, *Lycop.*, *Millef.*, *Mur. ac.*, *Nit. ac.*, *Nux v.*, *Operc.*, *Phos.*, *Sab.*, *Scrophul.*, *Sep.*, *Sul.*, *Thlaspi.*
- **Dark, venous blood** -- *Aloe*, *Ham.*, *Hydr.*, *Kali m.*, *Sul.*
- **Blind** -- *Ćsc.*, *Calc. fl.*, *Collins.*, *Ign.*, *Mucuna*, *Nux v.*, *Puls.*, *Sul.*, *Wyeth.*
- **Bluish, purplish** -- *Ćsc. gl.*, *Ćsc.*, *Aloe*, *Ars.*, *Caps.*, *Carbo v.*, *Ham.*, *Lach.*, *Lyc.*, *Mur. ac.*
- **Burning, smarting** -- *Ćsc.*, *Aloe*, *Am. m.*, *Ars.*, *Calc. c.*, *Caps.*, *Carbo an.*, *Carbo v.*, *Caust.*, *Fluor. ac.*, *Graph.*, *Ign.*, *Mag. m.*, *Mucuna*, *Negundo*, *Nux v.*, *Psor.*, *Ratanh.*, *Sul.*, *Sul. ac.*
- **Inflamed** (See Sensitive.) -- *Acon.*, *Ćsc.*, *Aloe*, *Bell.*, *Caust.*, *Cop.*, *Ferr. p.*, *Mur. ac.*, *Verbasc.*
- **Itching** -- *Ćsc.*, *Aloe*, *Caps.*, *Carbo v.*, *Caust.*, *Cop.*, *Glon.*, *Ham.*, *Mur. ac.*, *Nit. ac.*, *Nux v.*, *Petros.*, *Puls.*, *Sul.*
- **Mucous piles, continually oozing** -- *Aloe*, *Am. m.*, *Ant. c.*, *Caps.*, *Carbo v.*, *Caust.*, *Puls.*, *Sep.*, *Sul. ac.*, *Sul.*
- **Protruding**
 - **Grape-like, swollen** -- *Ćsc.*, *Aloe*, *Am. c.*, *Caps.*, *Carbo v.*, *Caust.*, *Collins.*, *Diosc.*, *Graph.*, *Ham.*, *Kali c.*, *Lach.*, *Mur. ac.*, *Nux m.*, *Nux v.*, *Ratanh.*, *Scrophul.*, *Sep.*, *Sul.*, *Thuya.*
 - **Urinating [When]** -- *Bar. c.*, *Mur. ac.*
 - **Sensitive, exquisitely painful** -- *Ćsc. gl.*, *Ćsc.*, *Aloe*, *Ars.*, *Bell.*, *Cact.*, *Caps.*, *Carbo v.*, *Caust.*, *Cham.*, *Collins.*, *Ferr. p.*, *Graph.*, *Ham.*, *Hyper.*, *Kali c.*, *Lach.*, *Lyc.*, *Mag. m.*, *Mur. ac.*, *Nat. m.*, *Nit. ac.*, *Nux v.*, *Plant.*, *Puls.*, *Ratanh.*, *Scrophul.*, *Sedum*, *Sep.*, *Sil.*, *Sul.*, *Thuya*, *Verbasc.*, *Zing.*
 - **White piles** -- *Carbo v.*
- **CONCOMITANTS**
 - **Abdominal plethora [With]** -- *Ćsc.*, *Aloe*, *Collins.*, *Ham.*, *Negundo*, *Nux v.*, *Sep.*, *Sul.*
 - **Backache [With]** (See Back.) -- *Ćsc. gl.*, *Ćsc.*, *Bell.*, *Calc. fl.*, *Chrom. ac.*, *Euonym.*, *Ham.*, *Ign.*, *Nux v.*, *Sul.*

- **Constipation [With]** -- Ćsc. gl., Ćsc., Am. m., Anac., *Collins.*, Euonym., Kali s., *Nux v.*, Paraf., Sil., *Sul.*, Verbasc
- **Debility [With]** -- Ars., Cinch., Ham., Hydr., Mur. ac.
- **Epistaxis [With]** -- Carbo v.
- **Fissures, soreness of anus [With]** -- Caps., Cham., *Nit. ac.*, Ratanh., *Sedum.*
- **Heart disease [With]** -- Cact., Collins., Dig.
- **Hypochondriasis [With]** -- Ćsc., Grat., *Nux v.*
- **Pelvic congestion [With]** -- *Aloe*, *Collins.*, Ham., Hep., Mucuna, *Pod.*, *Nux v.*, Sep., *Sul.*
- **Prolapsus ani et uteri [With]** -- Pod.
- **Spasm of sphincter [With]** -- Lach., Sil.
- **Stitches in rectum during cough [With]** -- Ign., *Kali c.*, Lach., *Nit. ac.*
- **Sudden development in marantic children [With]** -- Mur. ac.
- **Tenesmus [With]**
- **Anal and visceral, diarrhŕa** -- Caps.
- **Constriction, lancinating pains** -- *Nux v.*
- **Dysenteric stools** -- *Aloe*, *Sul.*
- **Pregnant females [In]** -- Collins.
- **Vicarious bleeding [With]** -- Ham., Millef
- **AGGRAVATION**
- **Confinement [After]** (See Female Sexual System.) -- *Aloe*, Apis.
- **Stool for hours [After]** -- Ćsc., Am. m., Ign., Ratanh., *Sul.*
- **Rheumatic symptoms abate [As]** -- Abrot.
- **Climacteric [During]** (See Female Sexual System.) -- Ćsc., Lach.
- **Menses [During]** -- Am. c., Lach.
- **Sitting [During]** -- Graph., Ign., *Thuya.*
- **Alcoholic abuse [From], in sedentary persons** -- Ćsc. gl., *Nux v.*
- **Coughing, sneezing [From]** -- Caust., *Kali c.*, Lach.
- **Leucorrhŕa suppressed [From]** -- Am. m.
- **Talking, thinking of them [From]** -- Caust.
- **Walking [From]** -- Caust., Sep.
- **AMELIORATIONS**
- **Cold water [from]** -- *Aloe*, *Nux v.*, Ratanh.
- **Hot water [from]** -- Ars., Mur. ac.

- **Lying down [from]** -- Am. c.
- **Walking [from]** -- Ign.

DISCUSSION AND CONCLUSION

Homoeopathic medicines can modify these tendencies, thus reducing chances of recurrence significantly.^[8] In piles cases the physician finds the prominent common symptoms/clinical conditions with few modalities and concomitants. In spite of emphasis on individualized prescription based on characteristic expressions, the emergence of clinical repertories could not be prevented in homoeopathic practice even in Hahnemann's time. The grouping of the medicines according to the name of diseases, though discouraged by many stalwarts, has given birth to several clinical repertories. Rubrics like piles during confinement, in pregnancy are very useful rubrics. Considering the authenticity of this work and gradation of remedies gives certain results.

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