

A Comparative Analysis of the Effectiveness of Individualised Remedies and Aesculus Hippocastanum in Treating Haemorrhoids

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Abstract:- Haemorrhoids is swollen veins in the lowest part of rectum and anus. Haemorrhoid symptoms occur in over 50% of men and women aged 50 and older during their lifetime.² Every year, approximately 1 million cases of haemorrhoids are reported globally, with a prevalence rate of 47 per 1000 individuals. This prevalence increases with age, particularly among those aged 45 to 65, where it's estimated that 50-85% of people worldwide have haemorrhoids. In India around 75% of the population is estimated to be affected by haemorrhoids.³ A significant portion of the population experiences haemorrhoids, leading to symptoms such as bleeding, pain, itching, prolapse or changes in bowel habits. These symptoms can cause considerable discomfort and inconvenience, disrupting daily routine and causing significant mental distress for the affected individuals.

Keywords:- Haemorrhoids, VAS Scale, BDI Scale, Constitutional Medicine, Aesculus Hippocastanum.

I. INTRODUCTION

Haemorrhoids refer to swollen blood vessels located around the anus, which can manifest either externally or internally within the rectum.¹

Haemorrhoid symptoms affect over half of individuals aged 50 and above during their lifetime, with approximately one million new cases reported annually, equating to 47 cases per 1000 individuals. This prevalence rises with age, with an estimated 50-85% of people between 45 and 65 years old experiencing haemorrhoids globally, and in India, approximately 75% of the population is estimated to be affected by haemorrhoids.³ Symptoms of Haemorrhoids are bleeding, pain, itching, prolapse or altered bowel habits. This hampers the patient's daily routine with great mental agony.

Many surgical procedures are carried out for haemorrhoids like Banding treatment, Cryosurgery, Photocoagulation, and hemorrhoidectomy. But these procedures are associated with complications like retention of urine, reactionary haemorrhage, and anal stricture. It can

result in a delay in returning to work and chances of recurrences.¹ The surgery is expensive and the absenteeism from work is great.

Homoeopathy offers accurate prescribing to effectively treat haemorrhoids. Various medicines including individualized homoeopathic remedies and specific remedies are available for this condition, with Aesculus being one of them. It consists of an alkaloid called Aescin which is a mixture of saponins with anti-inflammatory, vasoconstrictive and Vaso protective and causes chronic venous insufficiency.⁴ It is an indicated remedy for the treatment of haemorrhoids.

With the mentioned details, this study aimed to evaluate the efficacy of individualized remedy and Aesculus hippocastanum in treating haemorrhoids

A. Haemorrhoids are Classified into three Types:

➤ *Internal Haemorrhoids:*

Symptomatic clusters of swollen blood vessels within the anal canal. These clusters typically form at the 3, 7 and 11 o'clock positions. Additionally, internal haemorrhoids may also appear between these main clusters, referred to as secondary positions.

➤ *External Haemorrhoids:*

It involves the enlargement of veins within the skin surrounding the anal opening, originating from the inferior haemorrhoidal plexus.

➤ *Secondary Haemorrhoids:*

Investigating and ruling out various potential underlying conditions is essential as haemorrhoids may arise as a secondary consequence of several factors, like:

- Rectal cancer
- Pregnancy
- Chronic constipation
- Stricture of urethra or enlarged prostate⁷

B. Clinical Features:

- Bleeding seen in Internal haemorrhoids. There is a splash of blood during stool.
- Pain in the anus especially on sitting.
- Itching in the anal region.
- Hard lumps near the anal region which is tender to touch

C. Degrees of Haemorrhoids:

- **FIRST-DEGREE HAEMORRHOIDS:** Piles associated with bleeding alone.
- **SECOND-DEGREE HAEMORRHOIDS:** of true ‘piles’, lumps that appear at the anal opening during defecation and retract spontaneously afterwards.
- **THIRD-DEGREE HAEMORRHOIDS:** piles that have to be replaced manually.
- **FOURTH- DEGREE HAEMORRHOIDS:** piles that lie permanently outside

D. Physical Examination:

Patients may be examined in a prone-jackknife or left lateral position.

- **INSPECTION:** Thorough inspection may show a thrombosed external haemorrhoid, typically presenting as a firm, purplish nodule that is tender to touch. Thrombosed haemorrhoids might also exhibit ulcerations accompanied by bloody drainage. Skin tags around the anal area may indicate not only previous haemorrhoids but also fissure disease.
- **DIGITAL EXAMINATION:** It will rule out a distal rectal mass and anorectal abscess or fistula. It's crucial to assess sphincter integrity during digital examination to establish baseline function, especially in patients reporting incontinence.
- **PROCTOSCOPY:**It should be conducted to detect internal haemorrhoids or fissures and to rule out distal rectal masses.⁵
- **COMPLICATIONS:** Profuse haemorrhage can be one of the complications.⁵ Other complications are:
 - Strangulation and thrombosis
 - Ulceration
 - Gangrene
 - Portal pyemia
 - Fibrosis

E. Assessment of Hemorrhoids:

- Pain is assessed by Visual Analog Scale with a score 0-10
- Bleeding, Discharge and Itching are assessed by BDI score, scoring from 0-3

Table 1: BDI Scoring

Symptoms	Scoring			
	Severe	Moderate	Mild	Nil
Bleeding	3	2	1	0
Discharge	3	2	1	0
Itching	3	2	1	0
Total(9)	9	6	3	0

➤ **Bleeding:**

- A score of 3 was considered as severe if it occurred more than five times a week.
- A score of 2 was considered moderate if it occurred less than three to five times a week.
- A score of 1 was considered as mild if it occurred one to less than three times a week.
- A score of 0 was considered if no bleeding occurred.

➤ **Discharge:**

- A score of 3 was considered severe if it occurred more than five times a week.
- A score of 2 was considered moderate if it occurred less than three to five times a week.
- A score of 1 was considered as mild if it occurred one to less than three times a week.
- A score of 0 was considered if no discharge occurred.

➤ **Itching:**

- A score of 3 was considered if itching was severe.
- A score of 2 was considered if itching was moderate.
- A score of 1 was considered if itching was mild.
- A score of 0 was considered if no itching occurred.⁸

➤ **Constitutional Approach**

Homoeopathy follows holistic treatment which involves both mental and physical symptoms of a patient. According to aphorism 5 of Organon of Medicine, it is important to understand both acute and chronic aspects of the disease to effectively treat them. For acute conditions, knowing the triggering cause is essential. Meanwhile, for chronic diseases, understanding the fundamental cause, often rooted in a chronic miasm is crucial. Various factors like the patient’s physical constitution, moral and intellectual character, occupation, lifestyle habits, social and domestic circumstances, age, and sexual function should be considered. These aspects help the physician to understand the patient holistically for a clear prescription. Homoeopathy believes in individualization, which means each person is different from another. Though two people are suffering from the same disease, the remedy differs for both because the symptoms are different in each person. Individualised remedies will treat the patient at both mental and physical planes.

F. Aesculus Hippocastanum

➤ **Introduction:**

- Natural order- Sapindaceae.
- Common name- Horsechestnut.

Aesculus hippocastanum belongs to family Sapindaceae. It is a large deciduous tree that produces distinctive spiky fruits called horse-chestnuts or conkers.

➤ **Sphere of action:**

- Liver and portal system- Congestion
- Colon, rectum and anus- Catarrhal inflammation
- Congestion of haemorrhoidal vessels.

➤ *Characteristic Symptoms.*

The chief characteristic is severe aching pain in the lumbar and sacral regions.

- Dryness and sensation of small sticks filled in the rectum.
- Soreness, burning, itching, and fullness at the anus.
- Haemorrhoids like ground nuts, purple; and burning; can be both blind and bleeding piles.
- Stool hard, dry, and passed with difficulty.

➤ *Generalities-*

- Fullness in various parts.
- Pains move from one place to another
- Dryness of mucus membrane
- Backache aggravated by walking or stooping.

➤ *General modalities:*

- Aggravation: morning and from motion; walking; breathing deeply; after eating; from swallowing.
- Amelioration: Open Air¹⁰

➤ *Aim:*

To evaluate the efficacy of constitutional medicines compared to Aesculus hippocastanum in treating haemorrhoids.

➤ *Objectives:*

- To evaluate the efficacy of Constitutional medicines for treating haemorrhoids.
- To evaluate the efficacy of Aesculus hippocastanum for treating haemorrhoids.
- To compare the efficacy of Constitutional medicines and Aesculus hippocastanum in treating haemorrhoids.

- **Null Hypothesis:** Constitutional medicine and Aesculus hippocastanum do not show varying levels of effectiveness in treating haemorrhoids
- **Alternate Hypothesis:** Constitutional medicine and Aesculus hippocastanum show varying levels of effectiveness in treating haemorrhoids.

II. METHODOLOGY

➤ *Study Setting:* The subject for the study will be enrolled on the OPD, IPD and camps conducted by Government Homoeopathic Medical College and Hospital, Bengaluru.

➤ *Study subjects:* Subjects suffering from haemorrhoids will be Divided into two groups.

- Group 1: Subjects will be treated with Constitutional medicines.
- Group 2: Subjects will be treated with Aesculus hippocastanum

- Study period: 18 months
- Study Design: Comparative Clinical Study
- Sample Design: Purposive Sampling.

➤ *Inclusion Criteria:*

- Subjects of age group 20-60 years, both genders.
- Subjects diagnosed with haemorrhoids based on clinical history and findings.
- Both Internal and External haemorrhoids.
- Patients who are willing to take part in the study and furnish written consent are sought

➤ *Exclusion Criteria:*

- Patients with complications of haemorrhoids like strangulation, thrombosis, ulceration and gangrene.
- Haemorrhoids secondary to rectal cancer.
- Patients diagnosed with fistula in ano and fissure.
- Grade IV haemorrhoids.

➤ *Method of Collection of Data:*

Subjects will be selected based on inclusion and exclusion criteria, history and clinical features. Detailed case history will be taken according to the topic. The symptoms will be assessed using Visual Analog Scale for pain and bleeding scale.

➤ *Follow Up Criteria:*

All the cases were reviewed once in 15 days or a month for a minimum of 6 months.

The progress of the patient was carefully monitored. Assessment of particular symptoms was done by Visual Analog Scale(VAS) for pain and BDI score for bleeding, discharge and itching in upcoming follow-ups.

• *Recovered:*

Patients who were recovered, with no recurrence of symptoms within six months. Improvement of symptoms such as pain rated as 0 on VAS scale, and bleeding, itching and discharge scored as 0 according to BDI scoring.

• *Improved:*

Clinically better patients, but with recurrence of symptoms with less severity. Improvement of symptoms like pain rated as 1-2 on VAS scale, and discharge, itching and bleeding scored as 1- 3 according to BDI scoring.

• *Not Improved:*

Patients who have not improved clinically. No improvement of symptoms like pain rated > 2 and discharge, itching and bleeding rated as 4-9

III. RESULTS AND OBSERVATIONS

The following observations were made:

Table 2 Distribution of Cases as Per the Remedies Prescribed

Remedy	Frequency	
	Frequency	Percentage
Nitric acid	5	16.66%
Lachesis	4	13.33%
Nux vomica	4	13.33%
Sulphur	2	6.66%
Bryonia	2	6.66%
Phosphorus	2	6.66%
Ars alb	2	6.66%
Amm carb	2	6.66%
Lycopodium	2	6.66%
Natrum mur	1	3.33%
China	1	3.33%
Calc Sulph	1	3.33%
Aur met	1	3.33%
Belladonna	1	3.33%
TOTAL	30	100%

Nitric acid was prescribed in 5 cases, Lachesis, Nux vomica in 4 cases each, Sulphur, Bryonia, Phosphorus, Ars alb, Amm carb, Lycopodium in 2 cases each, whereas Natrum mur, China, Calc Sulph, Aur met, Belladonna was prescribed in 1 case

Table 3 Distribution of Cases Based on Results in Group 1

Result	No. of cases	
	No. of cases	Percentage
Recovered	10	33.33%
Improved	18	60%
Not improved	2	6.66%
Total	30	100%

10 cases (33.33%) are recovered, 18 cases (60%) are improved, 2 cases (6.66%) are not improved.

Table 4 Distribution of Cases Based on Results in Group 2

Result	No. of cases	
	No. of cases	Percentage
Recovered	3	10%
Improved	7	23.33%
Not improved	20	66.66%
Total	30	100%

3 cases (10%) are recovered, 7 cases (23.33%) are improved, 20 cases (66.66%) are not improved.

IV. STATISTICAL STUDY

A. Paired 't' Test for Visual Analog Scale (VAS) in Group 1

The calculated t value (t stat) of paired t-test for the VAS scale in group 1 is 15.64 which is more than the critical value (t critical two tail) of 2.045. P value (two tail) is 1.13×10^{-15} which is < 0.05 . So, there is a significant

difference between before and after values of VAS scoring in group 1.

➤ Paired t-test for BDI Scale in Group 1

The calculated t value (t stat) of the paired t-test for the BDI scale in group 1 is 15.208 which is more than the critical value (t critical two tail) 2.045. P value (two tail) is 2.35×10^{-15} which is < 0.05 . So, there is a significant difference between before and after values of BDI scoring in group 1.

➤ Paired t-test for (VAS) in Group 2

The calculated t value (t stat) of the paired t-test for the VAS scale in group 2 is 4.782 which is more than the critical value (t critical two tail) 2.045. P value (two tail) is 4.64×10^{-16} which is < 0.05 . So, there is a significant difference between before and after values of VAS scoring in group 2.

➤ Paired t-test for (BDI) score in Group 2

The calculated t value (t stat) of the paired t-test for the BDI scale in group 2 is 8.072 which is more than the critical value (t critical two tail) of 2.045. P value (two tail) is 6.67×10^{-9} which is < 0.05 . So, there is a significant difference between before and after values of BDI scoring in group 2.

B. Unpaired t-test:

➤ For VAS scoring between Group 1 and Group 2

The calculated t value (t stat) of the unpaired t-test for the VAS scale in groups 1 & 2 is 3.456 which is more than the critical value (t critical two tail) 2.001. The p value (two tail) is 0.08 which is < 0.05 . So, there is a significant difference in the after values of VAS scoring in groups 1 & 2.

➤ For BDI scoring between Group 1 and Group 2

The calculated t value (t stat) of the unpaired t-test for the BDI scale in groups 1 & 2 is 2.950 which is more than the critical value (t critical two tail) 2.001. The p value (two tail) is 0.004 which is < 0.05 . So, there is a significant difference in the after values of BDI scoring in groups 1 & 2.

In the present study, out of 30 subjects in group 1, 10 recovered, 18 improved and 2 not improved. In group 2, 3 recovered, 7 improved and 20 not improved. The difference in proportion is found to be statistically significant for recovered ($Z = 2.3$ & $p = < 0.01$ and improved ($Z = 3.24$ & $p = < 0.001$).

Hence the present study proves that there is a difference in the effectiveness of constitutional medicines and Aesculus hippocastanum in the treatment of Haemorrhoids, i.e. the Alternate hypothesis is accepted.

V. DISCUSSION

Haemorrhoids are commonly seen in adults. Research suggests that over 50% of both men and women will experience haemorrhoids before reaching the age of 50

This study aimed to evaluate the efficacy of Aesculus hippocastanum and Constitutional medicines in treating haemorrhoids.

Sixty patients were selected for the study and follow-ups were done for at least six months. The statistical result is as follows:

- **Sex Incidence:** In 60 cases, 34 subjects (56.66%) were females and 26 subjects (43.33%) were males.
- **Age Incidence:** The age distribution was 16 cases (26.66%) in 20-30 years of age group, 13 cases (21.66%) in 31-40 years of age group, 18 (30%) in 41-50 years of age group, 13 (21.66%) in 51-65 years of age group
- **Occupation:** In this study, 18 cases (30%) were housewives, 12 cases (20%) were drivers, 10 cases (16.66%) were teachers, 7 cases (11.66%) were engineers, 4 cases (6.66%) were students and clerk each, 2 cases (3.33%) were garment workers and conductor each.
- **Religion:** In this study distribution according to religion is 19 cases (63.33%) were Hindu, 5 cases (16.66%) were Christian, and 6 cases (20%) were Muslim.
- **Constitutional Remedies:** Based on the totality of symptoms, Nitric acid was prescribed to 5 cases (16.66%), Lachesis and Nux vomica was prescribed to 4 cases (13.33%) each, Sulphur, Bryonia, Phosphorus, Ars alb, Amm carb was prescribed to 2 cases (6.66%), Natrum mur, China, Calc sulph, Aur met, Belladonna was prescribed to 1 case (3.33%) each.
- **Potency:** In group 1 out of 30 cases, 200 potency was prescribed to 30 cases. In group 2 out of 30 cases, 200 potency was prescribed to 23 cases (76.66%), 30 potency was prescribed to 3 cases (10%), 1M potency was prescribed to 4 cases (13.33%).
- **Result of the Treatment:** In group 1 out of the 30 cases, 10 cases (33.33%) recovered, 18 cases (60%) improved & 2 cases (6.66%) not improved. In group 2 out of 30 cases, 3 cases (10%) were recovered, 7 cases (23.33%) were improved, and 20 cases (66.66%) were not improved.

The analysis of the above results shows varying levels in the effectiveness of constitutional medicines and Aesculus hippocastanum in the treatment of Haemorrhoids which was scientifically evaluated using Paired t-test.

VI. CONCLUSION

Given the limited duration of the study and the relatively small sample size of 60 patients, it's important to acknowledge that the time taken for improvement or recovery can vary significantly among individuals. Conducting the study for a longer duration would allow for a more comprehensive assessment of treatment outcomes

and potentially capture additional cases that may recover over time.

The results of this study support the conclusion that there are varying levels of the effectiveness of individualized homeopathic remedies and Aesculus hippocastanum in the treatment of Haemorrhoids. It showed that Individualised remedies are more effective than Aesculus hippocastanum, individualized remedies not only recover the patient but also stop the recurrence of haemorrhoids.

More comparative studies should be done to assess the effectiveness of different Homeopathic medicines having a sphere of action on Haemorrhoids.

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