"UTILITY OF BOENNINGHAUSEN'S CHARACTERISTIC MATERIA MEDICA & REPERTORY BY C.M.BOGER IN TREATMENT oFHAEMORRHOIDS & ITS HOMOEOPATHIC MANAGEMENT."

by

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Dissertation Submitted to the

Rajiv Gandhi University of Health Sciences,

Karnataka, Bangalore.

In the partial fulfillment of requirement for the degree of

Doctor Of Medicine

in

Homoeopathic Repertory.

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2010

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES,

KARNATAKA, BANGALORE.

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I hereby declare that this dissertation entitled **"UTILITY OF BOENNINGHAUSEN'S CHARACTERISTIC MATERIA MEDICA & REPERTORY BY C.M.BOGER IN TREATMENT 0F HAEMORRHOIDS & ITS HOMOEOPATHIC MANAGEMENT."** is a bonafied and genuine research carried out by me under the guidance of **Dr. SUDHANSU SEKHAR MOHARANA. M.D. (Hom)** Guide, Professor & HOD, Department of Homoeopathic Repertory of Dr. B.D. Jatti Homoeopathic Medical College and Hospital and Post-Graduate Research Centre, Dharwad.

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Signature of the Guide
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ACKNOWLEDGEMENT

I thank the Almighty God for his blessings in making this work possible and whose grace strengthened me throughout my course.

To begin with it gives me immense gratitude and privilege to thank my guide Dr. S.S.MOHARANA. M.D. (Hom), HOD, Department of Homoeopathic Repertory, Dr. B.D. Jatti Homoeopathic Medical College, Hospital and Post-Graduate Research Centre, Dharwad for his valuable advice, righteous guidance, expert supervision and immense encouragement throughout the course of this study.

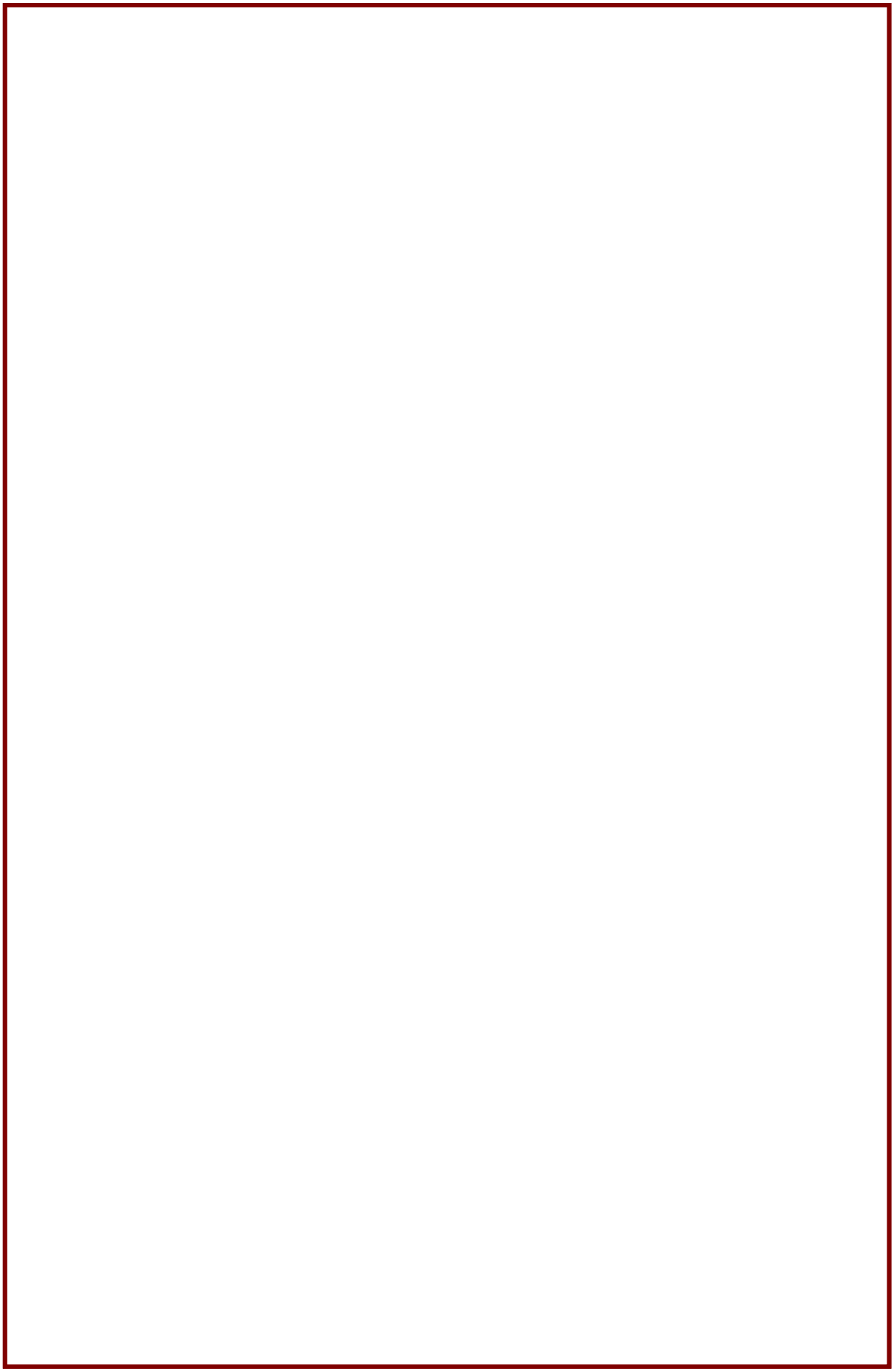
I feel happy to express my hearty thanks to Dr. R.Y. Nadaf. M.D. (Hom), Principal, Dr. B.D. Jatti Homoeopathic Medical College, Hospital and Post-Graduate Research Centre, Dharwad for his support and encouragement to acquire varied knowledge in this study.

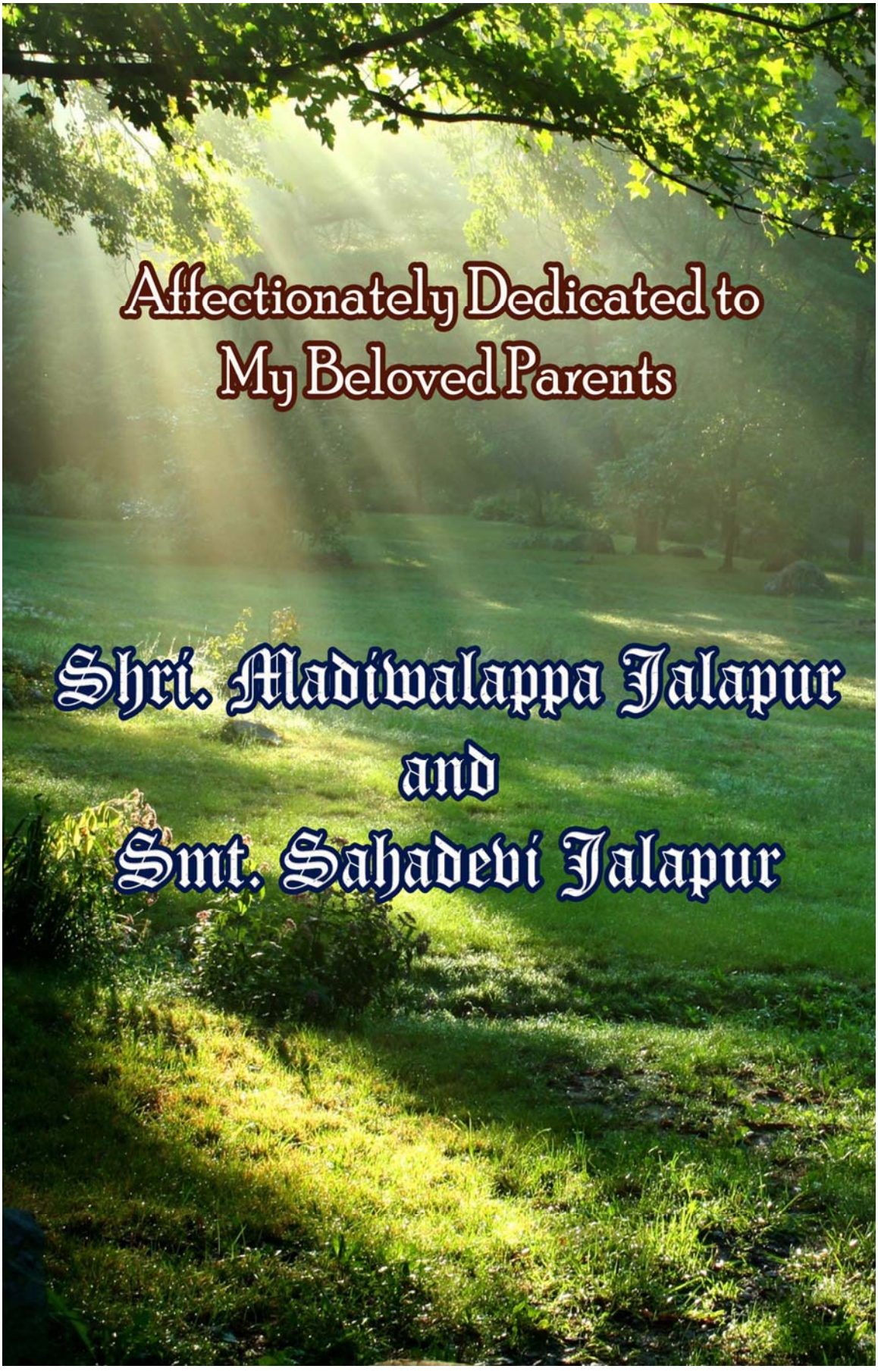
I would like to thank Dr. Vaishnavi. D. Satish, P.G. Co-ordinator for their support and encouragement in this study.

I am very thankful to Dr. G. C. HIREMATH, HOD, Department of organon of medicine and Homoeopathic philosophy for his encouragement throughout the course of this study.

I would like to thank Dr.SONTOSH MATHAPATHI, Reader for his encouragement.

I am also very thankful to all my teachers for their support throughout the course.




Affectionately Dedicated to
My Beloved Parents
Shri. Madiwalappa Jalapur
and
Smt. Sahadevi Jalapur

ABSTRACT

"Utility of Boenninghausen's Characteristics Materia Medica and Repertory by C. M. Boger in the management of Haemorrhoids" which is a noble project for M. D. dissertation taken on the date Dec 2008 with the following aims and objectives:

1. To study the efficacy of Boenningausen's characteristics materia medica and repertory by C.M.Boger in treatment of Haemorrhoids.
2. To study the Clinical presentation of Haemorrhoids.
3. To determine the Pathological Rubrics for the treatment of Haemorrhoids.

Thirty two cases wer selected as per the sampling size on inclusion and exclusive criteria and cases wer recorded with a holistic concept by giving special importance to the present complaints, past history, family history, personal history as well as general and systemic axamination.Out of 30 patients two cases wer cured, three cases wer not improved and 25 caes wer improved.

Thus " Utility of Boenninghausen;s Characteristics Materia medica and Repertory by C. M. Boger in management of Haemorrhoid is efficacious and encouraging and needs further study.

Keywords : Haemorrhoids, Rubrics, Repertorization.

LIST OF ABBREVIATIONS

Sl.No.	Abbreviations	Full Form
1	<	Aggravation
2	>	Amelioration
3	A	Anaemia
4	Alco	Alcohol
5	Be	Bleeds easily
6	Bs	Bleeds on straining
7	C	Constipation
8	Di	Diet
9	Dia	Diarrhoea
10	Ds	Discharge
11	Dy	Dysentery
12	Ex	Excoriation
13	F	Female
14	F/H	Family history
15	Fiss	Fissure
16	H	Hindu
17	H/W	House wife
18	It	Itching
19	L	Lump
20	M	Male
21	M.G.F.	Maternal grand father
22	M.G.M.	Maternal grand mother
23	Mix	Mixed (veg and non-veg)
24	Mu	Muslim
25	N.Veg	Non veg.
26	O	Occupation
27	P	Pain
28	P.G.F.	Paternal grand father
29	P.G.M.	Paternal grand mother
30	Prg.	Pregnancy
31	V	Vegetarian

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INTRODUCTION

Haemorrhoids are apparently common to the human race, the affliction dating back to antiquity. Legend has is that haemorrhoidal sufferers lived sometime in the 7th Century A.D. It has even been said that Napoleon lost the battle of Waterloo because he had an acute attack of haemorrhoids.

Haemorrhoids are certainly one of the bothersome problem for millions of people in the world. Indeed they are so common as to be regarded by many as almost a natural attribute. It is a frequent experience to find internal haemorrhoids on routine rectal examination in patients who have never had any complaint referable to them. Possibly as many as 40% of the population have symptoms due to haemorrhoids at some time in their lives and 50% of people over the age of 50 years have some degree of haemorrhoids formation. Internal haemorrhoids are encountered in people of all ages and both sexes. haemorrhoids are developed as a penalty in adopting the erect posture by human beings, for haemorrhoids Are rarely seen in quadrupeds and in infants.

Internal haemorrhoids are rarely fatel in theselves, but they can cause pain by thrombosis, fear by bleeding and be a burden by soiling & pruritis.

These considerable discomforts may force the sufferer to bed and be responsible for absence from work with economic strain. The discomfort and agony of the patient and consideration of the serious complications due to internal haemorrhoids is still a controversial subject.

There is no agreement as to its cause and the number of different methods of treatment – surgical as well as medical – testifies to the lack of assurance on this score. Two factors account for this unsatisfactory situation. The first is that haemorrhoids symptoms can be partially relieved by a great variety of methods and

this has inhibited the search for basic scientific knowledge with the ultimate development of more specific modes of treatment. The second is the difficulty in evaluating the results of treatment.

Though surgical treatment being faster and easier to get rid of bothersome internal haemorrhoids, it causes suppression of the disease and leads to more serious problem of vital organs. There is also evidences or recurrence after also surgery whereas homoeopath giving treatment, on the basis of individualization, serves the suffering humanity in a better way.

This is the study of cases treated at dr.B.D.Jatti Homoeopathic Medical College & Hospital, Dharawad, between Dec 2008 and Nov 2010. An attempt is made in this series to review the homoeopathic treatment of internal haemorrhoids. This study includes only proven cases of internal haemorrhoids.

AIMS AND OBJECTIVES OF THE STUDY:

The study aims at-

1. To study the efficacy of Boenningausen's characteristics materia medica and repertory by C.M.Boger in treatment of Haemorrhoids.

2. To study the Clinical presentation of Haemorrhoids.

3. To determine the Pathological Rubrics for the treatment of Haemorrhoids.

REVIEW OF LITERATURE

Historial Review :

Hippocrtes : "On haemorrhoids", Written in 400B.C.E: Translated by: Francis Adams. "The disease of the haemorrhoids is formed in this way: if bile or phlegm be determined to the veins in the rectum, it heats the blood in the veins: and these veins becoming heated attracted blood from the nearest veins, and being gorged the inside of the gut swells outwardly, and the heads of the veins are raised up, and being at the same time bruised by the faeces passing out, and injured by the blood collected in them, they squirt out blood, most frequently along with the faeces, but sometimes without faeces".[26]

Hughes, E.R.S. (1957) : The word haemorrhoid is derived from the Greek word – haima means blood & rhoos means flowing. Hippocrates applied this name to the flow of blood from the anus. The term piles (Latin-pila, a ball0 refers to the haemorrhoidal swellings: the word seems to have been widely used by the public at the time of John Aederne (b.A.D. 1307), although this surgeon was one of the first to use the word in his writings. The French call them figs (from figer – to clot); what does it matter so long as you can cure them.[30]

Decosse, Jerome J. and Todd Ian P. (1988): "The most common presenting symptoms are bleeding and prolapse. In a recent poll of 250 patients at our clinic, 83 patients identified bleeding as their main symptom:

of these, approximately 40% had haemorrhoids. In the same group, 37 listed pain as their main symptom and of these, 15 had haemorrhoids. Sixteen patients stated protrusion, mass or prolapse as their main symptom: of these, 12 (75%) were diagnosed as having haemorrhoids. Most of these patients who did not have haemorrhoids had abscesses."[21]

Venheuverzwyn, R. et. AI. (1995): "Correct definition of haemorrhoidal disease allows the estimation of the incidence and the therapeutic choices. The term haemorrhoidal disease should be used specifically for symptoms secondary to abnormalities of the internal haemorrhoidal plexus.

The classification of severity is useful but difficult to apply to individual cases. The aetiopathogenesis remains unclear. Many arguments are in favour of a progressive degeneration of the fibromuscular structure of the internal haemorrhoidal plexus responsible for this prolapse in anal canal.[51]

Arullani, A. et. AI. (1995): "haemorrhoidal disease has oftern typical presentation with rectal bleeding, anal prolapse and pain. Practitioners and patients usually underestimate the symptoms. Proctoscopy is main diagnostic test for staging.[3]

Cappellos, G. (1994): "Many new surgical and non-surgical approaches to the treatment of haemorrhoids have been described: sclerotherapy, rubber band ligation, cryosurgery, anal dilatation, infra-red photocoagulation, bipolar diathermy and Electro-coagulatin. Which is effective depends on the experience of each proctologist.[9]

Mann, Charles V., Russel R.C.G. and William Norman S.(1989): The condition is so frequently seen in members of the same family that there must be a predisposing factor, such as a congenital weakness of the vein walls or an abnormally large arterial supply to the rectal plexus.[37]

Corman, Marvin L.(1993) : Goenka and associates performed a prospective study to evaluate the prevalence of this finding in 75 individuals with known portal hypertension. There was no correlation, however, between the presence of these varies and the severity of oesophagogastric mucosal changes of portal hypertension interestingly haemorrhoids

were noted in 41.3% of patients, an incidence comparable to that of the general population.[13]

Decosse, Jerome J. and Todd Ian P. (1988): Because haemorrhoidal bleeding is mixed arteriovenous problem, it often appears as bright red blood and can, with pressure, squirt into the commode. Most patients have episodic bleeding associated with a hard stool which can abrade the haemorrhoidal complex. Bleeding, however, rarely leads to classical iron deficiency anaemia.[21]

Medical Review:

Definition of Haemorrhoid:

Rego, Robin M. (1982) : Haemorrhoids are varicose veins, occurring in the anorectal region and originating in the plexuses formed by the radical of superior haemorrhoidal bein (portal), middle and inferior haemorrhoidal veins (systemic) and arterioles.[44]

Classification of Haemorrhoids:

Mann, Charles V., Russel R.C.G. and William Norman S.(1989) haemorrhoids are of two types:-

1. External haemorrhoids: These varieties occur below the Hilton's line. They are covered by skin.
2. Internal Haemorrhoids: They are above the Hilton's line and are covered by mucous memebrane.

When the two varieties are associated, they are known as intero-external haemorrhoids. Internal haemorrhoids include interno-external haemorrhoids.[37]

Definition of internal Haemorrhoids:

The condition is dilation of the internal venous plexus within an enlarged displaced anal cushion.

Surgical anatomy of anal canal:

Bacon, Harry E. and Reio Porfirio Mayo (1962), Williams, Peter l.et.Al.(1995) : The rectum and anal canal are developed from the caudal end of the hindgut. The anal canal commences at the level of the pelvic floor, where the recum joins the anal canal and where the puborectalis muscle surrounds the gut and forms a ring bending the gut forwards. The anal canal extends from this level to the skin of the perineum. It is about 3.8cms, slightly shorter in its anterior wall than its posterior wall and in empty condition, its lumen will be only an antero-posterior slit due to tonic contraction of the anal sphincters. From the junction of the rectum, the anal canal passes downwards and slightly backwards. The upper two-thirds of the anal canal is derived from the cloaca (endoderm) and the lower one-third from the anal pit (ectoderm). A wavy white line marks the junction of the two where the bases of valves of Morgagni are seen in adults. This line is called as Hilton's white line or poetinate line or Dentite line (pectone Cock's Camb, Dentate with teeth).

Relations:- Anteriorty the anal canal is separated by the perineal body from the membranous part of the urethra and bulb of the penis in male, and from the lower end of vagina in female. Posteriorly it is in contact with fibromuscular tissue termed anococcygeal ligament, which separtes it from the Coccyx. Laterally on either side it is related to Ischio-reetal fossae. The Whole length of the anal canal is surrounded by the sphincter muscles, the tone of which normally keeps the anal canal closed.

Anatomical and Surgical Importance of the Line:-

1. Hilton's white line is the site of attachment of faseia derived from the longitudinal muscle coat of the rectum.
2. The lining of the anal canal in its upper two-third is by the mucosa and lower one-third is by the skin. That is the muco-cutaneous junction is at the Hiltaon's line.
3. The Pecinate line marks the junction of the postallantoic gut and the proctoderm where dentate line is produd by the folds of mucous membrane called "Anal valves". Above the pectinate line, the mucosa is thrown into 8 to 14 longitudinal folds, known as the "Rectal Columns Or columns of Morgagni" and adjacent two columns are connected below at the pectinate line by an anal valve, called "Valve Of Morgagni Or Valve Of Ball", Each column contains terminal redical of the superior rectal artery and vein, these being largest in the left lateral right posterior and right anterior (which are the positions of "pile masses") The fascia lunata (perianal fascia) ends at this level by fusing with the fascia over the levetor and between the two shincters.
4. The territories of the sympathetic and cerebrospinal nerves meet here. The skin distal to this line is supplied by the cerebrospinal nerve (inferior

haemorroidal nerves). The mucous membrane proximal to the line is supplied by the sympathetic.

5. The inferior haemorrhoidal nerve pierces the gut wall between the two sphincters at this level. Because of the nerve supply, the mucous membrane above the line is relatively insensible while the skin below the line is extremely sensitive, Internal Haemorrhoida are usually situated above the line and they are covered by the mucous membrane.
6. Internal haemorrhoidal are varicose vein in the anus, and ooccur in relation to the pectinate line, There is a free communication between the veins of portal and systemic circulation in the lower rectum. The superior haemorrhoidal vein (portal) communicates with the middle and inferior haemorrhoidal veins (systemic). The superior haemorrhoidal vein has no valves. So the veins in the anal columns have to support the pressure all the way from where the portal vein enters the liver. Therefore piles may occur above the pectinate line or Below it or may be a mixture of the two, thus internal and interno external piles are found. Internal piles are varicosities of the superior haemorrhoidal veins in the anal columns. External piles form a bluish cushion of veins in the skin aroung the anus. These two varieties may be connected by small veins crossing pectinate line.
7. Anal Papillae:- The anal membrance is covered by skin below and mucous membrance above. It may be found entirely at birth causing the condition of imperforated anus. It usually disappears entirely. Some as triangular tags called anal papillae. Anal papillae may cause irritation and pruritus ani though they are symptomless.

8. Certain tubular structures opening into the anal sinuses lie just above the anal sinuses. These tubes penetrate the coats of the rectum partially or completely and 90% of fistulae in-ano occur from these vestigial glands. Organisms enter these crypts, find shelter and multiply and eventually five rise to abscesses, which rupture, causing fistulae-in-ano or rectal sinuses.

Mucous Membrane:- The lining of the anal canal differs in different level among different people and in the same individual. The mucous membrance of the rectum extends into the anal canal to a little extent. It is lined by columnar epithelium. It is pale pink in colour and transparent thorugh which the branching of superior recial vessels can be seen. The upper half of the anal canal (15mm) is lined by mucous membrane, which is blue coloured due to subjacent venous plexuses. The succeeding part of the anal canal extends about 15mm below the anal valves and is known at the transitional zone.

The transitional zone overlies the internal venous plexus, which has a shining bluish appearance. Its submucosa contains fairly dense connective tissue in contrast to the lax connective tissue of the upper half of the anal canal, suggesting a firm support to the surrounding muscle coats of transitional zone of the anal canal. Here the suspensory ligaments are attached to the mucous membrane and hence anchor to the muscle coat.

The transitional zone ends below at a narrow wavy zone commonly called Hilton’s white line that lies at the interval between the subcutaneous part of the external sphincters and the lower border of the internal sphincter. It is not actually white but bluish pink in colour in the living subject and a groove can be felt on digital examination of the anal canal at this level.

Below the pectinate line the anal canal is lined with a modified skin devoid of hair, sebaceous and sweat glands and closely adherent to the underlying tissues. The lining of the canal, for about half-inch below the anal valves, appears thin smooth pale and stretched. This area is sometimes known as the pectin. When traced further inferiorly, the lining becomes thicker and just outside the anal orifice acquires the hair follioles, glands and other histological features of normal skin.

The anal orifice is situated about Acms below and in front of the lip of the coccyx in the cleft between the buttocks. The pigmented skin around the anus is thrown into radiating folds, which converge towards the orifice and are continued into the lower part of the anal canal.

The Musculature of the Anal Canal is encloses in a sphincteric tube of muscle. The two sphincters internal and external are like two tubes with each other separted by “Longitudinal Muscles Fibres”.

Internal Sphincter:-

This occupies the upper two-thirds of the canal i.e. down to the Hilton’s white line. It is the thickened lower end of the (inner) circular

muscular layer of the rectum with which it is continuous above. It is composed of unstriated (smooth muscle) muscle fibres. Inferiorly it ends with a well-defined rounded edge $1/4^{th}$ to $1/3^{rd}$ inches above the level of the anal orifice.

The internal sphincter is disposed in muscular fibres in a remarkable feature. In the upper part the muscle fibres run obliquely with their transverse axis running internally and downwards and in the lower part the obliquity becomes less and less and the fibers are horizontal and even they incline upwards in the lowest part.

It is innervated from the pelvic plexus. Sympathetic stimulaltion contracts the muscles. The parasympathetic stilulation relaxes it. It is under the voluntary control

similar to that of smooth muscle of the bladder. Some of the deepest part of the external sphincter is necessary for complete continence of faeces and flatus.

External sphincter:-

The external sphincter surrounds the whole length of the anal canal. It consists of three parts lying adjacent to each other in series. They are named:- a) Subcutaneous, b) Superficial, c) Deep parts of external sphincter. The subcutaneous and superficial parts are separated by fascia-septum that is the downward prolongation of longitudinal muscle. The external sphincter is composed of striped fibres.

Subcutaneous external sphincter is a thick ring of muscle not attaced to bone. It lies immediately beneath the skin and corrugated fibres

(Corrugator cutis ani). It is traversed by a fan shaped expansion of the longitudinal muscle fibres of the anal canal, which splits it up into 8 to 12 discrete muscle bundles. It can be easily palpated by the fingertip. It is supplied by the inferior rectal nerve.

Superficial external sphineter is the middle of the three parts of the external sphincter. It is an elliptical muscle attached to the tip of the coccyx posteriorly and to the perineal body anteriorly supplied by perineal branch of S,4. The deep parts of external sphincter is annular not attached to the bone posteriorly, it fuses with and his distinguishable from the embracing loop of pubo-rectalis muscle. A complete loop which separates from the pubo-rectalis and falls in the space between the halves of that muscle front of the recto-anal junction.

It is essential that the integrity of the ano-rectal ring should be maintained for the continence of the flatus and faeces, poseriorly the whole anorectal ring function (puborectalis and deep external ring), but anteriorly there is only deep part of the external spincter to maintain continence. Hence anterior lacerations of the anal canal

are dangerous (obstetrics). The inferior haemorrhoidal nerve (S 3, 4) supplies deep part. The internal and external sphincter muscles which form muscle tube are not fixed completely, but are capable of slite movement up and down inside one-another. It probably occurs during defaecation and during operation on the anal canal such as haemorrhoidectomy.

Hence traction on haemorrhoids will exert pull on the internal sphincter dragging it down to the anal orifice, as there is intimate relationship between longitudinal muscle fibers and muscularis mucosa ani with internal sphincter. Due to anaesthesia the external sphincter relaxes and moves laterally away from the operation field.

The levator Ani muscle : The levator ani muscle constitutes a part of sphincter mechanism of the anal canal. The levator ani is a broad thin Muscle attached peripherally to the inner surface of the side of the pelvis and forms the greater part of the floor of the pelvic avity. It consists of three parts:-

1) Ilicoccygeous, 2) Pubococeygeous, 3) The Pubo rectaiis.

The Ano Rectal Ring :- This term is coined by Milligan and Morgan to describe functional importance of the ring of muscle, which surrounds the junction of rectum and anal canal. The complete division of ano rectal ring results in rectal incontinence and hence it should be recognized in the operations on abscesses and fistulae in the anal region.

Arterial Supply of the Rectum and Anal Canal:-

1) **The Superior Rectal Artery (Superior Haemorrhoidal Artery) :-** It is the direct continuation of inferior mesenteric artery descending to the pelvis between the layers of sigmoid mesocolon and constrittutes chief arterial supply to rectum. Opposite to the level of third sacral vertebra the artery

divides into right and left branches which descend on the postero-lateral walls of the rectum.

About half way down the rectum. About half way down the rectum each artery breaks up into number of branches which pierce the muscular wall of the rectum and pass downwards between the muscular and mucous coats to the level of sphincter ani internus each in a column of Morgagni. At this level they anastamosis with the middle and inferior rectal arteries.

2) **The Middle Rectal Artery (Middle Haemorrhoidal Artery):** It runs medically and forwards below the pelvic peritoneum in the tissues of lateral ligament to reach the rectal wall. It is so small as to be almost insignificant. Middle haemorrhoidal arteries are very variable. They may be either absent or double or triple on both sides.
3) **The Inferior Rectal Artery 9Inferior Haemorrhoidal Artery) :-** It arises on each side as a branch of internal pudendal artery as it passes above the ischial tuberosity. It pierces the pudendal cavity and divides into 2 or 3 branches, which cross the ischiorectal fossa and are distributed to the sphincters of the anal canal and skin of the opposite side and middle haemorrhoidal arteries.
4) **The Medial Saral Artery:-** Is a small vessel arising from the posterior aspet of the aorta just above its bifurcation. Branhes pass from it to the posterior surfaces of the rectum.

   An additional source of blood supply to the lower rectum may be from the branches of internal pudendal artery those ramifies in the puboretalis, pubooccygeous and transverse perineal muscles.

Venous Drainage Of Rectum And Anal Canal:- The venous drainage omprises of superior haemorrhoidal veins whih drains into the inferior mesenteric and portal

system and middle and inferior veins which enter the systemic veins. The veins of the portal system do not have valves.

1) The Superior haemorrhoidal vein (Superior Rectal Vein):- There is a venous plexus in the loose submacosa of the and canal extending from the dentate line to that of Ano-recctal ring called internal haemorrhoidal piexus (Superior)". These plesus drain into 6 to 8 collecting veins which are situated in the submucosa of the rectum and gradually penetrates the muscular coat into the perirectal fat where they unite to form two main veins and eventually unite to form a single superior haemorrhoidal trunk.

2) The Middle haemorrhoidal veins: They begin in the submucosa of the rectal ampulla and mainly drain that part of the rectal wall.

3) The Inferior Haemorrhoidal Veins : They begin in the external haemorrhoidal plexus (Subutaneous) which lies under the skin of the anal canal, below the dentate line. Communicating veins pass from the external haemorrhoidal plexus to the internal haemorrhoidal piexus to the internal haemorrhoidal plexus and normally drain partly upwards along the superior haemorrhoidal veins unless there is some obstruction of the portal system or distention of internal haemorrhoidal plexus.

The lower part of the external haemorrhoidal plexus drains into the internal pudendal veins and then into the internal iliac veins, and thus producing a link between the portal and systemic venous systems.

Lymphatic Drainage Of The Rectum and Anal Canal:- The collecting lymphatic vessels of the surgical anal canal are divided into two net works one beneath the muscocutaneous lining and the other related to muscular coats. Although these are distinet systems. It becomes apparent that there is plenty of inter communication between them, particularly along the lines of penetration of blood vessels through

muscular walls of anal canal. From these net works emerge three sets of lymphatic referable to the lower, middle and upper third of the anal canal.

Those of inferior zone five rise to five lymphatic trunks on each side, which run to the groins and terminate in the inguinal lymphnods,

Other efferent lymphatic trunks accompany the inferior haemorrhoidal vessels through the ischio-rectal fossa to terminate in the external iliac hypogastric lymphnodes.

Those of middle zone accompany the middle haemorrhoidal vessels and the lateral ligament of the rectum and pass to the internal iliac group of lymph glands along the internal iliac vessels.

Those of upper zone:- the submucous ramifications are particularly numerous in the column of Morgagni and are continuous with lymphatics of
the lower rectum proper, with which their efferents are identified.

The Nerve Supply Of The Anal Canal:- The upper part of the anal canal and rectum is supplied by both sympathetic and parasympathetic nerves, and lower part of the anal canal is supplied by the pudendal nerve.

The sympathetic is motor and parasympathetic is the inhibitor to the sphincter.

The sympathetic nerves to rectum and upper part of the anal canal pass mainly along the inferior mesenteric and superior rectal arteries and partly via the superior and inferior hypogastric plexuses, the latter supplying lower part of the rectum and internal sphincter. The sympathetic is motor to internal sphincter.

The parasympathetic supply is from the pelvic splanchnic nerves, which passes forwards from the sacral nerves to join the inferior hypogastric plexus on the sides of the rectum. It is inhibitory to intenal sphincter.

The external sphincter is supplied by inferior rectal nerve of the pudendal nerves (5.2.3.) and pereneal branch of the fourth sacral nerve.

The sensation of physiological distention is conveyed by para-sympathetic nerves, while pain impulses are conducted both by sympathetic and parasympoathetic nerves supplying the rectum and upper part of the anal canal.[4]

Surgical Physiology:

Corman, Marvin L, (1993): Sensibility of the Anal Canal and Anus:- Skin of the perianal region and modified skin of the anal canal below pectinate line exhibits the same sensitivity to simple touch heat and cold, as does the skin of the rest of the body.

Anal mucosa above the pectiniate line is insensitive to ordinary tactile and painful stimuli, but sometimes produces vague sensation of discomfort which is more acute near the anal valves.

This highly sensitive area plays an important role in defaecation reflex. Distension of lower rectum causes relaxation of external sphincter. But in man and other social animals external sphincter remains contracted till proper environment is available for defaecation. Anal nerve endings also diffenentiate between flatus and faeces. The importance of retaining lower part of the rectum in wide excision, for normal mechanism has been stressed since a long time.

Anal continence:- Anal continence depends on an acquired capacity to suppress the natural urge to defaecate. The proper exercise of such control requires possession not only of a muscular controlling apparatus, but also of a sensory mechanism to provide information that the rectum is full.

Sensory component :- The normal sensation of rectal distention due to faeces or flaus is gereated in the wall of the rectum proper and was mediated via the sacral

parasympathetic nerves. Recently Todd (1959) suggested that sensation in the anal canal can also make contribution to the afferent side of the mechanism of anal continence, particularly in regard to the

differentiation between faces and flatus, which is important in the conscious exercise of continence. This sensory apparatus, in the anal canal is important in differentiation of contents of the rectum, to help to facilitate the appropriate voluntary motor response.

Motor Component:- The muscular control is provided by the internal and external anal sphincter with the pubo-rectalis sling.[13]

Incidence:

Decosse, Jerome J. and Todd Ian P.(1988): The disease is affecting both men and women of all ages. Its incidence increases with advancing age. Haemorrhoids are rare in children. Commonly found in the age groups above 20 years of age. At least 50% of people over the age of 50 years have some degree of bothersome haemorrhoidal symptoms. The precise number of those afflicated has never been documented. Women are particularly prone to haemorrhoidal problems during pregnancy.[21]

Classification of internal Haemorrhoids:

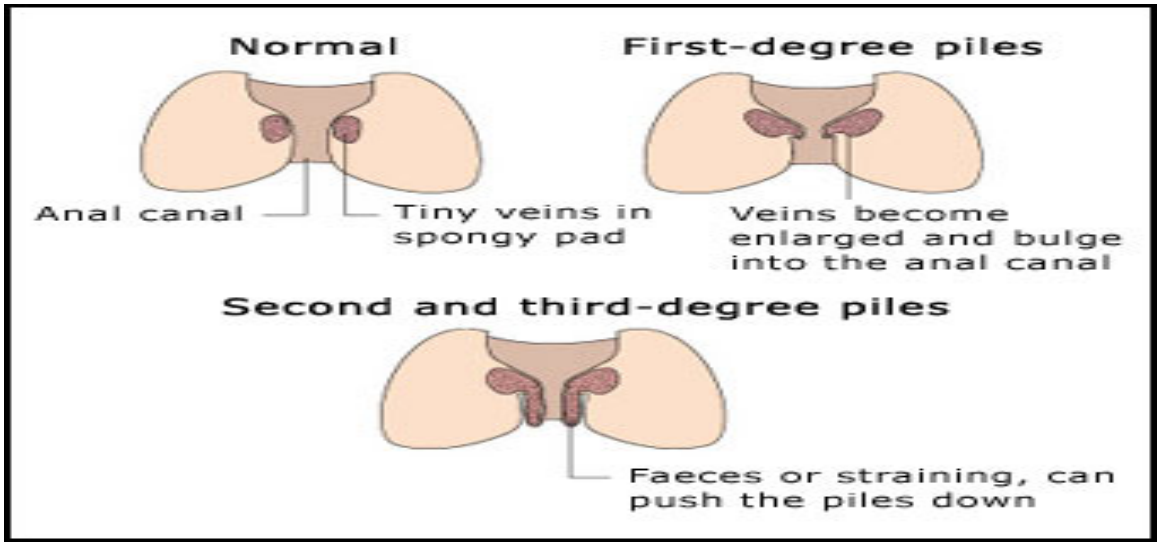
Foligher, J.C.(1961): Internal haemorrhoids are classified according to their anatomical positions & also according to the degree.

1. Number And Position Of Internal Haemorrhoids:-

In the great majority of patients there are 3 main piles which occupy well-defined positions; 2 are present on the right side of the anal canal and are termed the right anterior (11 o'clock position) and right posterior piles (7 0'clock position) respectively and the third forms on the left side termed as the left lateral pile (3 o'clock position).

Additional haemorrhoids may be present between these main piles but it is rare.

This arrangemtn of the piles was dye to the difference in the termination of the right and left main branches of the superior rectal artery, the left branch continuing essentially as a single vessel, whilst the right branch splits into an anterior and a posterior branch. Consequently when the associated radicles of the superior rectal vein become varicose, two sets of haemorrhoids form on the right side but only one on the left.



II Degree of Haemorrhoid Formation:-

Internal haemorrhoids vary greatly in size. In their earliest stages they merely project slightly into the Iumen of the anal canal when the veins are congested at defaecation. These are said to be first degree haemorrhoids.

In time however the piles tend to form larger swellings which not only protrude into the anal canal, but also descend towards the anal orifice so that eventually the mucosal surface corresponding to the piles may appear externally whilst the patient is straining, but return spontaneously to the anal
canal when the motion has been passed and the defaecating effort has been ceased. These are haemorrhoids of the second degree.

At a still later stage the piles prolopse even more readily and not only protrude during defaecation but remain prolapsed afterwards until they are digitally replaced within the anus. Further exertion of any kind is liable to force the piles down once more necessitating further reposition.
Piles, which prolapse in this way, are classified as haemorrhoids of the third degree.

Lastly some very long standing piles in elderly subjects become so large and develop such considerable skin-covered components that they cannot be properly returned to the anal canal, but instead remain as a permanent projection of anal mucosa. These completely irreducible piles are haemorrhoids of the fourth degree. The term intero-external haemorrhoids has been reserved for this advanced state of affairs.[24]

Aetology:

Goligher, J.C. (1961): The following have been suggested as factors that contribute to the cause of haemorrhoids:

Heredity:- The condition is so frequently seen in members of the same family that there must be a predisposing factor, such as a congenital weakness of the vein walls or an abnormally large arterial supply to the rectal plexus. It is well known that haemorrhoids and varicose veins of the legs often co-exist, suggesting a more widespread defect of venous structure.

Mann, Charles V., Russel R.C. G. and William Norman S.(1989)

Anatomic Features:-

1) the collecting radicles of the superior haemorrhoidal vein lie unsupported in the very loose submocasa connective tissue of the anorectum.

2) These veins pass through the muscular tissue and are liable to be constricted by its contraction during defaecation.

3) the superior rectal veins, being tributaries of the portal vein, have no valves.

The weight of the column of blood unassisted by valves produces a high venous pressure in the lower rectum, unparalleled in the body

Goligher, J.C. (1961)

Occupation :- Of prolonged standing or straining at work or recreation. It is commonly held that men such as train-drivers and conductors, postmen and shop walkers, who engage in prolonged standing, or heavy manual workers, such as builders, labourers or coal heavers, whose duties involve much lifting or straining, are specially liable to develop piles, and there may be some justification for this belief.

Infection:- On microscopic study of anal ducts and glands it is seen that frequently they lie in close association with the component parts of the

haemorrhoidal plexus. Infectious material from the bowel content, having gained entrance in the perianal and perirectal tissues via the anal crypts, the anal ducts, the anal glands and their associated lymphatics, can readily attack the thin walled venous structures comprising the haemorrhoidal plexus.

Thus occur periphlebitis and thinning of the venous walls with resultant dilatation of the affected portions of the haemorrhoidal plexus.

Pregnancy :- Pregnancy, lead to haemorrhoids not only by the venous obstruction which it produces, but also by the greatly increased vascularity and laxity of the tissue of the pelvis which result from it. As a consequence haemorrhoids are extremely commond during the later stages of pregnancy. The conclusion of the pregnancy of course corrects theses factors and the piles usually undergo a rapid improvement after parturition, but htat is not to

say that the haemorrhoidal condition always returns to complete normality. Quite frequently the woman is left with small or moderate-sized

Constpation, Diarrhoca and Straining at Stool:- Clearly the distending effect of normal defaecation on the haemorrhoidal plexus may be greatly magnified if the patient suffers from constipation and has to engage in prolonged and repeated straining to pass large hard motions. haemorrhoids which become progressively worse with subsequent pregnancies or advancing age. Pregnancy may thus be considered the commonest known factor in the production of piles in women.,

Parturition:- During the second stage of labour, tension with in the haemorrhoidal plexus is marked, and in those women who have developed haemorrhoidal disease either prior to or during pregnancy there is great likelihood of a severe episode of acute haemorrhoids immediately following delivery. Again,

however, let the point be stresses that the mechanical factors active during pregnancy and during parturition play only a supporting role in the causation of haemorrhoids

Diarrhoea if associated with much tenesmus and futile straining may have a similar, but slightly less injurious effect, and the same may be said of irritating substances such as aloes, phenolphthalein and salts, which may result in some degree of tenesmus with straining. Faulty habits of defaection can be equally bad, for some individuals instead of having a smooth, easy daily motion lasting at most a few minutes indulge in an orgy of protracted straining at stool interspersed with reading of the morning newspaper.

Such a practice may concertrate into 12 months the injurious effects on the haemorrhoidal veins of 12 years of normal defaection.[24]

Relaxation or Deficiency of the Anal Sphincters:- In patients who have operations for anal fistulae involving division of a considerable part of the sphincters on one aspect of the anal canal, the venous plexus in the opposite wall, deprived of its normal support, frequently develop a haemorrhoidal swelling. Similarly piles seem specially prone to occur in elderly people who have rather relaxed anal sphincters.

Other causative factors are elimate, psychological factors, senility nutrition, food and drugs, exercise, coughing, vomiting, constrictive clothing

Coman, Marvin L.(1993) In 1975, Thomson published his master's thesis based on anatomic and radiological studies and introduced the term "vascular cushions." According to this theory, the submucosa does not form continuous ring of thickened tissue in the anal canal, but rather a discontinuous series of cushions; the three main cushions are found in the left lateral, right anterior, and right posterior positions.

The submucosal layer of each of these thicker regions is rich with blood vessels and muscle fibres, the latter known as the muscularis submucosa. These fibers, arising from the internal sphincter and from the conjoined longitudinal muscle, are important in maintaining adherence of mucosal tissues to the underlying internal sphincter and in supporting the blood vessels of the submucosa. It is postulated that the cushions, by filling with blood during the act of defeaction, protect the anal canal from injury. The muscularis submucosa and its connective tissue fibers return the anal canal lining to its initial position after the temporary downward displacement that occurs during defaecation.

Anatomic studies by Haas and colleagues revealed that anchoring and supporting tissue deteriorates with aging, and that this phenomenon becomes apparent in the third decade of life. This ultimately produces venous distention, erosion, bleeding, and thrombosis.

The following are the four major theories regarding the cause of hemorrhoids.

1. Abnormal dilatation of the veins of the internal haemorrhoidal venous plexus, a network of the tributaties of the superior and middle haemorrhoidal veins.
2. Abnormal distention of the arteriovenous anastomoses, which are in the same location as the anal cushions.
3. Downward displacement or prolapse of the anal cushions.
4. Destruction of the anchoring connective tissue system.[13]

Pathology:

Hughes, E.S.R. (1957), Bacon E. Harry et. All. (1956) On microscopic study of haemorrhoidal tissue one finds varying degrees of dilatation of the venous spaces, with marked round cell infiltration of the perivascular supporting tissues.

Periphlebitis and endophlebitis have caused thinning of the venous wals. Both phlebothrombosis and thrombophlebitis

occur in haemorrhoidal disease. When an infected haemorrhoidal varix bursts, extravasation of blood occurs into the adjacent tissues.

In the instance of an internal haemorrhoid, stretching of the ovelying rectal mucous membrane plus the trauma of defaecation frequently results in uleeration of the investing mucosa. This is the source of the painless bleeding from internal haemorrhoids.

The skin overlying a thrombosed external haemorrhoid may become so taut that ulceration occurs, allowing complete or partial extrusion of the clot. This is the only instance of bleeding from an external haemorrhoid, but such bleeding is accompanied by pain.

The degree of inflammatory reaction in haemorrhoid tissues is commensurate with the severity of the disease. In chronic haemorrhoidal disease the microscopic picture is that of enlarged and thin-walled venous spaces with perivascular round cell infiltration. In acute haemorrhoidal disease one sees an acute inflammatory reaction characterized by extensive engorgement of the smaller blood vessels, round cell infiltration, diffuse oedema of the tissues and multiple thrombi of varying sizes.

Rupture of acutely distended haemorrhoidal varices allows extravasation of blood into adjacent tissues. Hence thrombosis may be extravascular as well as intravascular. The thrombosis may be present, in addition to different degrees of organization.

The Parts of The Pile Mass:[30]

Rego, Robin M. (1982) Mann, Charles V., Russel R.C.G. and William Norman S. (1989) Each pile mass has three parts namely:-

1. The Pedicle (Base)
2. The Intenal haemorrhoid And The
3. External Hemorrhoid – may be associated with internal haemorrhoids. When internal piles are associated with external component, they are
4. called “Intero-External Piles” which is a more correct nomenclature. The pedicle is situated just above the ano-rectal ring. The pedicle contains the superior haemorrhoidal veins and a branch of superior haemorrhoidal artery, the pulsation of which can be felt in this region. The internal haemorrhoid extends between the ano-rectal ring and dentate line. It is bright red in colour and covered by mucus membrane.

The external haemorrhoid when present will lie between the dentate line and anal margin. It is blue in colour and covered by skin.

Clinical Features:

Goligher j.C. (1961) Many internal haemorrhoids are symptomless and are found on routine proctoscopic examination.

The symptoms of an uncomplicated internal haemorrhoids are as follows:-

Bleeding:- This is usually the first sympotom and occurs initially as a slight streak of blood on defaecation, especially when the patient is constipated. At this stage it can be often avoided by secuing regular easy bowel actions. Later, it is more steady and continuous in drops for a few minutes after the motion has been passed. At a still later stage, bleeding occurs apart from defaecation when the pile masses are prolapsed and congested. Thus patient may complain of soiling of clothes with blood

which occurs without his consciousness. The amount of bleeding is variable from a few drops to a few milliliters. Bleeding is due to repture of one of the

veins and abrasion of the mucosa, when the hard stool is passed over the congested pile mass.

Protrusion or Sensation of a Lump : This is a late symptom initially the pile masses appear at defaecation and slip back ager the act of defaecation. Later the prolapsed pile masses during defaecation have to be replaced digitally. At this stage, prolapse may occur on any exertion such as sneezing, coughing, lifting heavy weights, walking or on passing flatus. Finally, piles may remain prolapsed permanently. Usually prolapse of pile masses is associated with relaxation of anal sphincter.

Patient may sometimes come with the history of only prolapsed pile masses.

Discharge:- Mucoid discharge is a frequent accompaniment of prolapsed internal haemorrhoids. The soiling of underlying clothes with mucous and sometimes faecal matter then becomes a troublesome symptom.

Analy itching:- is due to constant moistening and saddening of perianal skin and invariable accompaniment of large third degree internal haemorrhoids.

Pain : Is not usually a symptom of uncomplicated internal haemorrhoids. Pain may be a symptom in some cases

Bowel Habit :- The bowel habit is usually undisturbed by the presence of haemorrhoids. Associated constipation is common, but it may be an effect rather than cause. A number of patients with haemorrhoids complain of unsatisfied defaecation.

Symptoms Of Secondary Anacmia:- Bleeding from Internal haemorrahoids is one of the commonest cause of secondary anaemia. The patient may come with a history of weakness, breathlessness on exertion, dizziness on standing and pallor due

to increasing anaemia and such a patient may not compain of his rectal bleeding due to false mosesty. Hence

proctoscopic examination should be undertaken in the investigation of a case of anaemia.

Examination and investigations:

Examination follows the routine line adopted in any rectal case, and includes examination of the abdomen and, if necessary, haematological investigation of any suspected anaemia.

To rule out carcinoma, another cause of bleeding per rectum, sigmodoscopy should be done for all the patients above the age of 50 years.

Abdominal examination to reveal any growth in the abdomen like hepatomegaly, splenomegaly, pelvic tumour or free fluid in the peritoneal cavity was done for each patient.

Ano – rectal Examination:

Postion of The Patient : The patients are examined in left lateral position or Sim's position which is the most popular position for ano-rectal examination and is suitable for inspection of the perianal region and proctoscopy. The patient lies on left side.

The buttocks project over the edge of the table. Both hips and knees are flexed so that the knees are taken near to the chest of the patient.

Inspection: Large third degree haemorrhoids are readily recognized as projection masses and in advanced cases redundant skin folds are seen around the anal margin. When the patient is asked to strain pile masses appear transiently or they may remain prolapsed. The internal haemorrhoids will be bright red in colour and external haemorrhoids blue in colour. In long standing cases the epithelium of mucosa may

undergo metaplasia to a squamous type and appear whitish. In advanced cases, perianal dermatitis may be seen. First degree haemorrhoids cannot be detected by simple inspection.

Palpation and Digital Examination: The patient is informed before hand that what is about to be done. He is instructed to open his mouth and breath in and out deeply. The gloved finger is lubricated and the lubricant is wiped around anus.

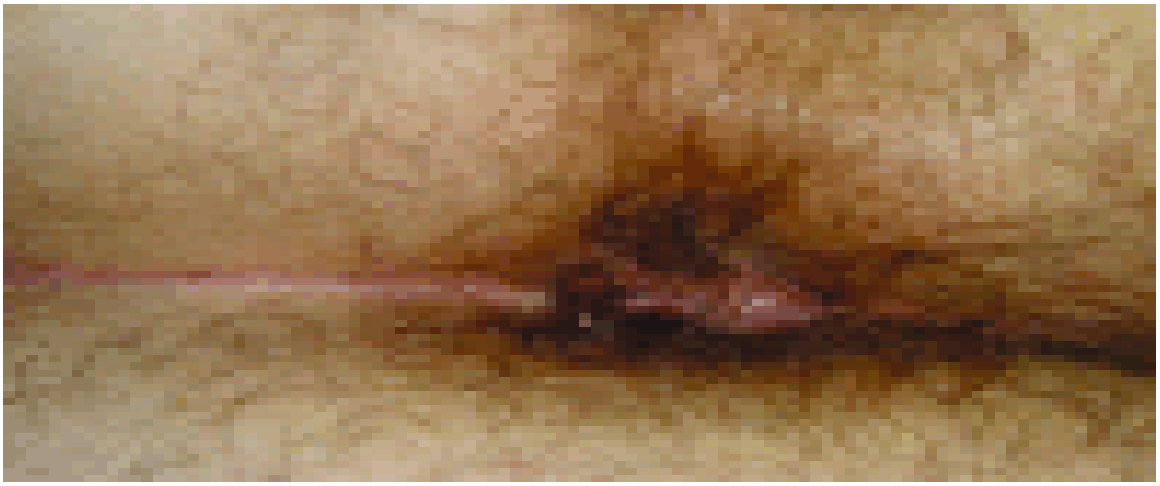
The digital examination is made gently so that it does not hurt the patient. The pulp of the index finger is laid flat on the anal verge. Gentle pressure is exerted till the sphincter yields. The tip of the index finger is introduce straight into the anus with more pressure. While the finger is in the anal canal and rectum a definite system is followed to get all the information of rectal examination. When the finger is in the anal canal the tone of the sphincter is noted, any pain or tenderness and any thickening of the wall of theanal canl is also noted.

Information received in rectal examination is derived into (a) within the lumen, (b) in the wall and (c) outside the wall. Piles by per rectal examination, in their earlier stages are soft, easily collapsible, venous swelling quite imperceptible on digital palpation. In long standing prolapsed piles,submucous fibers occurs and then piles are palpable a soft longitudinal folds.

Proctoscopy: Proctoscopy has to be done for each patient as it is an essential diagnostic step in the examination for internal haemorrhoids.

The Proctoscope is introduced to its fullest extent, obturator removed and the instrument is gradually withdrawn when the patient is slightly bearing down. If haemorrhoids are present, they bulge into the end of proctoscope as it is withdrawn. If the piles start bleeding the actual site of bleeding is located. The degree and size of the piles are assessed from proctoscopy. The patient is instructed to continue straining as the proctoscope is withdrawn till it emerges out from the anl orifice. If the piles are only first degreem red mucosa is seen at the anal orifice;

if on the other hand the mucosa does project, the piles are second or third degree.



Now the patient is asked to stop straining and if they slip back into the anal canal out of view spontaneously, they are second degree. But if they remain outside even after cessation of straining they belong to third degree and have to be replaced digitally. Apart from these size, colour, position of piles, inflammation or congestion of piles are also observed.

Sigmoidoscopy: This is necessary when the procotscope does not reveal any significant haemorrhoids

To account for the patient bleeding. But it can be done to exclude any lesion in the sigmoid colon and rectum in patients above 50 years of age.

Diagnosis:

The diagnosis is mainly based upon the proper history taking physical findings and through rectal examination by proctoscopy.

Differential Diagnosis:

Corman, Marvin L. (1993) haemorrhoids can differentiated easily from the following conditions by careful examination.

Rectal Polyp:- Is common in children and it has got a definite pedicle and there will be no prolapse of mucous membrane through the anal orifice.

Rectal Prolapse :- Will have antero-posterior slit with circumferential folds of mucous membrane in contrast to segmental rounded swellings in prolapsed piles.

Masses of Granulation Tissue :- May protrude from the anus in Bilharziasis and occasionally in yaws.

Carcinoma Of the Rectum And Sigmoid Colon :- can be differentiated by rectal digital examination, sigmoidoscopy and by radiological examination in elderly people with bleeding per rectum 75 percent of cacinomata of the rectum occur in the lower part of ampulla, where they tend to be papilliferous or ulcerative with everated edge.

The remaining 25 percent occur in the upper part of the rectum. About 90 per cent of rectal cancer can be felt by digital examination. Sir Arthur Miles used to say “Gentleman, you can wash your fingers, but you cannot wash your reputation”.

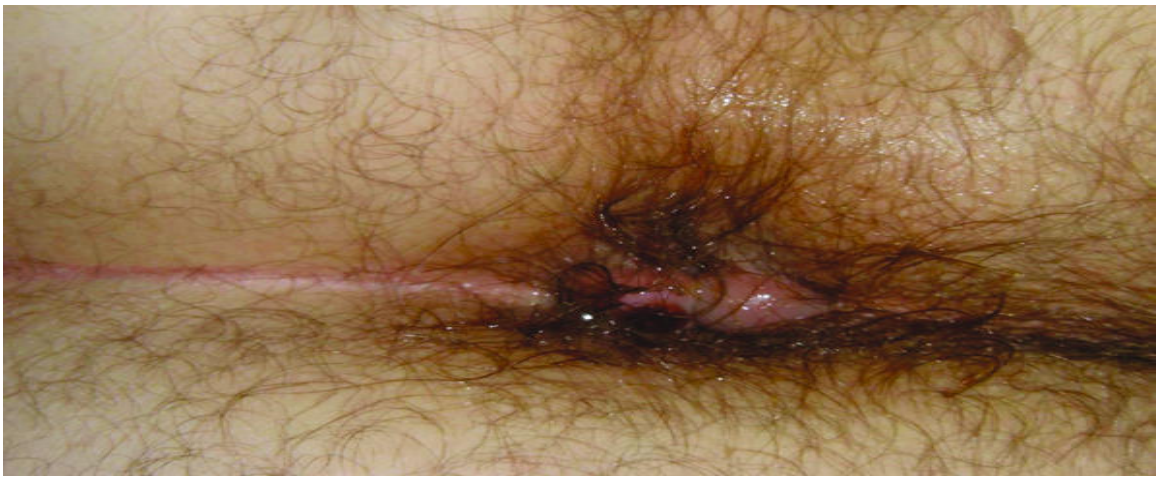
The other conditions for which the patient names it as piles are fistulain-ano and fissure. They can be readily distinguished from piles.

Complication and Sequele:

Strangulation:- The sphincter muscle may grip the prolapsed piles and cause strangulation. Venous return is impeded in the strangulated pile mass and hence it will

be enlarged and congested. Strangulation is accompanied by considerable pain. Morgan thinks that engorgement and painful condition in these cases is due to ulceration, infection and thrombosis rather than due to constriction of sphincter muscles, as they are marked spasmodic conditions. The inflamed mass remains prolapsed because of inflammatory oedemas and size.

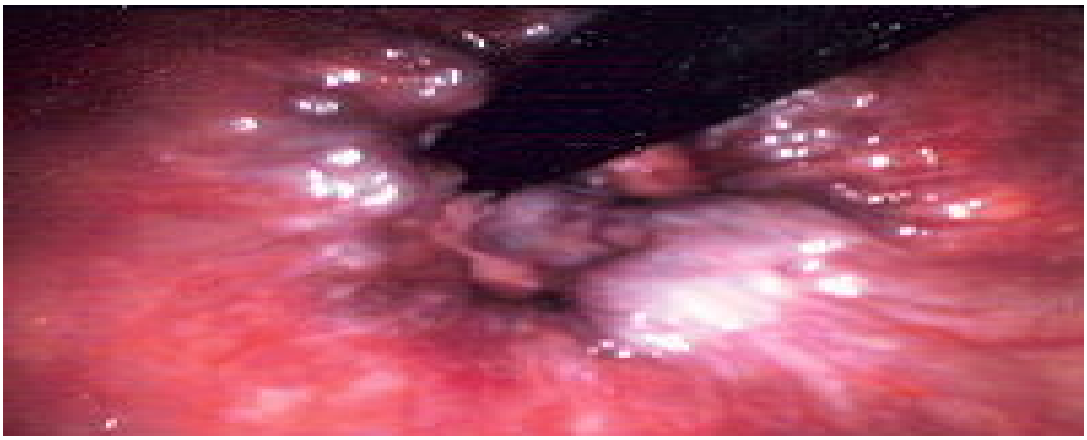
Thrombosis :- if a strangulated pile mass is not replaced within 1 to 2 hours, thromboises takes place. The pile mass becaomes dark purple or



oedematous forming a large swelling covering the pile mass partly at the anal orifice. Very rarely the thrombosis may occur in the pile at the normal position and will be tender and (indurated) on feeling. When once the thrombosis occurs pain of strangulation pases off, but it is felt only on defaecation. On examination there will be oedematous swelling in the anal and perianal region which will be soft in consistency. If the external piles are also thrombosed, they will be hard and tender on palpation. The inner aspect of the swelling is covered by mucosa which will be firm and tender.

The digital examination is uncomfortable due to pain and proctoscopic examaintion is impossible. Majority of the prolapsed thrombosed piles undergo spontaneous resolution. The swelling and oedema gradually diminish and the pile mass recedes into the anal canal.

Fibrosis :- Subsequent to thrombosis the pile may reduce in size due to organization, subsequent fibrosis and contaction. Thus the bleeding and prolapse may be considerably reduced. Sometimes, the fibrosed pile mass protrudes through the anal canal as a firm mass. This firm mass. This fibrous polyp can be distinguished from oedema by its firm consistency and whitish colour.



Sloughing And Ulceration : in some cases of thrombosis the condition progresses to sloughing and ulceration due to devitalization and is confined to a small area or it may involve extensive areas.

Abscess Formation: Subsequent to sloughing and ulceration an infective process begins in the submucosa or perianal or Ischio-rectal region, forming abscesses. It may be difficult to diagnose till the abscesses burst open and discharge pus.

Sepsis :- Fortunately this complication is rate. infection can easily spread to portal system from the infected part through the superior haemorrhoidal vein.

If the infection spreads to the portal vein it causes pyaemia and multiple pyaemic abscesses in the liver.

This may occur as a result of undue manipulation of infected thrombosed piles to reduce it and to intervene surgically.

Gangrene:- occurs when the strangulation is sufficiently light to constrict the arterial supply of the haemorrhoids. The resulting sloghing is usually superficial and localized. Rarely massive gangrene extents to the mucous membrane within the anal canal and rectum

Post operative complications:

Corman, Marvin L (1993)

Haemorrhoidectomy Group :-

1. Post operative pain
2. Post operative bleeding
3. Retention of urine
4. Infection

Late complications of haemorrhoidectomy:-

1. Recurrence
2. Stenosis
3. Fissure formation
4. Development of an abscess and fistula
5. Defects in the anal control[24]

REVIEW OF HOMOEOPATHIC LITERATURE

Von, Boenninghausen (1943) : Aphorism 12 “patients cured of chronic haemorrhoids which had been bleeding much, are in danger of dropsy or consumption unless one pile tumor is left to continue bleeding.” Dr. Boenninghausen’s Comment- we must honestly admit that our intellect is not sufficient to understand how a physician could be able to cure haemorrhoids so that one remains for the purpose of continuing the bleeding. We are morever of the opinion that such a clever thing was just as difficult in the time of Hippocrates as it is now. In the allopathic material medica we can find no remedy which could possibly justify such a supposition. But when, as experience teaches, a suppression of a case of chronic haemorrhoids bleeding is a dangerous thing, which experiment later on brings revenge, and a partial bleeding is impossible, then we cannot see how allopathy can make use of this aphorism. In Homoeopathic practice it is different. Here such bleeding is evaluated only as a single symptom of the disease picture in the patient, which never alone can be treated or cured, nor is it permissible, as it is only an important part of the totality of symptoms, all of which must correspond to the totality of the remedy picture.

Aphorism 21. Varicosities and haemorrhoids supervening in cases of insanity are curative.

Comment: we just shall state that lately this aphorism has been confirmed in a few case, but such happenings are rare hence they deserve mention. The connection between brain and haemorrhoids and varices we leave to the explanation of pathologists. Yet we again see the relationship between mind and body in health and sickness, that ailment of one can allay the other, and that therefore we can not claim a real cure, for nothing but a changed form has taken place.

It is of much greater importance in the homoeopathic treatment of the insane that we have remedies, which have mental symptoms plus varices and haemorrhoids. Here we can mention: Arnica, Arsenicum, Fluroic acid, Lachesis, Lycopodium and Zincum in the first line, but also: Anacardium, Belladonna, Causticum, Cuprum, Hyoscyamuys, Ignatia, NUx vomica, Phosphorus, Sepia, Sulpjur and Veratrum. Therefore, when a patient before his mental aberration suffered from one of the trouble mentiones, but they were in some way suppressed, then such anamnestic symptom wins the greatest importance in the total symptom complex and it points a priori to one of the above remedies which are of the value over others. Of such preliminary symptoms, which disappear, or may have been suppressed, there are many of various kinds, and they deserve the greatest attention in a truly homoeopathic treatment.[5]

Hahnemann, S.(1985) when the diseased natural force propelled blood into the veins of the rectum or anus (blind haemorrhoids). The minister naturae, under the same delusive idea of assisting the vital force in its curative efforts applied leeches, often in large numbers, in order to give an outlet to the blood there with but brief, often scarcely noteworthy, relief, but thereby weakening the body and occasioning still greater congestion in those parts, without the slightest diminution of the original disease.[28]

Kent, James Tyler(1989) In the fourth paragraph Hahnemann says: "The physician is likewise a preserver of health if he knows the things that derange health and cause disease and how to remove them from persons in health." If the physician believs that causes are external, if he believs that the material changes in the body are the things that disturb health, are the fundamental cause of sickness, he will undertake to remove these, e.g., he will cut off haemorrhoids or remove the tumor.

But these are not objects Hahnemann means. The objects he means are invisible and can only be known by signs and symptoms. Of course, it is quite right for the physiucians to remove those things that are external to the sick man and are troubling him. These are not disease, but they are in a measure disturbing him and making him sick, aggravating his chromic miasms so that it will progress and destroy. These are outward obstacles and not the disease, but in this way man is very often rendered more susceptible to acute miasms. The things "which keep up disease" relate more particularly to external things There are conditions in man's life which keep up or encourage man's disorder. The disorder is from the interior, but many of the disturbances that aggravate the disorders are external. The cause of disorder is internal, and is of such quality that it affects the government from the interior, while the coarser things are such as can disturb more especially the body, such as improperly selected food living in damp houses, etc. it is hardly worth while to dwell upon these things, because any ordinary physician is sufficiently well versed in hygiene to remove from his patients the external obstacles.[35]

Close, Stuart (1989) Cure and Recovery – Cure relates to the case as a whole: A patient may have his haemorrhoids removed and be relieved of his rectal symptoms; but if the symptoms of the heart or liver disease which preceded and caused his haemorrhoids are not removed the patient is not cured; and so of innumerable other morbid conditions.

Cure does not refer to the patient, not to some symptoms of his disease, nor to what may be called "one of his disease." To say that a patient is cured of his haemorrhoids, but still has his hear disease is a patient is cure means complete restoration to health.[17]

Green, Julia M. (1953) Physically speaking an early operation to remove haemorrhoids brought disasrrous results in debiliatating haemorrhages from the rectum with much pain there and in urinay tract.[25]

Das, N.C.(1950) CONSUMPTION – Phthisis is preventable when homoeopathic medicine is used to eradicate the tendency towards it and the causes of the disease are removed. The following are some of the chief causes of phthisis.

(m) Suppressed haemorrhoids, suppressed fistula.[18]

Pattak (1940) Again, Consumpption may, and often does, have its origin in suppressed chronic diarrhea, suppressed haemorrhoids, suppressed Fistula in ano, etc. The physician can be guilty of nothing more criminal in his profession than to treat any disease locally and thereby suppress it.

Wright, Elizabeth (1940) Ailments from suppressed discharges are of paramount importance, whether they be from mucous membranes, such as leucorrhoea, etc, or from the skin as in the case of perspiration or eruptions, or from operations which close nature's vents, such as fistulae or haemorrhoids.[41]

Regan, J (1939) Mineral Salts & Its Importance In Human Organism: A disproportion between nutrition and assimilation, associated with a

deficiency in lime, and the resulting acidosis are contributing factors in metabolic disturbances of all sorts. They are concerned in rheumatic affections, in gout, sciatica, many rental disturbances and in numerous conditions tha seemingly have only remote connection with metabolism. As W.R. Grove (Clin Four, 1923, No.44. p.521) points out, calcium deficiency often is a consequence of toxin absorption upon septic foci; hence in varicose ulcers,s haemorrhoids, etc.[46]

Rabe R.F. (1952) The Fluoridation Racket: Most of our readers must have been rudely awakened by the noise of the vicious as well as ridiculous attempt

stemming from the executive arm of the federal government to impose fluoridation of our water supplies throughout the county, local at first then to sweep over the land with as much speed as possible so as to insure success in the exploit.

The of the People:

To the Editor of the American:

There is a big gap either in the thinking or the information(more likely the latter) of our health officer and his chemists, shown in the propaganda toward involunatary fluoridation of our people. Here are some of the conditions, which have appeared in scientific tests with the fluorides.

Arterial and venous hardening; hardened enlargements in fascia and capsular ligaments of joints; superfluous or “rice” bone tumors; bony growths in fingers and toes and hard bone swellings; brittleness of bones, deficient fluid in joints; swelling of head bones in new born children; bone abscesses, in long bones especially; brain tumors; cavities in head bones; badness; premature age; emaciation and flabby muscles; atrophy of brain; vertigo, nausea and numbness; felons; oily sweat; dry hard skin; hardening of glands; varicose veins; haemorrhoids, rectal bleeding; ulcers, leg ulcers especially; changes of disposition, irritability, apprehension, discontent, undue financial anxiety; loss of memory; satyriasis, nymphomania; metrorrhagia.[45]

Kasad, K.N. (1994) As long as a continued supply of energy is maintained, structural integrity with resultant efficient functioning and balanced expression is experienced. This state we appreciate as Normality. Every Structure, through action, keep on modifying itselr. Every structure, has to withstand forces – within as well as without – which it keeps on attracting for the simple reason : it wants to maintain itself in a position which it regards as advantageous. It moves out further towards the qualities it has found usuful in its operation so far, in the expectation that this move of

exaggeration will strengthen it to deal effectively with the new situation. Any confusion at this point has tremendous reverberations righ through the structure which, concomitantly, is weakened by a decreased energy input though a state of distraction. This weakness is manifested outside in the form of an exaggerated response to the environmental forces. This phase, we designate as Diathesis. Diathesis is nothing but an exaggerated constitutional type with morbid tendencles, which predispose the individual to Disease. Continuing adverse input of varied typed impose strain on the system tilis towards the final phase of Disease.

The 'Individual' becomes the 'Patient'. These three phrases of Normality. Diathesis, Disease is continuity in Time, a continuous spectrum of progressive failure of adaptation and balance with a smooth transition.[35]

Hughes, Richard (1994) "The form of the disease in which I have found it specially efficient is that in which the only connected symptom or appreciable cause is constipation, and where there is much uneasiness and pain but little bleeding. DR. Minor, opf New Yor, too, gives "absence of constipation" as an indication for Aesculus, distinguishing it thereby from Collinsonia. Putting all these things together, it would seem that our medicine has a very wide range of anti- haemorrhoidal activity. I think, too, that we may carry it a point further. The older authors used to describe an haemorrhoidal diathesis, of which the local occurrence of these excrescence was but the main feature. Dr. Jousset, in his Elements de Medicine Pratique, maintains that we have suffered loss by losing sight of this conception and draws a picture of the haemorrhoidaire."[31]

Kanjilal, J.N. (1994) In the word Miasm, Hahnemann depicted his original philosophic attitude, viz. the inseparability of matter and spirit. The term 'Miasm' however is often employed to denote the cause as well as the effect, for example, the

term psora, Syphillis and Sycosis are used to denote the causative miasms as well as their effects, the respective disease syndromes.[32]

Hahnemann, S. (1197) 'In young people who are of a sanguine temperament, the suppression of itch is followed of itch is followd by piles."[28]

Master, Farokh Jamshed (1994) Haemorrhages from the rectum always call our attention to Tubercular element in thesystem, although we see bleeding piles also in Sycosis, but Sycosis has great pruitis and usually has a scanty, thin, watery discharge oozing from the rectum that has a fishy or fish brine smell to it.[38]

Tyler (1999) Pseudo Psora – Rectal diseases alternating with heart, chest or lung troubles-especiallly of asthma and respiratory difficulties; e.g., haemorrhoids if operated on or suppressed are followed by lung difficuluties or asthama and not infrequently by heart troubles. Haemorrhage from rectum.[50]

Tyler (1999) Sycosis –Bleeding haemorrhoids.[50]

H. Robert (1988) Syphilitic Stigma:- haemorrhages from the rectum are signoposts of tuberculosis, although there are bleeding haemorrhoids in sycosis. Tubercular patients are troubled alternation of symptoms in the tubercular patient may be noted in the alternation of rectal diseases with heart, chest or lung troubles, especially in asthama or respiratory difficulties. Very ofter, operated or suppressed haemorrhoids will be followed by authmatic manifestations, often accompanied by heart troubles.[47]

Robert, H. (1988) Disease Classification Sycosis:- All bowel and intestinal trouble of sycotic origin have the constant symptom of colic, whether it be in the diarrhea, the haemorrhoids, or any other digestiuve manifestation; and with this there is always the marked irritability.

Dulcamara is typically sycotic in its manifestations; it has the diarrhea, acrid and corrosive; from getting wet; bleeding haemorrhoids with great prurities; fishbrine smell.[47]

Lipton Benno (1994): Lycopodium in Its Relation to the Miasms- in Lycopodium we find bleeding haemorrhoids, which on account of the haemorrhage, would constitute a tubercular symptom. Constipation dominates in Lycopodium, there is frequent but inefficient urging to go to stool. The stools are hard and small. These symptoms belong to psora.[36]

Clarke, John H. (1999): Carbo-Nitrogenoid Constitution: This constitution is characterized by insufficient oxygenation and the disease it producers are called diseases of retarded nutrition. This makes for increased liability to disease and perverted nutrition.

After a period of obesity, thinness follows. Albuminoids are decomposed like the hydrocarbons. There is pseudo-albuminuria, phosphaturia, acetonemia, rickets and osteomalacia. General symptoms are great frequently of respirations with shallowness; short brsath frequent pulse, blood charged with melanotic cellules. Constipation or diarrhea, flatulence, urinary troubles, gouty pains in the head gouty swellings, vertigo, ataxia, dullness of the head, somnolence, yawning, hypochondriasis, irritability, and extraordinary impatience. Copious urie acid and oxalates in urine. Epistaxis and haemorrhoids :- Pruritus.-Precocious baldness with perspiration of the head.- Cerebral fatigue.- Unhealthy skin, fetid and acid perspiration, boiuls, exzema, urticaria.

Causes Aggravation :

1. Everything which hinders oxidation.
2. Everything which increases hydrocarbons and albuminoids.

3. Everything which diminishes the alkalinity of the humours.

< rest. < Non-ozonised mists.

< Irritation of cerebro-spinal or sympathetic nervous system.

< Sexual excesses.

<Over-feeding

< Confined air.

< Chagrin

< Respiratory insufficiency

< Loss of blood or blood-letting which diminishes the number of blood globules and consequently oxidation.

< Excess of Sodium salts, like sea salt which hinders cellular osmosis and diminishes the quantity of water in the tissues.

Treatment : The Carb-nitrogenoid lacks ozone and is rich in carbon and nitrogen. Consequently it finds it chief remedy in ozone and ozonated water.

Applicable also are all remedies which facilities the splitting up of hydrocarbons and albuminoids and the discharging of ozygen chemically into the heart of the tissues.

For example:

Cupr., Phos., Sulph., Camph., hepar Sulph., Aco., Merc., Aur., Argent., Plumb., Plat., Oil. Tereb., Rhus., Dulc., Cham., Lyc., Bov., Bel., Nux. 30 (alone-not alternated as for Hydrogenoids), Digit, Hyos., Apis., Lob. Infl.[16]

Patil, J.D (1999) The Carbo-nitrogenoid Constitution-Persons with this constitution suffer mostly from diseases arising out of functional derangemtn of the body and mind, marked by the erratic working of the main organs of the body such as heart, lung, liver, spleen, kidney and accounting for diseases flowing from their

defects. Some of its chief remedies are: Ars-I, Bar-c, Calc-p, Carb-v. Hep, iod, Kali-bi, Lach, Lyc, Nat-m, Nit-ac, Sulph, Tub, Zinc, Psoric miasm.[40]

Clarke, John H. (1996) haemorrhoids: Their Nature :- Some four-and-twenty years ago I received from a patient a very valuable lesson in the treatment of haemorrhoids, which has been of the greatest service to me ever since. With the impatience of youth, the progress of the case seemend to me so slow, that I advised the patient, a lady past middle life, to undergo an operation. This she emphatically refused to do and insisted that I should cure her by medicines: and I did. From that day to this I have not had occasion to advise operation in any case of the kind, in a large experience both in hospital and in private practice. I do not maintain that I have succeeded in curing all cases; but those that were not actually cured were so far benefited that no operation has been required.

And here I may say a word about the time required for medicinal cures in chronic cases. It was my impatience in the case I have alluded to that led to the suggestion of oeperative measures. The patient herself was quite willing to wait as the event showed. I am convinced that if medial men realized that haemorrhoids are based on a constitutional state that is remediable, they would not so readily condemn patients to the surgeon's knife. But constitutional states require time for their change and it is as ridiculous to expect to effet it in a short time, as it would be to expect a patient in typhoid fever to be well in a days. And it must be remembered that though the ways of surgery are apparently more expeditious, surgery never cures a constitutional state. On the contrary, after a surgical operation the organism has to recover from the shock and this may take a long time and perhaps may never be complete. And this is especially true in cases like those of piles, where the constitutional morbid condition is left un touched by the operation or it diverted to

some vital organ. I have recorded such a case in my book on Diseases of the Heart, in which a fatal result followed such an operation. As the case is one of the great importance it may be useful to give it here in full. And yet the affection is completely given over to the surgeon in old school practice, as is shown by the most recent text books on medicine. Pepper's text book of the theory and practice of medicine makes no mention of haemorrhoids as a disease for medicinal treatment Quain's Dictonary of medicine does, indeed, devot an article to the subject but it is a surgeon who writes itand though he gives advice for the internal and the local treatment of mild cases, his general conclusion is as follows:-

" External piles when large and trouble-some, and internal piles when of such a size to protrude at stool and to be subject to inflammation, ulceration, and frequent bleeding, can be removed only by operation."

The experience of every careful homeopathists leads to a diametrically opposite conclusion and one the objects of this treatise is to demonstrate that piles are curable by constitutional remeadies without any assistance from surgery.

Hints on General Management

The patients who come to me have generally tried all known methods of diet, exercise, massage etc., so that there is nothing much left

For me to do beyond finding the right remedfy. But I may make a few general remarks, which may prove useful.

A moderate amount of exercise is a useful measure in slight case of constipation, but excessive exercise is just as bad as too little. For city men who have to spend the greater part of their time in offices, to and from which they travel by train, it is a very good plan to select a house just far enough from their station to ensure a tolerable walk at least twice a day. There is nothing more dismal than your

“constitutional” when it is a constitutional pure and simple. But by a little ingenuity it is possible to compel oneself to take a constitutional without knowing it.

Horse exercise and cycling are useful, but cyclists should resist the temptation to overdo it. A good rule to bear in mind is: never to start on a ride with the wind, or down hill, if the hill is considerable. If that is done, the rider will probably go too far without knowing it and the return jouney will have to be fought against the wind or up hill, resulting most likely in over-fatigue. Whereas if a start is made against the difficulties, the rider contends with them when he is freshest and has the easiest part of his work for the last part of his journey.

Allied to exercise is massage and systematic movements made under the guidance of an expert. These are both of great service where ordinary exercise from any cause is inadmissible. Abdominal massage is often effective in restoring the activity of the bowels, but unless it is assisted by medicines there is apt to be a relapse when it is left off. A rather peculiar form of abdominal massage is the “cannon ball” treatment I cannot recomment it, though some claim great things for it. It consists of rolling a cannon ball (not too large, of course) round and over the abdomen whilst lying flat on the back before rising in the morming.

Hydropathy has a measure, which I have seen used with success, I mean the towel pack. A towel wrung out of hot or cold (generally cold) water is laid across the body at right, covered with flannel and fastened with another towel round the body.

Diet is a matter of great importance. Milk, eggs(especially the whites), jellies, gelatin, isinglass, are all constipating.

Tea and coffee act in different ways on different subjects, producing constipation is some and looseness in other; cocoa is, so far as my experience goes, neutral, and may be safely use by all who can take it. Some o the thin varieties, as

shell or nid cocoa or Cocoa Essence, can be recommended; taken with little milk, though cream is admissible. White bread, whether it contains alum or not, is constipating to many people, and some of the excellent forms of whole-meal bread are much to be preferred and should be used exclusively. There is no alum in them, as whiteness is not the object. Rice is also constipating, and arrowroot and milk puddings generally and these should be avoided. On the other hand, meats and soups, fruit fresh and dried, vegetables cooked and raw, more especially green vegetables, oatmeal porridge and gruel, made with water, are relaxing. An apple or an orange before breakfast many people find of service.

Of late years it has become the fashion to drink quantities of hot water, Like other fashions this can overdone. It should never be indulged in as permarience, though it may be taken either night or morning for a time without much risk. The tendency is to relax and weaken the stomach.

` it must not be forgotten that thought he muscular coat of the bowels is composed of involuntary muscles, nevertheless the will has a good deal to say to the function. And if the call of nature is not felt at regular times, an effort should, nevertheless, be made at the time when the action should take place.

Regular efforts made in this way will help considerably to restore last or disordered function.

But after all is said and done about regimen and diet there remain num bers of cases utterly uninfluenced by either and if the daily pil or draught is to be dispensed with, some other medicinal action must be introduced.[16]

Ruddock, Harris E. (1994) haemorrhoids: Diet and Accessory Means: Patients should avoid coffee, pepper, spices, stimulating, highly seasoned or indigestible food of every kind and the habitual use of beer, wine and spirits. Light

animal food, brown bread, a liberal quantity of well-cooked vegetables and rope and wholesome fruits, from the most suitable diet. A full tumbler of very hot water should be sipped first thing in the morning and last thing at night. During an attack of piles, animal food should be sparingly used. Over-eating or sinking cause engorgement of the portal vein and Piles are the common result. The application of this remark is self-evident.

Sedentary habits and much standing, on the one hand and extreme fatigue on the other, are prejudicial; as also is the use of cushions and feather beds. Drinking hair a number of cold water and then lying down for an hour may relieve the pain attending Blind-piles. The horizontal position should be maintained as much as possible that being most favorable to recovery.

Paterson John(1950) MORGAN (Bach): B.MORGAN is the type of non-lactose organism most frequently found in the stool and it has the greatest number of associated remedies compared to other types on the list. The keynote for the Morgan group is contained in the word “Congestion”

and if this is used in the study of the various parts of the body affected it will afford a good symptom picture of the pathogenesis of the B.Morgan. Circulation Congestion and sluggish action is seen by the tendency to haemorrhoids and varicose veins and the condition known as “Erythro-cyanosis puellorum” a blueness of the lower extremities, often in female adolescents and marked by chilblains of feet and toes.[48]

Ruddock, E.H.(1999) Piles(Haemorrhoids): Diet And Accessory Means: Patients should avoid highly seasoned dishes, coffee, peppers, spices, alcoholic beverages and all kinds of indigesuble food Light animal food, properly cooded vegetables and ripe fruits, form the most useful diet. Sedentary habits, too much standing and the use of cushions and feather beds are prejudicial. The pain attending

blind-piles may be relieved by ablution with cold water, or with tepid water, or tepid vinegar and water in equal proportions, if that be found more agreeable, Bleeding-piles may be relieved by drinking half a tumber of cold water, and then lying down for an hour. The horizontal posture should be maintained as much as possible, especially for ten or fifteen minutes after an evacuation; this gives great relief and favors recovery. An occasional injection of about half a pint to pint of water up the lower bowel, by means of the enema apparatus, acts most beneficially, by constricting the blood vessel, softening the faeces, and obviating straining at stool. The wet compress is also recommended preventively, directly the first symptoms are noticed; and also curatively, with the other means pointed out.[48]

Narvekar, Anjali V.(1991) Stretch Pose (Variation): Traditionally, this pose has been used for conditions involving haemorrhoids, impotency, and constipation. It work on elementary energy. This exercise also stretches out the sciatic nerve, one of the largest nerves in the body, important for developing physical energy. Do the exercise on both sides, emphasizing the stretch on the tightest side.

1. Site on the floor with your legs stretched out in front of you. Bend your right knee, and place your right heel between your genitals and your rectum. This puts pressure on conception Vessel.
2. Your left leg remains straight out in front of you. Garb hold of the left shin or ankle and inhale, straightening the spine.
3. Exhale, using your arm muscle to bring your forehead towards your left knee.
4. Continue for about half a minute on each side. [39]

Picollo, Anthony R. (1949) For varicose veins and haemorrhoids: Pulsatilla Sulph, Hamamelis, Carbo veg., Calc fluor., Nux vomica.[43]

Donner Fritz(1953) How Did We Get Our Homoeopathic Materia Medica – The first proving of Hippocastanum was undertaken 75 years ago and it shows especial action on the rectum and anus in all provers. Aside from subjective symptoms (sensation of dryness, fullness, heat, itching and of a foreign body) in the rectum, some provers reported haemorrhoidal sweelings. On the basis of these findings which unquestionably showed the organotropy of the remedy of rectum and anus, homoeopathic physicians tried Aesulus in haemorrhoidal complaints. Therapeutic results during the past 75 years proved the specifie action of this remedy-we prefer the 3x potency-in haemorrhoids Provers also reported pain in the iliosacral joint; these pains were not severe, more a dull sensation of pain with local weakness. Such lumbago one finds often in patients suffering from haemorrhoids. Aesculus also acts on the mucous membrane of throat; Sensation of dryness in pharynx.

In this connection I wish to mention that the old physicians knew a ‘haemorrhoidal diatheses.” According to their description they frequently found in patients with piles a chronic pharyngeal catarrh. The Proving Pictures of Aesculus in the symptom totality corresponds to the “haemorrhoidal type” and it is here especially helpful. But this also means that it is not a panacea for haemorrhoids.

When a patient suffers from piles, is nervous, overworked, filling up with coffee and alcohol, is a gastro-intestingal neurotic with constipation and ineffectual pressure to stool, then Aesculus is not his remedy, he needs Nux vomica 4x to 6x, which helps the haemorrhoidal condition, but also the stool, the gastro-intestinal sleep better, can accomplish his ental tasks, does not need the stimulants, in short the entire person feels better. We do not treat the haemorrhoids as such, but the entire patient who also has haemorrhoids, which perhaps are his most prominent complaint. Patients with haemorrhoids who incline to diseases of skin itching of skin, where constipation

or diarrhea alternate, should have Sulphur 3x to 6x haemorrhoids during pregnancy yield well to Sepia 4c to 6c potency and Collinsonia canadenis 2x. Patients suffering from varicose veins and haemorrhoids and report such conditions to be, “a family affair,” should have Fluoric acid 6x (this should be dispensed in a gutta percha bottle), and they possibly need Calcarea fluorica 4c to 6c potency in trituration, which improves the constitutionally weak walls of veins.

Aloe also is an important remedy for haemorrhoids, especially when they are worse during diarrhea. This symptom seems paradox, but I have seen a number of just such case and Aloe helped promptly.

Wehre haemorrhoids are external, inflamed and extremely paiful, Muriatic acid 3x or Ammonium carbonicum 3c are helped, but the latter should be freshly prepared.[22]

Castro, Hilario Luna (1947) : In Leptandra 6x and 30x. proving, were registered the following symptoms: Bleeding haemorrhoids, prolapsus of the rectum with or without haemorrhoids. Bright coloured or acholic stools in jaundice cases. Rectal haemorrhages.[10]

Humranwala, Parinaz(1996): Remedies those have proved very useful in haemorrhoids are Nitric-acid, Supphur and Nux-vum. ‘T’ bangages have proved useful for haemorrhoids. Cold ‘T’ bandage acts well in proctitis, periproctiitis, inflammatory haemorrhoids, orchitis and epididymities. Hot ‘T’ bandages are beneficial in spasms and tensmus and in certain haemorrhoidal conditions when contraction and spasm produce much discomfort.

Boger, C.M. (1932) Additions To kent’s Repertory 899 Pain lumber region, 906 childbirth, after : kali carb.[7]

Das, n.C. (1950) GLEANINGS – 1. Asthama with haemorrhoids:

Agar. Arg-ni. Sulph.[18]

Das, N.C. (1950) GLEANINGS – 5.: Bad effects from suppressed haemorrhoids: Nux-v. Sulph. (Knerr's Rep) [18]

Das, N.C. (1950) GLEANINGS-6: Haemorrhoids, like grapes, around the anus, not bleeding:[18]

Diosc(Johnson)

C.M. Boger(1931) Additions To Kents Repertory -5 Page.

337. blowing wind instruments, on:

Headache, with

Haemorrhoids, suppressed: Sulph.,

Haemorrhoids : in general **:** Aco., AESC., ALO., alu., amb., am-c., anac., ant-c., Ars., bap., bar-c., BELL., Calc-c., caps., Carb-v., Caus., coll., colo., cup., fer., GRAP., ing., KALI-C., lach., lyco., mur-ac., nat-m., nit-ac., NUX-V., pho., pho-ac., plb., PUL., rhus-t., sabi., sep., stra., SUL., sul-ac., thu.,

Haemorrhoids : Bleeding : ACO., Am-c., Ant-c., aur., bell., bor., calc-c., Canth., carb-v., cham., Chin., cup., fer., ham., hyo., IP., kali-c., lach., led., lyco., Lycaps., manc., men., merc., mill., mur-ac., nat-m., Nit-ac., PHO., Pho-ac., pul., SABI., sep., sil., Stra., SUL., val., [6]

Thomas G. Sloan (1930) haemorrhoids protrude during stool.very sensitive. Urging to stool every time she urinates. Mur. Acid 200. Marked relief in a terminal case of the uterus.

Burt, Willium H.(1987) Aesculus produces portal congestion, which reacts upon the rectum, producing catarrhal inflammation; the parts are dry and swollen. The

haemorrhoidal vessels become intensely congested. The rectum and anus are violently inflamed, producing piles in their most aggravated form. [8]

A.H. Grimmer (1952) New Remedies And New Aspects Of Old Remedies: Paeonia is another little remedy too often overlooked by the

profession in the treatment of hemorrhoids, fissure and ulcerating conditions of the rectum.

Clarke, John Henry (1995) Collinsonia is useful in heart affections alternating with suppressed haemorrhoidal bleeding; sensitiveness about the hear, fullness, oppressed breathing, faintness. It cured a case in which there was severe constrictive pain about the heart in a man who habitually passed blood by stool, the heart symptoms coming on when the bleeding ceased and disappearing when it was re-established. Collinsonia cured both. [14]

Farrington, E.A. (1996) A French physician has recommended Anacardium as an invaluable remedy in internal haemorrhoids. [23]

Choudhuri N.M. (1997) Muriatic acid and sulphur are two of Dr. Guernsey's "Big Four" in haemorrhoidal ailments, where Muriatic acid is for intensely painful & Sulphur is for painless piles. [11]

Ruddock, Harris E, (1994) Epitome of Treatment of Pile:

1. Ordinary cases and from luxurious or secondary habits nux sulph, podoph.
2. From constipation ,Sulph AEscul ,Nux V Collin,Carbo V.
3. During Pregnancy ,Aloes ,Collin , Nux V.
4. Bleeding Piles ,Ham or Sulph (dark blood),Aescul ,Aloes ,Acon (Excessive bleeding); China (after loosses of blood).
5. Blind piles , ,Nux ,V, in alternation with Sulph ,Acon great pain caps (burning and itching).

6. White Piles , disharges of Mucus Merc (with excoriation) Acon , (frequent discharge of white muscles).
7. Chronic Ars in emaciated persons Ferr (cachectic constitution) Ac nit, Sulph Hep,s.
8. Suppressed Acon ,puls ,sulph[48]

Leeding Indication :

Nux Vomica - Piles in patients of sedentary habits or luxurious living ,indulgence in stimulants or depressing mental emotions; with ineffectual urging ;Prelapsus of loss of power of the muscular structure of the bowel ,Sulph may advantageously follow this remedy ,a dose given in the morning and night for four days or Sulph and Nux V may be given in altenating doses the former in the morning and later at night

Hamamelis - Bleeding piles or only a varicose condition for the haemorridal veins particurly with a varicose state of the veins of the lower extremities For cases in which there is a considerable loss of blood it shoud be used both internally and externally , a lotion being made by adding thirty drops of the strong tincture to four ounces of water and applied by means of two or three folds of linen ,covered with oiled silk and renewed severeal times daily

Aesculus - Little bleeding with much pain in the rectum and also in the back and loins Constipation Also in form of ointment.

Collinsonia - piles associated with Constipation.

Aconitum - An inflamed condition, with feverish restlessness, a sensation of heat and discharge of mucus or blood. For the excessive pain often association with piles, besides its internal use, Acon. May be used as a lotion.

Arsenicum – Burning sensation and sometimes a feeling composed to passing red-hot needles through the piles, with intolerable pain in the back, protrusion of the tumours and prostration of strength.

Sulphur – This remedy is justly regarded as one of the most valuable in every variety of piles, especially in chronic cases, associated with constipation, or thin evacuations mixed with blood. [48]

Kapadia sarabhai (1994) : The Hahnemannian Classification of Diseases is a major break – through towards the rational therapeutic management of Disease. The Homeopathic physician needs to perceive clearly that:

(i) The past, personal as well as family (hereditary contribution), contributes in a major way to the distinctive evaluation of the Disease Patter;

(ii) Previous Drugging is an important contribution towards alteration in or suppression of Disease – Expresion; the complexes formed by their action

often become a hindrance which must be removed, either by a suitable antidote or its own preparation in potentised form, for the cure to proceed.

(iii) Effects to injury on tissues / organs unless adequately countered by suitable specific remedies, act as a block to the curative action of the antimiasmatic remedy and hence must be dealt with before the later is administered. Cases of injury very often involve constitutional or other extraneous issues, which must be considered when the usual remedies fos such injuries fail.

(iv) Hering's Law cure can be applied as a Universal Law for verification of the correct application of the Law of similars to the problem of the therapeutic management of disease, chronic as well as acute, since both are different phase-expressions of the same process. [33]

Fritz, Donner (1953) " You might say that your old school therapy in haemorrhoids is much simpler. That is sure, It consist (if I may exaggerate a little) aside from dietic and hygienic directions, in reality in placing in the patient's left hand a box of suppositories, after a digital examination has ruled out an ulcerated tumor or other intestinal affection which resembled a haemorrhoid. Homeopathic therapy in comparison is more tedious and demands a much greater knowledge of pharmacology. However, one who is painstaking in treating individual patients suffering from haemorrhoids, using suitable homeopathic medicaments, including constitutional remedies, will be fully recompensed by happy results, for he cures many whom the schematic old school treatment did not even relieve" [22]

Chugha, B. R. (1952) It is a matter of great delight to know that there are such noble persons in the profession even today who are so straightforward in telling the TRUTH regardless of any opposition. Homeopathy does not exclude surgery. To say it does is tantamount to ignorance and misguided knowledge of Homeopathy.

During my 40 years experience in homeopathic practice, I have treated a number of cases, which wer to all intents and purposes surgical cases, and most of them were cured. Carbuncle, appendicitis, stones in kidney and bladder, gall stones, pyaemia, diabetic gangrene, mastoid abscess, nose polypus, tonsils, piles and fistulae, etc, are all amenable to homeopathic drugs. I earnestly appeal to all – patients can save endless suffering, allopaths, homeopaths, ayurvaidyans or hakims to shed their prejudices and bias co – operate with each otherin their great national effect to eradicate disease and to alleviate the sufferings of their country men[12]

METHODOLOGY

This study was conducted in patients who attended the out patient department of Dr. B.D. Jatti Homoeopathic Medical College Hospital and PG Research Centre, Dharwad from Dec 2008 to June 2010.

Materials:

- 30 patients of diagnosed haemorrhoids are selected irrespective of age & sex by considering the inclusion of exclusion ceiteria.
- Detail “case taking format” is used to individualize the case or Homoeopathic totality, and constitutional treatment maintaining the records reference and follow up to know the prognosis.
- Proctoscopy: Conducted as a diagnostic procedure for each patient.

Methods:

The method used for his study was a clinical method, for the confirmation and scientificity, the results obtained has been satistically analysed and evaluated.

- Patients are selected from O.P.D., I.P.D. and Village camps mainly identified on the basis of clinical presentation while taking the case and confirmed the disorder by proctoscopy.
- Under inclusion criteria class included all the diagnosed case of haemorrhoids without any complication above 16 yrs patient.
- A detailed case history was taking by case proforma.
- Routine blood investigations were carried out every where necessary.
- Proctoscopy was done before and after the treatment.
- The symptom were analysed and evaluated according to repertory.
- The synthesis of the case is done to elicit the Conceptual Image.
- Repertorial syndrome / totality taken.

- The symptoms not found in repertory is kept in PDF.
- Repertorisation is done by Boenninghausen's characteristic materia medica & Repertory by C.M.Boger, is used according to case to select the remedy.
- Reperorial results are analysed through the PDF and medicine is selected with reference to material medica.
- Medicines were selected accordingly for acute and chronic cases.
- Follow up is done once in a week for one month, later on once in 15 days.
- Course was followed for 18 months to assess the improvement.

Primary source:

The subject for this study will be collected from OPD/IPD/Rural OPD's Rural OPD's and camps of Dr.B.D. Jtti Homoeopathic Medical College, Hospital and Post Graduate Research Centre,Dharwad. Methods of collection of data (including sampling procedure, if any.)

Definition of study subject :

Patient will be considered on the basis of clinical presentations.

Following are inclusive criteria :

1. Patients of all age groups and both sexes.
2. Patient having haemorrhoids in pregnancy also.

Following are exclusive criteria :

1. Haemorrhoids with complication like Profuse bleeding, Strangulation, Suppuration, Portal pyaemia, Gangrene,Thrombosis, fistula formation.
2. Patients with Haemorrhoids with other systemic disease.

Study sampling design :

Prevalence rate of haemorrhoids in our hospital is 2%, Considering the 95% confidence, interval at 5% permissible arror, Sample size Work out to be 32 cases.

Study design :

Simple random method, OPD,Camps and Hospital based time bound study.

Following up :

1. Cases are followed periodically.

2. Examinations (clinical and investigations) are done periodically.

Parameters used are :

Cure : The swelling of Haemorrhoids reduced, Bleeding& Pain no than six months.

Improved : Pain & Bleeding of Haemorrhoids no more than six months. But swelling of haemorrhoids persists.

Not Improved : 1.Drop out cases .

2.Neither pain & Bleeding stopped nor swelling of Haemorrhoids reduced.

Study period : Dec. – 2008 to Nov. - 2010.

Statistical tests :

Appropriate test will be used depending upon the data available at the end of the study.

Does the study require any investigations or interventios to be conducted on patients or other humans or animals? If so describe briefly.

The study requires any following investigations to be conducted on patients, wherever necessary.

1. Blood investigations – Hb%, T.L.C., D.L.C., ESR

2. Proctoscopy. (when necessary for internal piles)

Has ethical clearence been obtained from your Institution.

Yes, Ethical clearance has been obtained from the institution.

OBSERVATION AND RESULTS

In the present study, 30 cases of haemorrhoids were taken up, irrespective of the age, sex and cast. Statistical study was conducted with respect to age, sex, diet, that is vegetarian or non-vegetarian, presenting symptoms, predisposing factors, type of haemorrhoids that is internal degree of internal haemorrhoids, acute remedies, prescribed based on the reportorial result for the cases, Boenninghausen's repertory is used in selecting the remedy, prescribed for the cases and lastly number of cases recovered. The above said statistical study is presented in the form of tables and bar charts below.

Table No.1

Statistical chart of age incidence

Sl.No.	**Age group in years**	**No. of patients**	**Percentage**
1.	Upto 30	11	36.70%
2.	30-40	8	26.70%
3.	40-50	6	20.00%
4.	50 above	5	16.60%
	Total	**30**	**100%**

From the above chart, it is inferred that the age group between 0 to 30 years have the highest incidence of hemorrhoids that is out of 30 cases, 11 cases (36.70%) comes under this age group. The age groups between 30 to 40 and 40 to 50 have incidence of 8 cases (26.70%) and 6 cases (20.00%), respectively. Age group above 50 years shows the incidence of 5 cases (16.60%).

Table No.2

Statistical chart of sex incidence

Sl.No.	Sex	No. of patients	Percentage
1.	Male	21	70.00%
2.	Female	9	30.00%
	Total	**30**	**100%**

In this study, out of 30 cases, 21 cases are male (70.00%), 9 case are female (30.00%)

Table No.3

Statistical chart of diet prevalence.

Sl.No.	Sex	No. of patients	Percentage
1.	Mixed diet	21	70.00%
2.	Vegetarian	09	30.00%
	Total	**30**	**100%**

In this study, out of 30 cases, 9 patients are vegetarians (30.00%), patients are having mixed diet (70.00%)

Table No.4

Statistical chart of degree of hemorrhoids

Sl.No.	Degree of hemorrhoids	No. of patients	Percentage
1.	I degree	18	60.00%
2.	II degree	08	26.00%
3.	III degree	03	10.00%
4.	IV degree	01	3.30%
	Total	**30**	**100%**

The above chart shows that 18 cases are I degree (60.00%), 8 cases are II degree (26.00%), 3 cases are III degree (10.00%) and one case shows IV degree (3.30%).

Table No.5

Statistical chart of miasmatic background:

Miasm	**No. of Patients**	**Percentage**
Psora	14	46.67%
Sycosis	7	23.3%
Syphilis	1	3.3%
Psora-sycosis	7	23.3%
Psora syphilis	1	3.3%

The study shows that 14 patients (46.67%), were having psora, 7 patients (23.3%) having sycosis, 7 patients (23.3%) having psora-sycosis, each patient having syphilis & Psoro syphilis (3.33%).

Table No.6

Statistical chart representing the use of Medicines prescribed for haemorrhoids

Sl.No.	**Name of Remedy**	**No. of patients**	**Percentage**
1.	Aesculus H.	7	23.3%
2.	Collinsonia	6	20%
3.	Hamamelies V.	6	20%
4.	Ratanhia	5	16.6%
5.	Nux Vomica	5	16.6%
6.	Nitric Acid	1	3.3%

Out of 30 cases 23.3% required Aesculus H in 7 cases, 6 cases (20%) that is given Collinsonia & Hamamelies each, 5 cases (16.6%) each are given Ratanhia & Nuxvomica & Nitric acid is given in 1 case (3.3%).

Table No.7

Statistical chart showing the Results of homoeopathic treatment for haemorrhoids

Sl.No.	Results	No. of patients	Percentage
1.	Improved	25	83.3%
2.	Not Improved	5	16.7%

Out of 30 cases 25 cases were improved (83.3%), 3 cases were not improved (16.7%) with suitable homoeopathic medicines.

DISCUSSION

For the present study 30 confirmed cases of haemorrhoids were taken up. All 30 cases were studied in detail to draw conclusions.

Out of 30 cases, maximum patients who were suffering from haemorrhoids were found to be between the age group of 20-30 years, are 11 patients then between 30-40 years are 8 patients, and between 40-50 years are 6 patients and above 50 years only 5 patients. No patients were found below the age group of 20. This verified the statement of DECOSSE JEROME J. and Todd Ian P. that haemorrhoids are rare in children and commonly found in the age group above 20 years of age.

Sex incidence is equal in both the sexes. Out of 15 female patients 9 female patients had developed haemorrhoids during parturition. This again verified the statement of Goligher J.C. that women are particularly prone to haemorrhoidal problems due to parturition.

21 patients (70%) out of 30 were Mix diet and 9 patients (30%) were vegetarian. This showed that non-vegetarian diet predisposes the incidence of haemorrhoids. This verified the statement of Clarke John H. and Somen Das, that diet is a matter of great importance.

21 patients (70%) were suffering from constipation. This verified the statement of Clarke John H. and Somen Das, that constipation predisposes the incidence of haemorrhoids.

Patients were advised to take regular diet and to avoid the food items which can cause constipation or diarrhoea and dysentery, and to take more liquids.

The clinical presentation was studied and it was seen that maximum patients (15 patients i.e., 50%) had bleeding per rectum as a presenting complaint.

22 patients (73%) had pain in anus either during or before or after passing stools.

15 patients (50%) came with sensation of a lump in the rectum. Some of these were also having bleeding and pain in anus.

3 patients (10%) had anal itching and 5 patients (16.6%) had discharge from rectum.

10 patients (33.33%) were found to anemic on investigation. Whether they developed anaemia from bleeding haemorrhoids or from other cause like nutritional cause is very difficult to assess, as it is very common in our country amongst females and farmers.

The above percentages of patients who presented with the varied presenting complaint verified the statement of Somen Das that the harmorrhoids patient may present with varied symptoms but most commonly with bleeding per rectum and pain is anus.

12 patients (40%) out of 30 were having positive family history of haemorrhoids showed that these patients had haemorrhoids tendency from birth. This verified the statement of Mann Charles V., Russel R.C.G. and William Norman, that the condition is frequently seen in members of the same family that there must be predisposing factors.

Other predisposing factors assessed were constipation in 21 patients (70%).

CONCLUSION

The conclusion includes scope and limitation of homoeopathic medicine in the treatment of haemorrhoid depending on cases.

High prevalence of haemorrhoids in male is due to increasing predisposing factor in the life style and sedentary habits.

Prevalence of haemorrhoids was found more among the age group 45 to 55 yrs but now the age incidence has been increased to 20-70 yrs. In present series 11 patients i.e., 36.7% are under the age of 30 yrs and 8 patients i.e., 26.7% are under the age of 30-40 yrs.

Sedentary habits, change in the food pattern has been the main predisposing factor for haemorrhoids.

Non vegetarian diet is increasing incidence of haemorrhoids due to lack of roughage or fibrous food.

Among the different socio economic states the highest prevalence was seen in upper socio economic group.

Sedentary life and less physical exertion as a occupational predisposing factor.

Pain, bleeding, constipation, lump, and discomfort are the most common presenting symptoms of haemorrhoids.

Haemorrhoids with other rectal complaints difficult to treat eg: fissure pruritis and skin tag etc.

Incidences of haemorrhoids are increasing due to portal hypertension and abdominal distension due to increasing heart and GIT complaints.

The bowel movements history is very helpful to select the medicine.

Acute remedies used presentation of disease and associated disease with quick result thus confirming similimum of which pathologic similimum are a must in the treatment of chronic disease by using Boenninghausen's repertory.

Boenninghausen's repertory is used in selecting the remedies and are helpful to prevent the recurrence of complaints without any complications.

Patient with family history of haemorrhoid or other disease required antimiasmatic (constitutional) medicine to prevent the recurrancy.

Acute remedial like Nux vomica, Hamamelies, Collinsonia, Nit Acid are very useful according of acute totality.

The important constitutional medicines are sulph, ars alb, phosphorus, Pulsatilla, Nux vomica, carbo veg, merc. Sol, Aloe, Lachesis, Sepia; Causticum, Kali carb, Arg nit, Graphites and Agaricus gave results in 1^{st} and 2^{nd} degree haemorrhoids. In case of 3^{rd} and 4^{th} degree limitatioin comes due to some predisposition factor eg: age, habit, susceptibility of patient act as obstacle.

Potency selected is ranged from lowest to moderate and based on susceptibility of the patient.

Boenninghausen's characteristic material medica & Repertory by C.M. Boger, was more effective in the present series the statistical studies also confirmed the effectiveness of the treatment.

SUMMARY

This study conducted by selected 30 cases by considering the inclusion and exclusion criteria. This study shows that male incidence in more i.e., 70% and female 30% and patients suffered in middle age group. Main predisposing factors are constipation diet, family history, alcohol, occupation.

Internal haemorrhoids are more compared to external haemorrhoids. Selected cases are managed by using different miasmatic background, according to the case and examination done before and after the treatment.

We used Boenninghausen's repertory for selection of the remedies according to the reportorial totality. The main acute remedies used in series are Hamamelies, Nux vomica, Aesculus, Collinsonia, Ratanhia, Nitric Acid etc.

The effect of above remedies showed that 25 patients were improved, 5 patients wer not improved in symptoms but no change in haemorrhoidal mass with indicated medicine.

The present study series shows that the homoeopathic medicines were very effective in 1^{st}, 2^{nd}, and 3^{rd} degree haemorrhoids. Homoeopathic limitations comes in 3^{rd} and 4^{th} degree haemorrhoids with more predisposing factors became difficult as it act as obstacle to cure.

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CASE PROFORMA

DBHPS'S

DR. B.D. JATTI HOMOEOPATHIC MEDICAL COLLEGE,

HOSPITAL & POST-GRADUATE RESEARCH CENTRE,

DHARWAD.

S.No. **OPD No.** **IPD No.**

Name of the Patient:

Age: Sex: Religion:

Marital Status: Occupation:

Address: Phone No.:

Date of Consultation:

Diagnosis: Miasmatic Diagnosis:

Remedy:

Constitutional Remedy:

Results: Recovered / Improved / Not improves

Signature of Guide:

I. Chief Complaints:

II. History of Chief Complaints:

III. Past History:

Whether suffered from similar complaints before:					
Disease Suffered From	Approximate Age	Duration	Whether Completely Recovered	Medicine & Treatment Recovered	Remarks
* Any extra remarks or information					

IV. Family History :

V. Personal History:

	Disposition	Changed disposition
Diet:		
Appetite:		
Bowels:		
Thirst:		
Micturition:		
Desires:		
Aversions:		
Sleep:		
Dreams:		
Perspiration:		
Habits:		
Relation with heat and cold:		
Menstrual history **Gynaec and obstetric history:**		
Mental disposition:		

V. Life space investigations:

VII. General physical examination:

VIII. Vital data:

Respiratory Rate: **Temperature:**

Pulse Rate: **Blood Pressure:**

Weight: **Height:**

IX. Systemic examination:

1. **Per Abdomen:**

2. **Central Nervous System:**

3. **Cardio vascular system:**

4. Respiratory system:

X) Local examination:

XI) Investigations:

S.No.	Investigation	Date	Date	Date
I	Protoscopy			
I I	Blood			

Differential diagnosis:

Clinical diagnosis:

Analysis of symptoms:

Evaluation of symptoms:

Selection of symptoms for Repertorisation:

Repertorial analysis:

Repertorial Result:

Miasmatic diagnosis:

Remedial analysis:

Potency selection:

Management:

TREATMENT

Date	Follow up	Remedy

SYNOPSIS OF CASES

Case 01.

Mr.S.M.J. aged 28 Yrs, an accountant came with C/o bleeding per rectum, pain while passing stool, past 6 months. Pain have increased since 2 month. Bleeding severe since 15 days, < early in the morning,while passing stool, after eating non veg food, > after passing stool, > after cold application,

O/E – Blood tinged stool, Pain on per rectal examination, a lump is palpable on per rectal examination.

P/H – Undergone appendicectomy and affected with Typhoid,

F/H – Father Diabetic Mother HTN, Maternal aunt has Osteoarthritis.

BLOOD – HB%- 9.2%, TLC- 12000 cu/mm, ESR- 30mm/hr,

DLC – N = 64%, L = 32%, M = 0-3%, B = 0-1%.

Repertorial analysis was been done BOENNINGHAUSEN'S REPERTORY.

REPERTORIAL RESULT : Hammamelis 9/18, Sulph 9/16, Nit acid 9/20,

Post – Repertorial Result Analysis:

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use.

Miasm selected : Psorasycosis.

Hammamelis been given to patient, keeping in mind the mind bleeding per rectum with pain while passing stool. Patient improved.

Case-2

Mr.C.C.C. aged 48 years, came with complaints of bleeding per rectum, pain while passing stool, itching around the anus since one year. Pain more since three months and bleeding more since one week and itching around the anus is more while sitting and riding a bike. Bleeding is aggravated while passing stool, while passing urine. Amelurated by after passing stool and after cold application, then pain is aggravated after passing stool and while passing stool, and immediate after eating Non-veg.

P/H of Constipation,

F/H of HTN,

BLOOD- ESR-50 mm/Hr, HB% -11gm%, TLC-11000 Cumm/dl,

DLC-N-64%, L-34%, M-0-1%, B-0-1%

REPERTORIAL RESULT: Nuxvomica 9/11, Hammamalis 8/9, Sulphur8/9.

Post Repertorial Result :

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use.

Miassam selected was Psorasycosis

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY

NUXVOMICA been selected looking into patient presenting complaints and some mental symptoms and his habits.

CASE-3

Mr.G aged 49 years, came with complaints of bleeding P/R and pain while passing stool and lump is present in the rectal region since 6 months now complaints aggravated since two months bleeding is more while passing stool and while sitting amelurated by applying cold water and passing stool. Pain is more while passing stool while sitting while walking and amelurated by after passing stool cold application and rest.

P/H= Diarrhoea, Undergone appendicectomy.

F/H = Nothing significant

BLOOD- ESR-40 mm/Hr, HB% -12gm%, TLC-12000 Cumm/dl,

DLC-N-66%, L-32%, M-0-1%, B-0-1%

REPERTORIAL RESULT: Nuxvomica 8/10, Aesculus 8/11 Hammamalis 9/11, Sulphur9/10.

Post Repertorial Result :

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Aesculus. Hip:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks. Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver.

Dryness, burning and itching are good indications.

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use.

Miassam selected was Sycosis

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY

Hammamalis been selected on the base of presenting complaints and personal history.

CASE-4

Mrs. C.N.S age 30 years was came with presenting complaints of bleeding on straining while passing stool, Itching around the anus, hard stool since 8 months but complaints aggravated since 15 days bleeding P/R since 5 days aggravated on straining while passing stool. Itching around the anus while sitting and walking hard stool aggravated after eating

Non-Veg Food.

P/H= Undergone tympanoplasty, suffered with typhoid

F/H= Nothing significant

BLOOD- ESR-48 mm/Hr, HB% -10gm%, TLC-12000 Cumm/dl,

DLC-N-62%, L-34%, M-0-2%, B-0-2%

Miasm selected Psora

REPERTORIAL RESULT: Aesculus 7/9, Hammamalis 7/10, Sulphur 8/10 .Collinsonia 10/11.

Post Repertorial Result :

Aesculus:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks.

Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY

Collinsonia been selected based on Repertorial Result.

CASE-5

Mrs.R.M.D. aged 28 years was came with presenting complaints of diarrhoea, dysentery, and Itching around the anus. Since 15 days, Itching around the anus was more since one week on examination there was a lump present in the lateral aspect of the rectum. Pain on examination. So diarrhoea, dysentery, since 3 days.

P/H= Constipation, bleeding P/R

F/H= All are healthy.

BLOOD= ESR-60 mm/Hr, HB% -10gm%, TLC-11000 Cumm/dl,

DLC-N-62%, L-34%, M-0-2%, B-0-2%

Miasm selected Psora

REPERTORIAL RESULT: Pulsatilla11/16, Hammamalis13/18, Sulphur12/18

Collinsonia 14/20.

Post Repertorial Result :

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY

Collinsonia been selected based on Repertorial Result.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY

Collinsonia been selected based on Repertorial Result.

CASE-6

Mr.S.K. aged 28 years came with presenting complaints of Itching around the anus, hard stool, lump in the rectum since 3 months complaints aggravated since 15 days, more in the morning and after passing stool while sitting, Amelurated by cold application after some time passing stool.

P/H= Constipation, bleeding P/R.

F/H= All are healthy.

BLOOD= ESR-58mm/Hr, HB% -10gm%, TLC-13000 Cumm/dl,

DLC-N-64%, L-32%, M-0-2%, B-0-2%

Miasm selected Sycosis.

REPERTORIAL RESULT : Phosphorous, Hammamalis 21/25, Sulphur15/18.

Collinsonia 16/18.

Post Repertorial Result :

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY

Collinsonia been selected based on Repertorial Result.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY

Hammamelis been selected based on Repertorial Result.

CASE-7

Mr.M.V. aged 42 years came with history of pain while passing stool, Itching around the anus, bleeding P/R since one year. Complaints aggravated since 6 months, So pain more while passing stool while walking and sitting Amelurated by cold application after some time passing stool. Itching around the anus is more while sitting. Amelurated by after scratching.

P/H= Constipation, bleeding P/R.

F/H= All are healthy.

BLOOD= ESR-70mm/Hr, HB% -9gm%, TLC-13000 Cumm/dl,

DLC-N-64%, L-32%, M-0-2%, B-0-2%

Miasm selected Psora.

REPERTORIAL RESULT: Nitric acid 22/28, Hammamalis 19/24, Sulphur 18/22

Aesculus 23/29.

Post Repertorial Result :

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus.

Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Aesculus Hip been selected based on Repertorial Result.

CASE-8

Mrs. G.J. aged 34 years, came with History of Itching around the anus, pain while passing stool.

Since one year patient is suffering with these complaints more since 15 days there is a stiching type of pain while passing stool and Itching around Anus is more while sitting and walking paid is more while passing stool and while sitting on chair.

P/H= Constipation suffered with Malaria.

F/H= All are healthy.

BLOOD= ESR-65/Hr, HB% -12%, TLC-9000Cumm/dl,

DLC-N-64%, L-32%, M-0-2%, B-0-2%

Miasm selected Psora.

REPERTORIAL RESULT: Hammamalis 19/22, Collinsonia23/28. Sulphur19/23

Ars-Alb 20/23.

Post Repertorial Result :

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has

constipation and itching about the anus, worse at night, which may be considered as keynotes.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Nitric Acid been selected based on Repertorial Result.

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Collinsonia been selected based on Repertorial Result.

CASE-9

Mr.C.V.P aged 41 years, Coolie, C/o bleeding, pain, lump, diarrhea,

P/H = constipation, Undergone Right Inguinal Herniorrhapy.

F/H = Father is suffering from HTN,

BLOOD= ESR-64/Hr, HB% -12%, TLC-9000Cumm/dl,

DLC-N-70%, L-24%, M-0-2%, B-0-2%.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

REPERTORIAL RESULT : Nuxvomica 21/28,Carboverg 19/21, Collinsonia24/29.

Post Repertorial Result :

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Miasm: Sycosis.

CASE-10

Mr.U.B. aged 38 years, businessman, has come with pain, bleeding, lump, dysentery,

P/H of constipation,

F/H of piles,

BLOOD= ESR-60/Hr, HB% -10%, TLC-11000Cumm/dl,

DLC-N-768%, L-26%, M-0-4%, B-0-2%.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

REPERTORIAL RESULT : Ratanhia 22/29, Pulsatilla 21/28, Nit acid 23/28

Hammamelis 22/29.

Post Repertorial Result :

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Miasm: Psoro-sycosis.

Selected remedy was Nit acid based on the repertory.

CASE-11

Mrs.B.P.P aged 42 years, house wife, Has come with C/o bleeding per rectum pain while passing stool, lump, boil,

P/H of similar complaints during pregnancy, was given Collinsonia. And undergone LSCS.

BLOOD= ESR-60/Hr, HB% -10%, TLC-11000Cumm/dl,

DLC-N-768%, L-26%, M-0-4%, B-0-2%

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

REPERTORIAL RESULT : Collinsonia 19/25, Ratanhia 18/23, Pulsatilla15/19, Hammamelis 19/21.

Post Repertorial Result :

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Miasm: Psoro-sycosis.

Selected remedy was Collinsonia based on the repertory.

CASE-12

Mr.V.K.M aged 29 years an accountant, has come with C/o bleeding per rectum , Itching around anus, since 1yrs but since 3 months complaints agraveted.

P/H of constipation,

F/H Nothing significant.

BLOOD= ESR-60/Hr, HB% -10%, TLC-11000Cumm/dl,

DLC-N-768%, L-26%, M-0-4%, B-0-2%

REPERTORIAL RESULT : Collinsonia18/23, Aesculus Hipp22/28, Ars alb 18/20, Hammamelis 19/22.

Post Repertorial Result :

Aesculus:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks. Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks,

splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was given Aesculus Hipp.

CASE-13

Mr.S.O aged 38 years, an Accountant, has come with C/o bleeding per rectum, pain while passing stool, lump in the lateral aspect rectum. Since 1 yr but 3 months complaints are aggravated.

P/H of constipation,

F/H : Nothing significant.

BLOOD= ESR-70/Hr, HB% -11%, TLC-11000Cumm/dl,

DLC-N-76%, L-22%, M-0-1%, B-0-1%

REPERTORIAL RESULT : Collinsonia19/22, Ratanhia23/27, hammamelis20/24.

Post Repertorial Result :

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Miasm: Syrosis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was given Ratanhia.

CASE-14

Smt.A.M. aged 22 years, housewife, has come with C/o pain while passing stool, Itching around the anus, Hard stool since 3m0nths, but more since 15 days.

P/H of constipation, undergone haemorrhoidectomy 3yrs back.

F/H: Nothing significant.

BLOOD= ESR-65/Hr, HB% -11%, TLC-10000Cumm/dl,

DLC-N-72%, L-26%, M-0-1%, B-0-1%

REPERTORIAL RESULT : Collinsonia18/20, Ratanhia19/20, Aesculus Hip22/26.

Post Repertorial Result :

Aesculus:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks**.**

Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was given Aesculus Hipp.

CASE-15

Mr.H.R aged 21 years, student, has come with C/o Itching around the anus, pain while passing stool, bleeding per rectum, since 7 months but complaints agravated since 2 months.

P/H : suffering with constipation.

F/H : Nothing significant.

BLOOD= ESR-50/Hr, HB% -12%, TLC-12000Cumm/dl,

DLC-N-66%, L-30%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Collinsonia16/22, Ratanhia17/21, Aesculus Hip23/28, Hammamelis26/29.

Miasm: Sycosis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was given Hamamelies.

CASE-16

Mrs. K.B.aged 45 years, housewife, has come with C/o Pain while passing stool, hard stool, stitching type pain while passing stool since 8 months but now it has been aggravated since 2 months.

P/H : Suffering with constipation and had once Typhoid.

F/H : Nothing significant.

BLOOD= ESR-56/Hr, HB% -12%, TLC-12000Cumm/dl,

DLC-N-68%, L-28%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Collinsonia16/19, Ratanhia18/20, Aesculus Hip18/21, Hammamelis23/27.

Post Repertorial Result :

Aesculus:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks. Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Miasm: Psoro-sycosis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Hammamelis based on the repertory.

CASE-17

Smt.G.C aged 24 years, housewife,has come with C/o pain while passing stool, bleeding per rectum on straining, there is lump in the lateral aspect of rectum since 2 yrs but complaints aggravated since 4 months.

P/H : Suffering with piles,

F/H : Father suffering with HTN.

BLOOD= ESR-53/Hr, HB% -11%, TLC-10000Cumm/dl,

DLC-N-62%, L-34%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom22/26, Ratanhia20/24, Aloe19/20,

Hammamelis18/19

Post Repertorial Result :

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Aloes:

It is indicated where the piles protrude like a bunch of grapes, bleeding often and profusely, and are greatly relieved by the application of cold water. There is a very marked burning in the anus the bowels feel as if scraped. There is a tendency to diarrhoea, with loss of control over sphincter ani. This tendency to diarrhoea will distinguish from Collinsonia, which has the tendency to constipation.

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Miasm: Sycosis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Nuxvomica based on the selected repertory.

CASE-18

Mr.B.D. aged 66 years, Former, C/o bleeding, pain,diarrhea,

P/H : Suffering with constipation.

F/H : Nothing significant.

BLOOD= ESR-50/Hr, HB% -10%, TLC-9000Cumm/dl,

DLC-N-64%, L-34%, M-0-1%, B-0-1%

REPERTORIAL RESULT : Collinsonia24/30, Ratanhia21//24, Puls 19/22, Hammamelis20/24.

Post Repertorial Result :

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Miasm : Psora,

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Collinsonia based on the repertory

CASE-19

Mr.N.S.C aged 85 years, Retd. Govt employee, C/o pain while passing stool, diarrhoea,

P/H : Suffering with HTN.

F/H : Mother is suffering with HTN.

BLOOD= ESR-58/Hr, HB% -11%, TLC-12000Cumm/dl,

DLC-N-72%, L-24%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom 19/23, Ratanhia22/28, sulph 20/24.

Post Repertorial Result :

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles

resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Miasm: Psoro-Syphilis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Ratanhia based on the repertory.

CASE-20

Smt.S.M.G aged 23 years, has come with C/o pain while passing stool, bleeding per rectum, constipation.

P/H: Had suffered with constipation.

F/H : father suffering with piles.

BLOOD= ESR-45/Hr, HB% -9%, TLC-12000Cumm/dl,

DLC-N-62%, L-34%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom 19/22, Ratanhia 20/24, Collinsonia 25/29

Hammamelis 18/23.

Post Repertorial Result :

Collinsonia:

Collinsonia is indicated in obstinate cases of haemorrhoids, which bleed incessantly. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual haemorrhoidal flow.

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Collinsonia based on the repertory.

CASE-21

Mr. K.G. aged 23 years, Coolie has come with C/o Itching around the anus, There is a lump in the lateral aspect of rectum, pain while passing stool.

P/H : suffered with constipation,

F/H : Nothing significant.

BLOOD= ESR-52/Hr, HB% -11%, TLC-10000Cumm/dl,

DLC-N-62%, L-34%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom 18/22, Aesculus Hip24/28, sulphr19/20,

Hammamelis18/23.

Post Repertorial Result :

Aesculus:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks. Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use

Miasm: Psoro-sycosis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Aesulus Hip. Based on the repertory.

CASE-22

Mr. R.I.M aged 21 years, student, C/o pain, bleeding, lump, constipation.

P/H : Nothing significant.

F/H : Nothing significant.

BLOOD= ESR-53/Hr, HB% -8%, TLC-13000Cumm/dl,

DLC-N-72%, L-24%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom 24/29, Aesculus Hip 19/24, sulphr 19/20, Hammamelis 18/20

Post Repertorial Result :

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Nuxvomica based on the repertory.

CASE-23

Mr.B.V.A aged 70 years, Retd. Govt.employee,has come with C/o pain while passing stool, Itching around the anus since 2 yrs.

P/H : Suffering with constipation.

F/H : Father is suffering with HTN.

BLOOD= ESR-58/Hr, HB% -11%, TLC-12000Cumm/dl,

DLC-N-68%, L-28%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom 20/26, Aesculus Hip26/30, sulphr 19/23.

Post Repertorial Result :

Aesculus:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks.

Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use

Miasm: Syphilis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Aesculus Hip.based on the repertory.

CASE-24

Mr.Y.S aged 57 years, Tailor, C/o pain, diarrhea, bleeding on straining,

P/H of constipation,

F/H : Nothing significant.

BLOOD= ESR-60/Hr, HB% -11%, TLC-10000Cumm/dl,

DLC-N-64%, L-32%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom 18/21, Aesculus Hip24/28, sulphr19/22,

Hammamelis 18/21

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Aesculus Hip.based on the repertory.

CASE-25

Mr.R.M. aged 36 years, Student, C/o pain, lump, bleeding, constipation.

P/H : Suffering with piles.

F/H : NAD.

BLOOD= ESR-32/Hr, HB% -11%, TLC-8000Cumm/dl,

DLC-N-60%, L-36%, M-0-3%, B-0-1% .

REPERTORIAL RESULT : Aesculus Hip16/19, Ratanhia 15/18,

Hammamelis20/24.

Post Repertorial Result :

Hamamelis:

It has bleeding haemorrhoids, and the flow of blood is quite copious, and the great characterizing indication is excessive soreness.

Aesculus:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks.

Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Miasm: Psoro-sycosis.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Hamamelis based on the repertory.

CASE-26

Mr.A.D aged 37 years, Attender, C/o pain, lump, bleeding, constipation,

P/H: NAD.

F/H: Father suffering with HTN.

BLOOD= ESR-52/Hr, HB% -11%, TLC-11000Cumm/dl,

DLC-N-70%, L-26%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom16/19, Aesculus Hip 18/19, Puls 17/20, Ratanhia 22/26.

Post Repertorial Result :

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Ratanhia based on the repertory.

CASE-27

Mrs.S.C aged 31 years, Housewife has come with C/o bleeding per rectum, pain while passing stool.since 8 months, but complaints aggravated since 2 months.

P/H: Suffering with constipation.

F/H: NAD.

BLOOD= ESR-42/Hr, HB% -11%, TLC-12000Cumm/dl,

DLC-N-60%, L-34%, M-0-3%, B-0-3%

REPERTORIAL RESULT : Nux vom 18/20, Aesculus Hip23/28, Kali carb16/19.

Post Repertorial Result :

Aesculus Hip.:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks.

Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains

in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Aesculus Hip.based on the repertory.

CASE-28

Mr.G.K. aged 36 years, Agriculture work has come with C/o pain while passing stool, there is a lump on lateral aspect of the rectum, bleeding per rectum while passing stool since 7 months but complaints aggravated since 3 months.

P/H: NAD.

F/H: Mother is suffering from piles.

BLOOD= ESR-38/Hr, HB% -11%, TLC-11000Cumm/dl,

DLC-N-71%, L-27%, M-0-1%, B-0-1%

REPERTORIAL RESULT : Nux vom 18/22, Aesculus Hip 23/27, Ratanhia 19/22.

Post Repertorial Result :

Aesculus Hip. :

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks. Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Aesculus Hip. Based on the repertory.

CASE-29

Mr.B.A. aged 40 years, Attender has come with C/o bleeding per rectum, pain while passing stool, itching around the anus since 1yr, but complaints aggravated since 2months.

P/H of constipation,

F/H of piles,

BLOOD= ESR-52/Hr, HB% -11%, TLC-10000Cumm/dl,

DLC-N-62%, L-34%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom24/29, Aesculus Hip 19/22, sulphr18/20, Hammamelis 20/22

Post Repertorial Result :

Nux vomica:

If the haemorrhoids be large and blind, with a burning, stinging and constricted feeling in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching haemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications.

Sulphur:

This remedy corresponds to ailments producing haemorrhoids and to the troubles resulting from piles that have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Nux and Sulphur dominate the therapeutics of haemorrhoids. Sulphur has constipation and itching about the anus, worse at night, which may be considered as keynotes for its use

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Nuxvomica based on the repertory.

CASE-30

Mrs.A.D. aged 79years, Retd. Clerk has come with C/o Itching around anus, bleeding per rectum while straining, since 9 months but complaints aggravated since 3 months.

P/H : constipation,

F/H : Father is suffering from HTN,

BLOOD= ESR-52/Hr, HB% -11%, TLC-10000Cumm/dl,

DLC-N-62%, L-34%, M-0-3%, B-0-1%

REPERTORIAL RESULT : Nux vom 19/21, Aesculus Hip 20/23, Ratanhia 24/28 Hammamelis 21/25.

Post Repertorial Result :

Ratanhia:

Ratanhia has burning in the anus and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum. Rectum seems as if full of pounded glass. Anus aches and burns for hours after stools.

Aesculusi Hip.:

Haemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks.

Hemorrhoids accompanied by a feeling of dryness in the rectum and through little sticks, splinters or burrs were sticking in the mucous membrane. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Miasm: Psora.

Repertorial Analysis was been done in BONNENINGHAUSEN'S REPERTORY.

Selected remedy was Ratanhia based on the repertory.

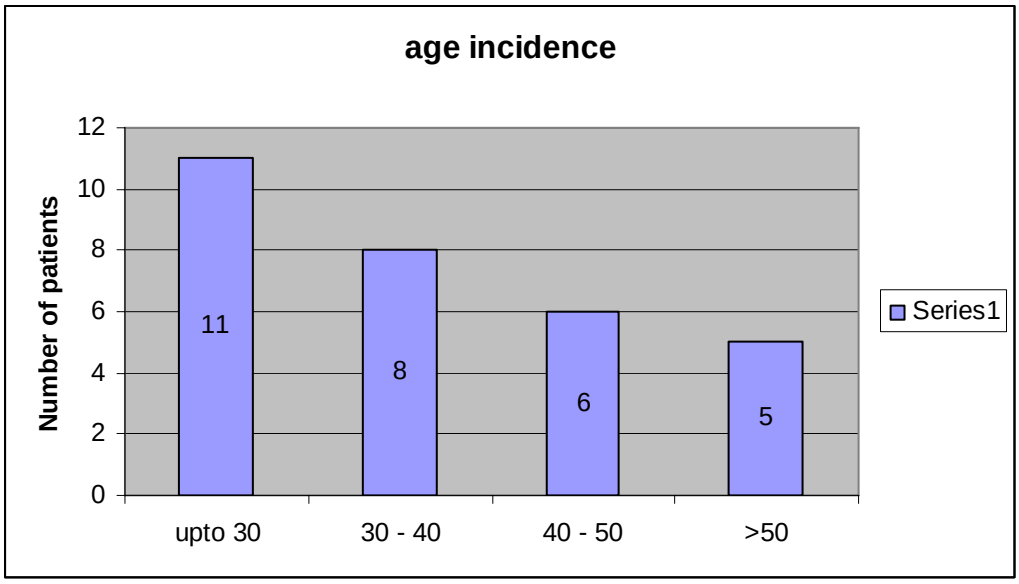
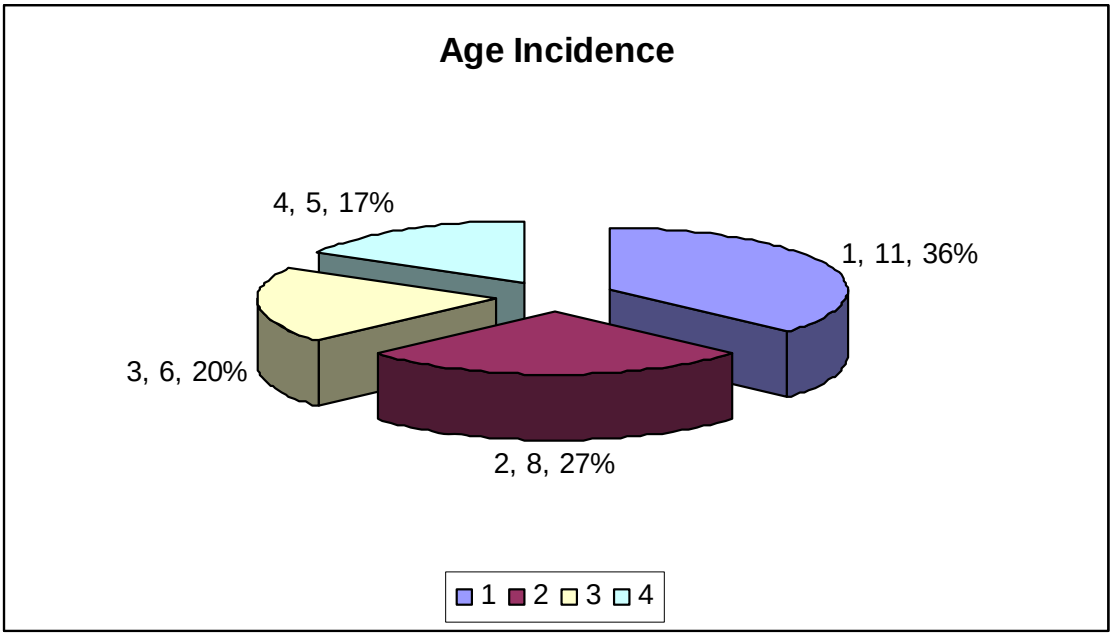


Figure no. 1.Age incidence



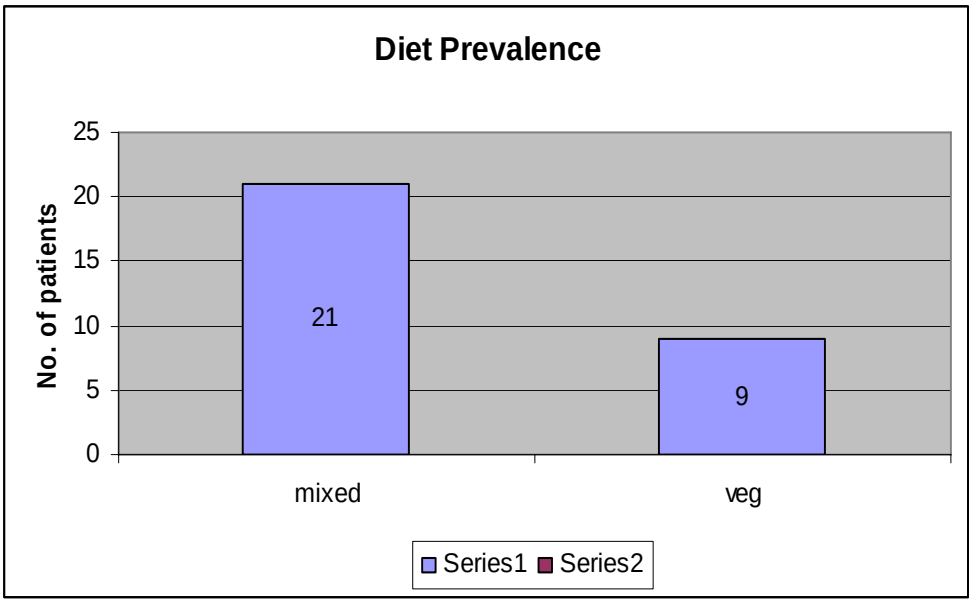
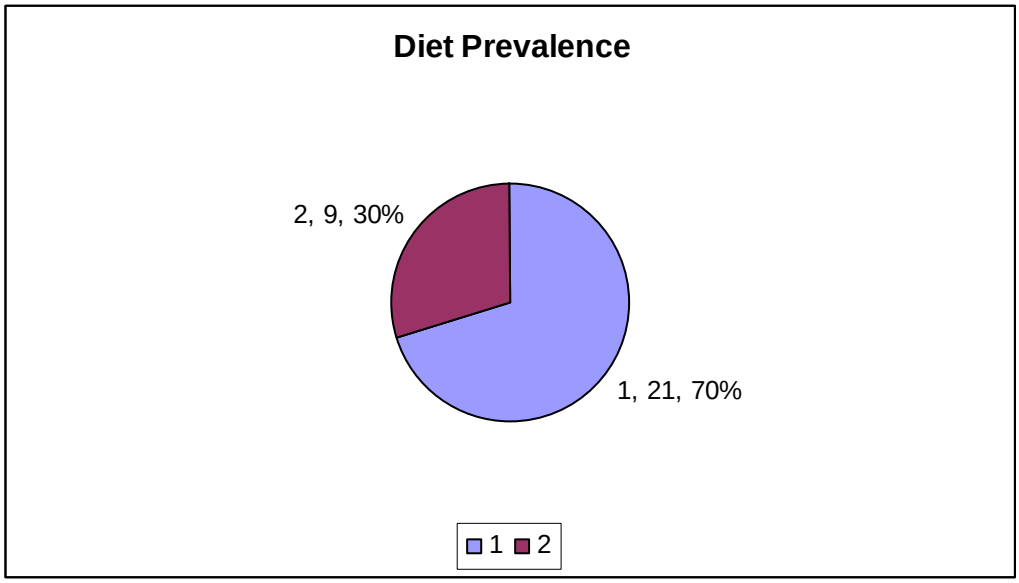


Figure no. 3 Diet Prevalence



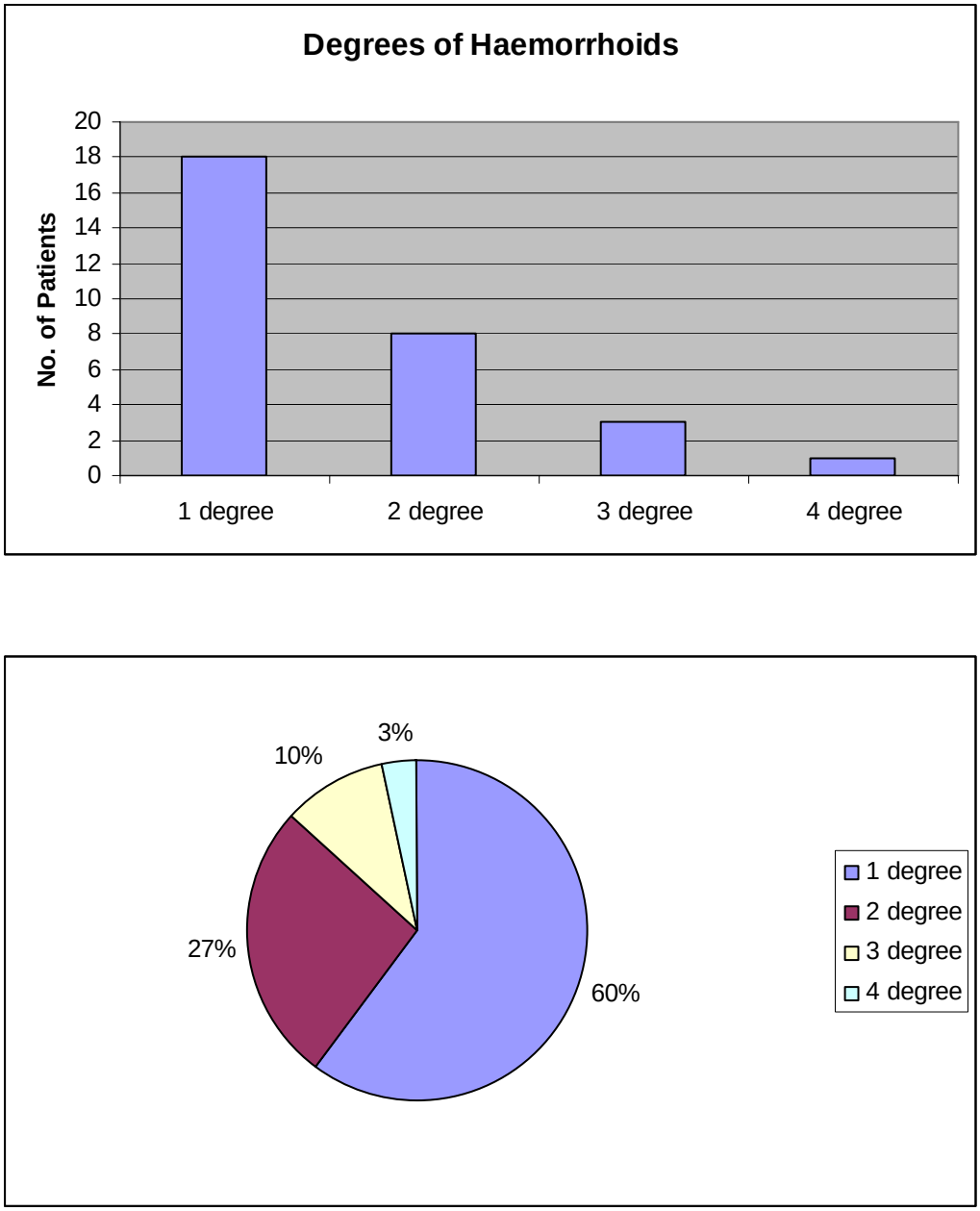
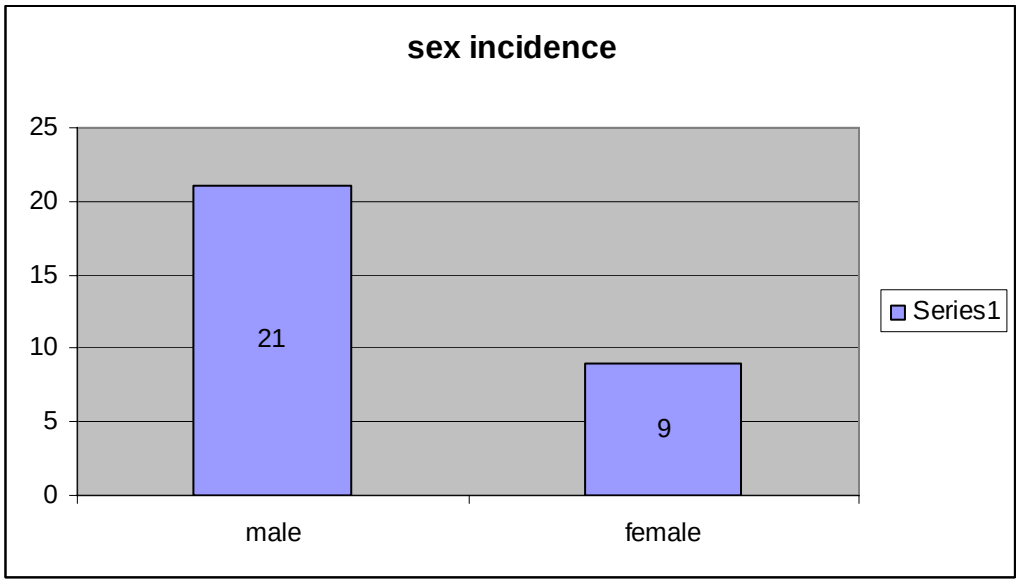


Figure no. 4, Degree of Haemorrhoid.



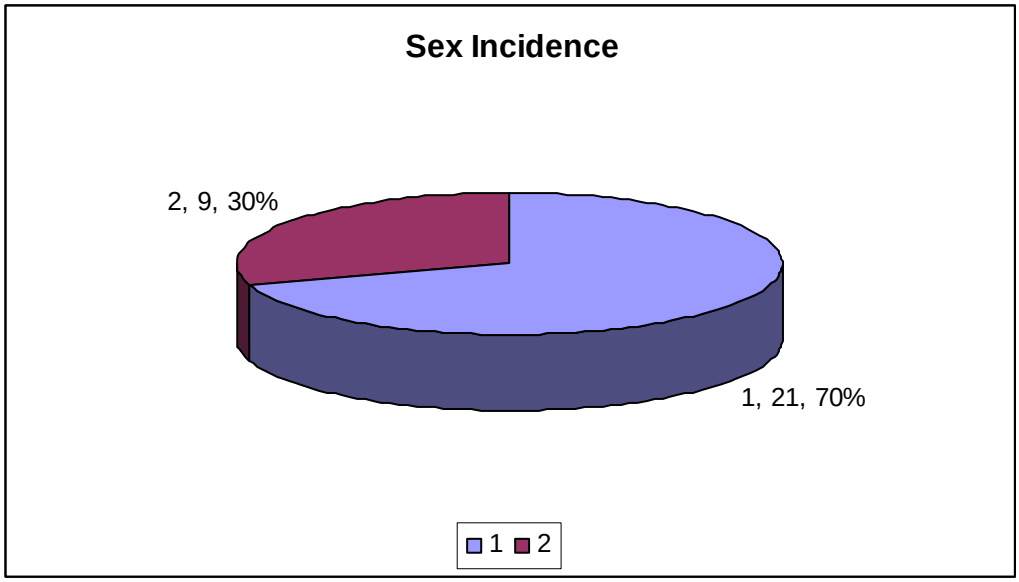


Figure no.2 Sex incidence.

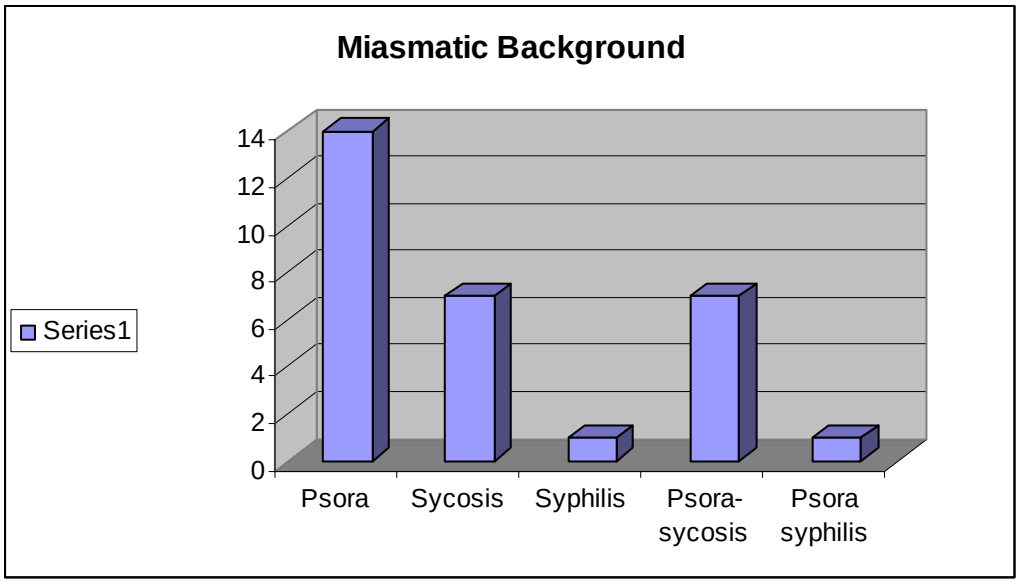
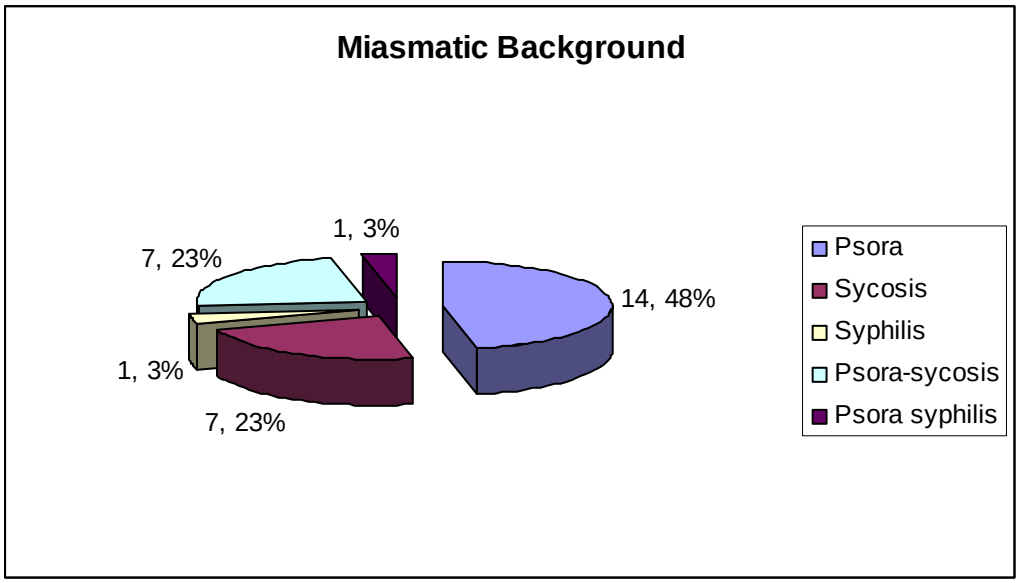


Figure no. 5 Miasmatic Background.



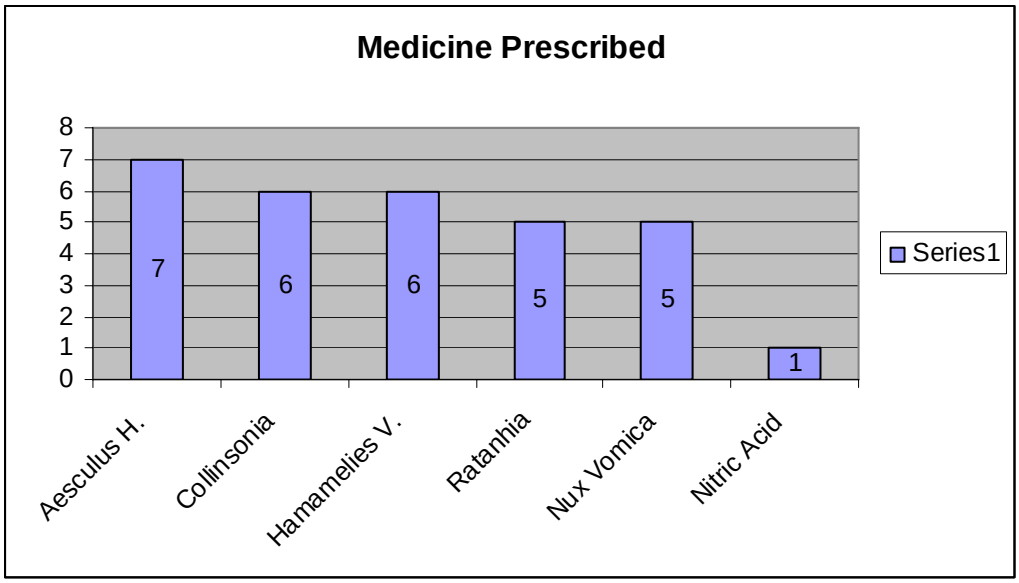
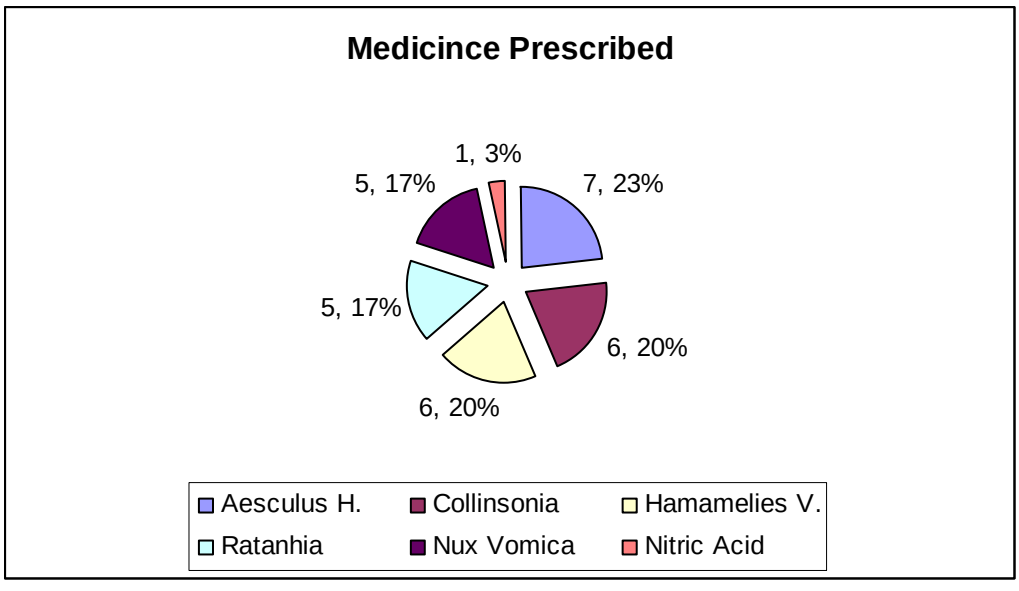


Figure no.6 Medicines Prescibed.



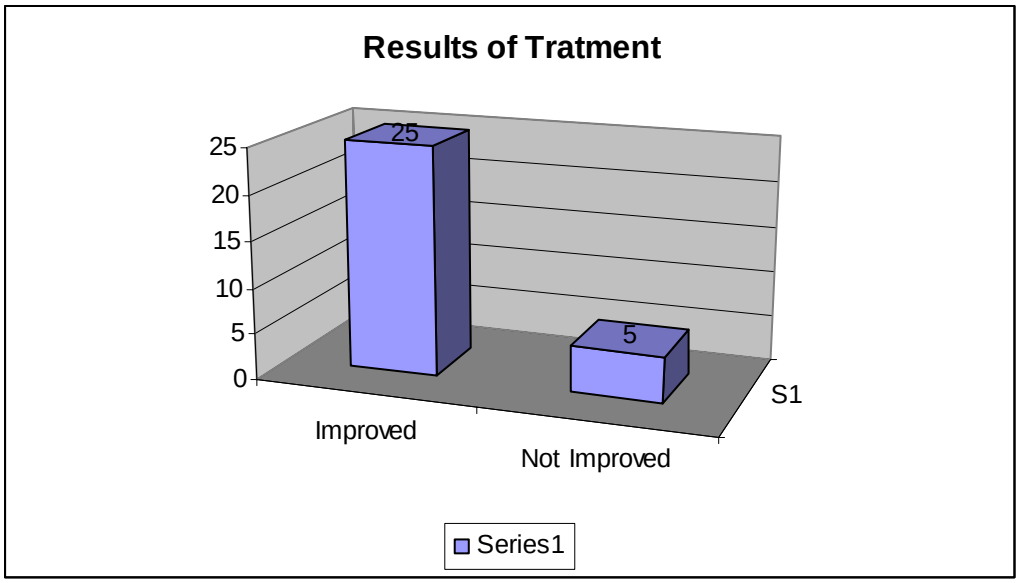
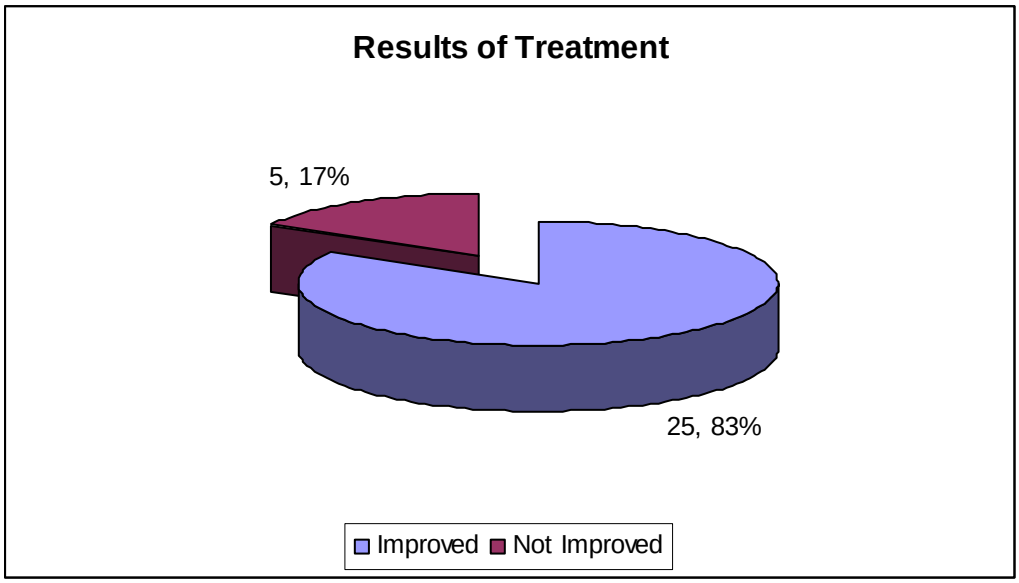


Figure no.7 Results of Treatment.



MASTER CHART

Sl. No.	NAME	AGE	DIET	COMPLAINTS	MIASM	REMEDY	RESULT	REPERTORY USED
1	S.M.J.	28	Mix	P, Dia, Piss	Psorasycosis	Hammamelis	Improved	BONNENINGHUSEN'S
2	C.C.C.	48	Mix	P, Bs,Be,L,Dia,Ex	Sycosis	Nux vom	Improved	BONNENINGHUSEN'S
3	G	49	Mix	Be,P,Ds,Dia	Psora	Collinsonia	Improved	BONNENINGHUSEN'S
4	C.N.S.	30	Mix	P,Dia, Be	Psorasyphilis	Ratanhia	Improved	BONNENINGHUSEN'S
5	R.M.D.	28	V	P,C.D,D,S,Ex	Psora	Collinsonia	Improved	BONNENINGHUSEN'S
6	S.K.	28	Mix	A,Bel,P,A	Psorasycosis	Nux vom	Improved	BONNENINGHUSEN'S
7	M.V.	42	Mix	A,Bel,P	Sycosis	Aesculus	Not Improved	BONNENINGHUSEN'S
8	G.J	34	V	P,Dia,Dy	Psora	Collinsonia	Improved	BONNENINGHUSEN'S
9	C.V.P.	41	Mix	Be, Ds, L,A	Sycosis	Hammamelis	Improved	BONNENINGHUSEN'S
10	V.B.	38	Mix	P,C,Ds,Ex	Psora	Nit A	Not Improved	BONNENINGHUSEN'S
11	B.P.P.	42	V	It.P	Psora	Collinsonia	Improved	BONNENINGHUSEN'S
12	V.K.M	29	Mix	Be,P,Dia,L,A,	Sycosis	Nux vom	Improved	BONNENINGHUSEN'S
13	S.O.	38	V	P,Be,L,C,	Psorasycosis	Ratanhia	Improved	BONNENINGHUSEN'S
14	A.M	22	V	Be,P,L,Boil,A	Sycosis	Collinsonia	Improved	BONNENINGHUSEN'S

15	H.R.	21	Mix	Be,P,It,Ds	Psorasycosis	Aesculus	Improved	BONNENINGHUSEN'S
16	K.B	45	V	Be, P,L,A	Sycosis	Ratanhia	Improved	BONNENINGHUSEN'S
17	G.C.	24	Mix	P,Dia,Dy.	Psora	Aesculus	Improved	BONNENINGHUSEN'S
18	B.D.	66	Mix	P,Be,C,A,L.	Sycosis	Hammamelis	Improved	BONNENINGHUSEN'S
19	N.S.C.	85	V	L,C,P,Be	Psora	Nux vom	Improved	BONNENINGHUSEN'S
20	S.M.G.	23	Mix	L,C,P,Be,Dy,Bs	Syphylis	Aesculus	Not Improved	BONNENINGHUSEN'S
21	K.G.	23	Mix	P,Ds,C,Bs,L	Psora	Aesculus	Not Improved	BONNENINGHUSEN'S
22	R.M.I.	21	Mix	Bs, P,Be,C,Bia	Psorasycosis	Hammamelis	Improved	BONNENINGHUSEN'S
23	B.V.A.	70	Mix	P,L,Be,C	Psora	Ratanhia	Improved	BONNENINGHUSEN'S
24	Y.S.	57	V	Be,P,Dia	Psora	Aesculus	Improved	BONNENINGHUSEN'S
25	R.M.	36	Mix	P,L,Bia,Bs,	Psora	Aesculus	Improved	BONNENINGHUSEN'S
26	A.D.	37	Mix	Be, Dy,C,L,	Psora	Nux vom	Improved	BONNENINGHUSEN'S
27	S.C.	31	Mix	L,It,BS	Psora	Ratanhia	Improved	BONNENINGHUSEN'S
28	G.K	36	Mix	Be,P,L,A	Psorasycosis	Hammamelis	Improved	BONNENINGHUSEN'S
29	B.A.	40	Mix	A,Be,L,P	Sycosis	Hammamelis	Not Improved	BONNENINGHUSEN'S
30	A.D..	79	V	P,Ds,C,Bs	Psora	Collinsonia	Improved	BONNENINGHUSEN'S

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