

“CASE REPORT ; EFFICACY OF HOMOEOPATHY IN CASE OF HAEMORRHOID’S

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ABSTRACT:

Homoeopathy considers the man suffering from disease and not the disease of man. so, each and every person though suffering from Haemorrhoid is considered as a different, hence requires different remedies. In order to prescribe similimum, one has to study each and every patient as a whole and as an individual different from another.

KEYWORDS:

Homoeopathy, Haemorrhoids, Miasm

INTRODUCTION:

“The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not.”^[1] Mark Twain.

Haemorrhoids are common, affecting up to 50% of the population they are not protruding “varicose veins” and are distinct from the rectal varices of portal hypertension, rather haemorrhoids are downwardly displaced anal cushions, which are normal vascular tissue deteriorates over time and with increased anal pressure (straining), leads to sliding, engorgement, bleeding and prolapse of cushions. Haemorrhoids become symptomatic when venous pressure is increased, overtime, redundancy and enlargement of venous cushions occur, leads to haemorrhoidal bleeding or protrusion. ^[2]

Haemorrhoids are usually a very common complaint seen in patients of adult age groups. Dietary manipulation, vascular tonifying agents, injection sclerotherapy, cryotherapy, manual dilation of the anus, infrared photocoagulation, bipolar diathermy, direct current electrocoagulation, rubber band ligation, and Haemorrhoidectomy are all standard considerations for the treatment of Haemorrhoids. 3 “Homoeopathic medicine” offers a unique, safe and effective means of treating Haemorrhoids. Homeopathy is one of the most popular holistic systems of medicine. The selection of remedy is based upon the theory of individualization and symptoms similarity. This is the only way through which a state of complete health can be regained by removing all the signs and symptoms from which a patient is suffering. The aim of homeopathy is not only to treat Haemorrhoids, but to address its underlying cause and individual susceptibility of the patient. Occasionally, patient with portal hypertension develop rectal varices, but these should not be confused with haemorrhoids as the consequences may be disastrous.

In their normal states, they are cushions that help with stool control. [4]The pathogenesis begins in the fibro muscular supporting layer in the submucosa, above the vascular cushions. The bright red bleeding, which accompanies Haemorrhoidal disease, is arteriolar in origin.

MATERIALS AND METHODOLOGY:

study design- Descriptive case report.

THROUGH OUT THE CASE TAKEN AND CASE ANALYSIS SHOWED.

CHIEF COMPLAINTS: Pain in anus during stool since 1year

H/O CHIEF COMPLAINTS- Patient was apparently alright before 1 year, but since 1year stitching type of pain++ in anus during stool, initially intensity of pain was less 2 months pain increased, complaint started gradually, the stools are non-offensive, soft in consistency, but there is difficulty in passing stool+++ since 1 year.10-12 drops of blood passing during stool+++ since 1month,which is bright red in colour.

LIFE SPACE AND MENTAL STATE:

Patient coming from middle class family, studied up to B.COM. Then started working in factory, then left factory and set his own computer shop. He married at the age of 24 years. Relation with wife, son and parents is good. He has stage fright; he feels very shy+++ while making speech or making a presentation, but when speaks to single person or few persons he doesn't feel shy, in fact he becomes communicative. He has tremendous fear of approaching death+++ . Many times he is easy going, doesn't like to take responsibility, doesn't take things seriously which are needed to be consider seriously. Even knowing that after drinking alcohol he has aggravation of complaints he drinks alcohol+++ .Easily mixed with peoples.

- Timidity while talking in public+++

- Frivolous+++

- Fear of approaching death+++

-Alcohol aggravation+++

LOCAL EXAMINATION:

O/E: Anal orifice is raw and excoriated, tender on touch. No fissure at orifice, no protrusion of mass on coughing.

Digital examination: No induration and tenderness felt.

Proctoscopic examination: Dilatation of rectal veins at 3, 7 O' clock position seen

DIFFERENTIAL DISEASE DIAGNOSIS: haemorrhoid, rectal polyp, anal fissure.

PROVISIONAL DIAGNOSIS: ?1st degree haemorrhoid.

INVESTIGATIONS: Routine blood examination –HB%: 9gm

FINAL NOSOLOGICAL DIAGNOSIS: 1st degree haemorrhoid

HOMOOPATHIC DISEASE DIAGNOSIS: Dynamic chronic fully developed miasmatic disease.

REPERTORIAL ANALYSIS:

MIND-TIMIDITY-public; about appearing in

MIND –FRIVOLOUS

MIND- FEAR- Death; of-impending death; of

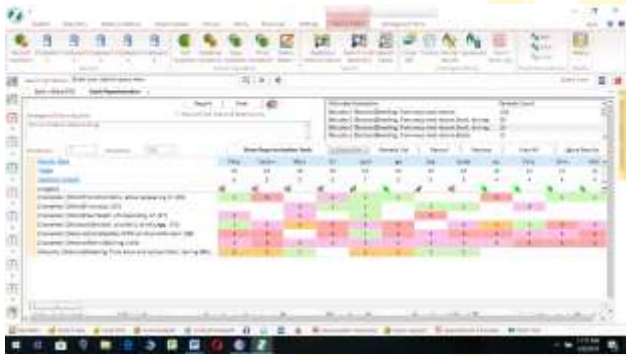
MIND-DREAMS –SNAKES

STOMCH-ALCOHOL-Alcoholic Drinks; Agg

RECTUM-COSTIPATION; difficult stool; soft stool

RECTUM-Bleeding from anus and rectum: Stool, during :After

RECTUM-PAIN-stitching pain

REPERTORIZATION:

RESULT OF REPERTORIZATION: Phos15/6, Carbo- veg 15/5,Sil 15/5, Merc15/4, Lach14/7.

REMEDY SELECTED: Lachesis

COMMENTS FOR SELECTION OF REMEDY

1. Timidity in public.
2. Frivolous.
3. Fear of approaching death.
4. Dreams of snake.
5. Alcohol aggravation.
6. Difficulty in passing soft stool.
7. Bleeding per rectum <during stool
8. Rectum stitching pain.

POTENCY SELECTED:

Susceptibility: High-mod

Potency selected: 200

PRESCRIPTION:

Lachesis 200stat dose,

4globule (40 size)

Placebo 3pills (30 size) TDS for 15 days.

GENERAL ADVICE FOR THE PATIENT DURING TREATMENT: Dietary advices to take proper diet, take salad along with food, eat fibrous food, intake of 2 dates and beat root every day. Drink more quantity of water. Avoid anal itching, sit on warm water for 10-15minutes gives good relief.

FOLLOW UP:

23/11/2024	<p>Stitching pain during stool reduced 70% .no bleeding</p> <p>Stool-1/day, soft, satisfactory.</p> <p>Generals- better</p> <p>sleep sound no dream of snake</p>	<p>Placebo 4globuls</p> <p>TDS for 15days</p>
1/12/2024	<p>Stitching pain during stool reduced 90% bleeding stops. Stool-1/day, soft, satisfactory.</p> <p>anxiety present</p> <p>Generals- better</p>	<p>Placebo 4globuls</p> <p>TDS for 1month</p>
21/12/2024	<p>Stitching pain during stool reduced .no bleeding</p> <p>Stool-1/day, soft, satisfactory.</p> <p>anxiety reduced</p> <p>Generals- better</p>	<p>Placebo 4globuls</p> <p>TDS for 1month</p>
03/01/2025	<p>Stitching pain during stool reduced .no bleeding</p> <p>Stool-1/day, soft, satisfactory. Generals- better, anxiety reduced</p>	<p>Placebo 4globuls</p> <p>TDS for 1month</p>

Impression: Improved

DISCUSSION: Lachesis was given after repertorization and final differentiation from material medica as it covers the totality of symptoms of case. The miasm of this case is psoro-sycosis, after Lachesis patient is improved. In this case no anti miasmatic remedy was used but if there is relapse of symptoms he requires Antimiasmatic remedy to prevent the relapse.

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