

# Review Article on Effect of Dietary and Lifestyle Changes in Treatment of Post Partum Haemorrhoids

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## ABSTRACT

Post partum journey is full of challenges for most new mothers. Among many challenges post partum haemorrhoids hold a major stratum of complications that occur to a mother after child birth. The choice of treatment modalities of haemorrhoids depends highly on degrees of prolapse of haemorrhoids the patient is suffering from. Majority of these haemorrhoids can be treated with simple dietary and lifestyle changes without requiring any sort of surgeries. This article discusses several easy ways to incorporate changes in the diet and lifestyle which can be highly effective in dealing with post partum haemorrhoids.

**Keywords:** post partum, haemorrhoids, diet, lifestyle

## INTRODUCTION

The post partum or post-natal period is the period which starts immediately following the birth of the child. The duration of this period is upto 6 weeks i.e., 42 days. Along with the joys of having a newborn in their lives, most women face a bundle of complications in this period. Data show that 37.9% of women develop hemorrhoids after their first pregnancy, and this number increases after other pregnancies (38.4% after two pregnancies, 40% after three or more pregnancies). Additionally, 85% of women who are not primiparous suffer from hemorrhoids. Childbirth increases the risk of haemorrhoids by approximately eight times.

Other factors associated with previous labor include long labor (more than 12 hours), long second labor and delivery time, birth weight (4,000 g and above), birth weight and gestational length (more than 40 weeks pregnancy).

There is a relation of constipation and haemorrhoids. Constipation during pregnancy increases the risk of perianal infection after birth sixfold. 40% of women experience constipation during pregnancy. The risk of constipation is related to parity and is more common in non-primiparous women.

**Risk factors of constipation during pregnancy can be divided into four groups:**

1. Dietary changes (use of iron supplements, insufficient body fluid due to nausea and vomiting during pregnancy)
2. Behavior changes (reducing physical activity, bodybuilding and stress)
3. humoral changes that affect slower bowel movements (increased levels of progesterone and oestrogen, decreased motilin concentration)
4. Other causes (rapidly causing uterine swelling, hemorrhoids).

Almost every woman's diet changes during pregnancy. It is important to maintain fluids, which are often insufficient due to nausea and vomiting, especially in the first three months of pregnancy. Pregnant women consume foods low in fibre. Medications can also increase the risk of constipation: Iron preparations are used to treat anaemia, and magnesium sulphate can also be used when there is high blood pressure. Increased body mass index (BMI) is considered a risk factor for hemorrhoids and perianal infections during pregnancy and postpartum. Hemorrhoids often occur in pregnant women and breastfeeding mothers. Hemorrhoids and other perianal pain symptoms worsen during pregnancy, with many women experiencing a decline in their lives, especially late in pregnancy and after giving birth. Constipation and hemorrhoids negatively affect women's physical and emotional health and reduce their quality of life after birth.

**Frequency**

The most common and relevant causes of rectal pain during pregnancy and after birth have been studied in the past. The most common perianal diseases during pregnancy and after birth are hemorrhoids and perianal fissures with 43.9%. In a study conducted on 280 women, 114 (92.7%) were found to have hemorrhoids, 7 (5.7%) had hemorrhoids and anal fissure, and 2 (1.6%) had anal fissure. Of the 121 women diagnosed with hemorrhoids, 64 (52.9%) were diagnosed with hemorrhoidal thrombosis.

**CLASSIFICATION AND GRADING OF HAEMORRHOIDS**

Haemorrhoid Classification System allows comparison of treatment results as well as treatment selection. Hemorrhoids are generally classified according to their location and degree of prolapse.

Internal hemorrhoids arise from the lower hemorrhoidal venous plexus above the dentate line and are covered with mucosa, while other hemorrhoids are small, dilated veins located in the lower hemorrhoidal venous plexus above the dentate line. It is covered with squamous epithelium below the dentate line. Mixed (internal-external) hemorrhoids occur above and below the dentate line. For these reasons, internal hemorrhoids are further classified according to their appearance and degree of prolapse, called the Goligher classification:

1. First-degree haemorrhoids (grade I): The anal cushions bleed but do not prolapse
2. Second-degree haemorrhoids (grade II): The anal cushions prolapse through the anus on straining but reduce spontaneously
3. Third-degree haemorrhoids (grade III): The anal cushions prolapse through the anus on straining or exertion and require manual replacement into the anal canal; and

4. Fourth-degree haemorrhoids (grade IV): The prolapse stays out at all times and is irreducible. Acutely thrombosed, incarcerated internal haemorrhoids and incarcerated, thrombosed haemorrhoids involving circumferential rectal mucosal prolapse are also fourth degree haemorrhoids.

## DIETARY AND LIFESTYLE CHANGES

Some useful dietary and lifestyle changes for post partum haemorrhoids are mentioned below:

1. **Avoid straining-** Strain during bowel movements can cause more pressure on the anus. Patients should be careful not to strain while sitting on the toilet. If a patient does not have a bowel movement after 2 minutes of sitting in the toilet, it's best to get up and try again later. It may also help patients to have a similar schedule every day. In these situations, it is important to listen to the body. The best time to defecate is when the body needs to defecate. Expecting to have fewer social contacts or using the toilet at home can upset the gut and cause more stress.
2. **High fibre diet-** A fibre-rich diet can normalise bowel movements by softening and adding bulk to the stool. Research also shows that fibre-rich foods can reduce blood pressure and inflammation, which are the causes of hemorrhoids. Good options include whole grains, fruits, vegetables, beans, peas and other legumes, nuts and seeds. In clinical studies on hemorrhoids, fibre supplementation reduced the risk of persistent symptoms and bleeding by approximately 50%. Therefore, fibre supplementation is thought to be an effective treatment for non-prolapsed hemorrhoids; However, it takes about 6 weeks to see significant improvement. Because fibre supplements are safe and inexpensive, they remain an important part of the treatment plan after the patient begins other haemorrhoid treatments.
3. **Plenty of fluids-** The intestines need water to function properly. Plenty of fluids also helps control blood pressure. Lack of water can cause blood clots and high blood pressure.
4. **Warm Sitz Bath-** The affected area should be soaked in warm water for 5-10 minutes twice a day to relieve pain and itching. Soaking the area in warm water relaxes the rectal sphincter, which helps blood flow through the anus. This speeds up healing and reduces pain, itching and irritation.
5. **Maintenance of hygiene-** The scientific purpose of cleaning after defecation is to prevent infection. During the cleaning process after defecation, the anus and the inside of the anus must be cleaned. Perianal region should be rinsed with water or wiped with a dry material such as toilet paper. Cleaning is usually done using running water from a container and hand or using strong water from a spraying device such as a bidet.
6. **Foods to be avoided-** Consumption of too much fibre free food should be avoided and fat intake should be reduced. These include cheese, potato chips, fast food, ice cream, meat, prepared foods (including some frozen meals and snacks), and processed foods (such as hot dogs and some microwave dinners).
7. **Modifying clothing habits-** Patients can help heal hemorrhoids by: Wearing loose, breathable cotton underwear and pants. This helps prevent the area around the hemorrhoids from becoming irritated by excessive sweating and reduces symptoms.
8. **Staying active-** Being active can help prevent constipation and reduce the size of pelvic muscles. Exercise can also help lose excess weight that causes or worsens hemorrhoids. Sitting for long periods of time should be avoided. Sitting for too long, especially on the toilet, can cause rectal pressure.

## CONCLUSION

Haemorrhoid treatment includes changes from diet and lifestyle changes to radical surgery, depending on the extent and severity of symptoms. Although surgery is an effective treatment for hemorrhoids, it is only suitable for advanced disease and can cause serious complications. Diet and lifestyle changes have been shown to be effective in reducing post partum hemorrhoids.

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