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Role of Constitutional Homoeopathic Medicine in Haemorrhoids

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Abstract

Background: Haemorrhoids are a common anorectal condition characterised by symptoms such as rectal bleeding, discomfort, itching, swelling and prolapse. They can affect daily activities and quality of life. Individualised homoeopathic treatment traditionally considers the patient's physical complaints, mental and emotional
characteristics, general symptoms and constitutional features.

Objective: The proposed role of constitutional homeopathic medicine in patients with haemorrhoids. Result/Conclusion: Constitutional homeopathy may be studied as an individualised treatment approach for haemorrhoids. Its effectiveness should be evaluated through well-designed clinical research, objective outcome measures and appropriate follow-up. Homeopathic treatment should not replace necessary medical assessment or
evidence-based conventional care.

Keywords: Homoepathic constitutional Remdies.

1. Introduction Haemorrhoids, commonly known as piles, are swollen vascular cushions in the anal canal that may produce
symptoms when enlarged or displaced. They are classified as internal or external according to their location. Common symptoms include painless rectal bleeding, anal discomfort, itching, swelling and prolapse. Constipation,
straining during defecation and prolonged sitting on the toilet may contribute to symptoms. Homoeopathy follows an individualised approach to case-taking and medicine selection. In constitutional prescribing, the practitioner considers the patient's characteristic symptoms, physical generals, mental and emotional features, modalities and medical history. This paper examines the

theoretical basis of constitutional homoeopathic prescribing in haemorrhoids and reviews the clinical evidence available to date.

2. Aim

To study the proposed role of constitutional homeopathic medicine in the management of haemorrhoids.

3. Objectives

- To describe the causes, clinical features and classification of haemorrhoids.
- To explain the concept of constitutional homeopathic prescribing.
- To study the importance of individualised case-taking and repertorisation.
- To review published clinical studies on homeopathic treatment for haemorrhoids.
- - To discuss the limitations of the available evidence
- - To emphasise appropriate medical evaluation, patient safety and conventional management.

4. Review of Literature

- ### 4.1.Definition
- mixed.
- Haemorrhoids are enlarged or symptomatic vascular cushions of the anal canal. They may be internal, external or
- ### 4.2.Classification
- Internal haemorrhoids are located above the dentate line and are graded according to the degree of prolapse:
- • Grade I: No prolapse.
- • Grade II: Prolapse during defecation but reduce spontaneously.
- • Grade III: Require manual reduction.
- • Grade IV: Permanently prolapsed and irreducible.
- External haemorrhoids occur beneath the skin around the anus and may cause considerable pain when thrombosed.
- ### 4.3. Risk factors
- • Chronic constipation and straining.
- • Low dietary fibre intake.
- • Prolonged sitting on the toilet.
- • Pregnancy and increased pelvic pressure.
- • Repeated episodes of difficult defecation.
- 4.4. Constitutional homoeopathic approach In traditional homeopathic practice, constitutional prescribing involves assessing the patient as a whole rather than

- selecting a medicine solely on the basis of the disease name.
- The case-taking process may include:
- • Presenting complaints and their chronology.
- • Character of bleeding, pain, itching and prolapse.
- • Modalities that aggravate or relieve symptoms.
- • Bowel habits, appetite, thirst, sleep and thermal preferences.
- • Relevant mental and emotional characteristics.
- • Past medical history, family history and associated conditions. The totality of symptoms is then evaluated using the homoeopathic materia medica and repertory. A medicine is
- selected according to the practitioner's interpretation of the individual case. These principles describe the traditional homeopathic framework; they do not by themselves establish that
- constitutional prescribing is clinically effective.
- 4.5. Homoeopathic medicines discussed in traditional literature Medicines such as Nux vomica, Sulphur, Aesculus hippocastanum, Collinsonia canadensis, Hamamelis virginiana
- and Ratanhia are discussed in homeopathic literature in relation to various haemorrhoidal symptom patterns. They may be described for academic comparison of materia medica indications. Their inclusion in this list does not establish their efficacy, and the medicines should not be prescribed solely from this general list without appropriate
- clinical assessment.
- 4.6. Review of clinical research A randomised, double-blind, placebo-controlled trial published in 2024 by Koley and colleagues investigated individualised homeopathic medicines in 140 adults with grade I-III haemorrhoids. The researchers reported statistically significant differences favouring the homeopathy group on selected symptom and quality-of-life
- measures over three months. The authors also stated that further trials were needed to substantiate the findings. An earlier open observational pilot study published in 2016 reported improvements in symptom scores among patients receiving individualised homeopathic treatment. However, its observational design, lack of a placebo
- control and participant dropouts limit the conclusions that can be drawn. These studies provide material for critical appraisal, but individual studies should not be treated as conclusive proof
- of effectiveness. Independent replication and assessment of the totality of evidence are needed.

5. Materials and Methods

- **DURATION OF STUDY** - 1 YEAR
- **FOLLOW UP** - EVERY MONTH
- **SAMPLE SIZE** - 30
- **Inclusion Criteria**
- • Patients diagnosed with hemorrhoids.

- **Exclusion Criteria**
- Patients diagnosed with other causes of rectal bleeding. Patients with anorectal malignancy or other significant anorectal disorders, depending on the
- study protocol.
- Discussion Constitutional homeopathic prescribing is based on individualised case-taking and the selection of a medicine according to the patient's characteristic symptom pattern. Its proposed role in haemorrhoids can be examined through clinical outcomes such as bleeding frequency, pain severity, prolapse,
- bowel habits, recurrence and quality of life. The available clinical literature includes both observational research and a randomised controlled trial. Although some findings are
- promising, interpretation must account for the small number of studies, the possibility of bias, the use of accompanying care and the need for independent
- confirmation. Conventional management remains important. Increasing dietary fibre and fluid intake when appropriate, avoiding straining and prolonged toilet sitting, and treating constipation can help manage symptoms. Persistent bleeding, severe pain, prolapse or symptoms that do not improve
- require medical evaluation. Rectal bleeding should not automatically be attributed to haemorrhoids because other conditions, including colorectal disease, may cause similar symptoms. Severe bleeding, dizziness, black stools or
- intense anal pain require prompt medical attention.

7. Limitations

- - The number of condition-specific clinical studies is limited.
- - Findings from individual studies may not be generalisable to all patients.
- - Differences in prescribing methods and outcome measures complicate comparisons.
- - Observational studies cannot reliably establish causation.
- - Further independent, adequately powered clinical trials are needed.

8. ***Conclusion*** Constitutional homeopathic medicine represents an individualised approach within traditional homeopathic practice. Published clinical studies have reported improvements in some haemorrhoid-

- related outcomes, but the available evidence should be interpreted cautiously. Further rigorous research is required to establish whether individualised homeopathic treatment offers benefits beyond placebo and accompanying conventional care. Patient safety, appropriate
- diagnosis, evidence-based management and timely referral must remain priorities.

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