A clinical study on homoeopathic medicines in pain management of haemorrhoids in adult age group

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Abstract

Background and Objectives: Most of the treatment modes available for haemorrhoids are not up to the mark and a large number of patients are ultimately forced to undergo surgical interventions due to their symptoms. Pain is one of the common presentations of hemorrhoids and this study is aimed at understanding the improvement in pain of hemorrhoids in the adult age group using homoeopathic medicines.

Materials and Methods: Prospective, observational study was carried out in 30 patients by purposive sampling. Each case was followed for 6 months and outcome assessment was done by scores before and after study.

Result: Statistical analysis was done using a t-test where the result was t (29) = 24.80, p < 0.05 which shows there was a significant improvement of pain and improvement of pain in type D patients is more correlated with the overall improvement in the population under study.

Keywords: Pain, haemorrhoids, homoeopathic medicines, adult age, type D personalities

1. Introduction

Haemorrhoids are the most common anorectal pathology affecting 70% of the adult population above thirty years of age is suffering from this disease [1]. Peak prevalence of haemorrhoids is noted between 45 and 65 years of age and the development of haemorrhoids before the age of 20 is unusual [2]. Haemorrhoids often show a hereditary pattern [3] and the majority affected are females. But the actual cause of the haemorrhoidal disease is unknown [4].

According to the Journal of the Korean Society of Coloproctology, 5% of the total population experience haemorrhoids at least once in their lifetimes. Besides, roughly 50% of the individuals in their 50’s or older receive haemorrhoid treatments, and 10-20% of the individuals who receive treatment require surgery which indirectly points towards the inefficiency of nonsurgical managements available [5]. Moreover surgical interventions like hemorrhoidal dearterialization and stapler hemorrhoidopexy [6] have their complications. Hemorrhoidal symptoms usually arise from enlarged internal hemorrhoids [7]. Common symptoms are bleeding, pain, mucus discharge, prolapsed and anal irritation [8]. Anoscopy is the most accurate method for examining the anal canal and the distal-most rectum. Kelley in his study found that anoscopy can identify 99% of anal lesions in subjects but colonoscopy revealed only 78% of anal lesions [9].

There are many homoeopathic medicines capable of treating haemorrhoids [10]. Homoeopathic drugs are in very small doses which make them free from side effects [11]. In my practice, I have seen so many favourable clinical outcomes while treating haemorrhoids. Research conducted in a Homoeopathic hospital in West Bengal suggests haemorrhoids are treated with a success rate of 60.3 to 82.3% [12]. There have been works on the effectiveness of individualized homoeopathic treatment in haemorrhoids [13] but the area of acute pain management has been less explored. So I would like to add on and make the area complete.
2. Materials and Methods

Patients suffering from pain due to hemorrhoids attending OPDs, IPDs and rural centers of Sarada Krishna Homoeopathic Medical College Hospital

Inclusion and Exclusion criteria used for the screening process

30 cases included under inclusion criteria are selected

Cases recorded in pre-structured case format and prescription done based on the totality of symptoms

Pain assessment was done based on scoring criteria every two weeks and every case was followed for a period of a minimum of 6 months. Type D personalities were identified using the DS14 questionnaire.

2.1 Study design
Observational, Non randomized, Prospective study was carried out.

2.2 Study population
30 cases who suffered from hemorrhoidal pain were purposively selected from OPD, IPD, and peripheral centers of Sarada Krishna Homoeopathic Medical College Hospital based upon inclusion as well as exclusion criteria.

2.3 Inclusion criteria
- Patient of adult age group - 18 to 60 yrs.
- Both sexes
- Based on symptomatology and protoscopic evaluation was done for confirmation

2.4 Exclusion criteria
Patients suffering from other diseases affecting anorectal region like fissure in ano, fistula in ano, anorectal abscess, malignancy, crohn’s disease, ulcerative colitis, rectal polyp and other diseases having rectal complaints as secondary phenomena where excluded.

2.5 Study period
The study was conducted for a period of six months to one year.

2.6 Method of collection of data
Data were collected using a standardized case recording format.

2.7 Prescription
Based on totality of symptoms. Potency selection and dosage was based on homoeopathic principles.

2.8 Follow up
The review was done every two weeks and every case was followed for a period of a minimum of 6 months.

2.9 Outcome assessment
Improvement in pain is assessed before and after treatment based on scoring criteria. Pre-assessment is the baseline disease intensity of the study subjects. Post-assessment is the changes from the baseline condition of the study subjects.

2.10 Statistical methods
Paired t-test was conducted to conclude the study. The relationship of general pain score improvement with pain in type D personalities and non-type D personalities was assessed with correlation analysis.

3. Results
Thirty cases were subjected to study and all thirty cases showed improvement. Among them, three cases showed marked improvement, nineteen cases showed moderate improvement, and eight cases showed mild improvement. Statistical analysis was done using the t-test where the result was t (29) = 24.80, p<0.05 which shows there was a significant difference in pain before and after treatment. Sulphur was the most used remedy and the scale most used was centesimal. Eight medicines were used in treating these thirty cases. They are mentioned in descending frequency in which they have been prescribed: Sulphur 27% (n = 8), Nux vom 20% (n = 6), Lycopodium 17% (n = 5), Nitric acid 13% (n = 4), Muriatic acid 10% (n = 3), Nat mur 7% (n = 2), Sepia 3% (n = 1) and Thuja 3% (n = 1). Centesimal potencies were prescribed most 77% (n = 23), followed by decimal potencies 13% (n = 4) and 10% (n = 3) cases were prescribed in LM scale. On correlation analysis, the value of R on correlating total pain scores before and after the study was found to be 0.609. This indicates a moderate positive correlation. The value of R2, the coefficient of determination, is 0.3709 and the regression line equation is y = 0.7417x - 2.4635; whereas the value of R for type D patients were also 0.625, showing moderate positive correlation; the correlation between pain scores of non-Type D patients was much lesser 0.4226, than type D, which logically shows that the improvement pattern of type D is more correlated and influences the overall correlation pattern in the population under study.
4. Discussion

According to the study, there was a significant difference in the pain intensity scores after Homoeopathic treatment over a period of 6 months. 8 medicines were used for treating this condition (Fig 1) and overall 63.3% patients showed a moderate improvement as shown in Fig 2. Sulphur was given to the maximum number of patients (27%) followed by Nux vomica (20%). This is in accordance with an open observational pilot study and a multi-centric randomized single blind placebo controlled trial which had been done earlier [13, 14]. So it must be re-checked if Sulphur and Nux vom can be used as specific for haemorrhoid conditions. Allen’s keynote says both remedies complements each other in all diseases so both remedies can be used another after other if the case demands. Guernsey frequently indicated four medicines also have Sulphur in them [15].

According to the study, there was a significant difference in the pain intensity scores after Homoeopathic treatment for 6 months.

77% cases of this study also, centesimal potencies were prescribed (Fig 3) and LM scale was used least. This study result is also in accordance with the open observational study which has been done before in which centesimal scale was most commonly used [13]. A multi-centric randomized single-blind placebo-controlled trial has already shown the effect of LM potencies in acute attacks of haemorrhoid diseases [14]. So although LM potencies are used less in the current study, its role in haemorrhoids treatment can’t be neglected.

Type D personalities are people who showed more negative affectivity and social inhibition than the general population. They are the people who suffered more bodily sufferings compared to the general population [16]. Despite of more bodily sufferings; these people of the study experienced much improvement of pain than non-type D personality cases and the improvement pattern of type D is more correlated and influences the overall correlation pattern in the population under study (Fig 4, 5, 6). Such a result may have been aroused because the medicines prescribed were solely based upon a constitutional approach. This fact suggests that a homoeopathic medicine prescribed constitutionally can not only improve local pain of haemorrhoids but can influence the personality as a whole. I admit that such a suggestion needs more scientific correlations and request future researchers to address this issue also.
4. Conclusion
Study done for 6 months illustrated there was considerable improvement in pain of haemorrhoids using homoeopathic treatment. Overall, results appeared convincing but a bigger sample size with an extended time of research would provide better results. The study would have been more scientific if the control (placebo) group would have been kept simultaneously to verify the effectiveness of treatment.

5. Source of funding
Nil

6. Conflict of interest
Nil

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