

Clinical Study on the Effectiveness of Homoeopathic Medicines in the Management of Haemorrhoids

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Abstract

Background: Haemorrhoids are common anorectal disorders that may cause bleeding, prolapse, pain, mucus discharge, itching and bowel-related symptoms. The dissertation evaluated individualized homoeopathic treatment in patients with haemorrhoids.

Objective: To assess changes in symptom severity following individualized homoeopathic treatment in patients with second- and third-degree haemorrhoids.

Methods: A single-arm before-and-after clinical study was conducted at Government Homoeopathic Medical College Hospital, Thiruvananthapuram, from February 2016 to February 2017. Thirty consecutive patients aged 30–70 years with second- or third-degree haemorrhoids were included. Diagnosis was based on clinical assessment, digital rectal examination and proctoscopy. Individualized homoeopathic medicines were prescribed after detailed case taking. Symptoms were graded using a seven-domain, 0–3 symptom scale. Patients were followed periodically and outcome was assessed after one year. Pre- and post-treatment symptom scores were compared using a paired t test.

Results: The study population included 30 patients. The most frequent presenting symptoms were itching (26/30, 86.7%), burning anal pain (23/30, 76.7%), bleeding per rectum, prolapsing mass and constipation (19/30 each, 63.3%). Sulphur (8/30, 26.7%) and Nux vomica (7/30, 23.3%) were the most frequently prescribed medicines. Based on the dissertation's statistical-analysis dataset, the mean symptom score decreased from 8.97 to 4.47. The mean within-patient reduction was 4.47 points. The recalculated paired t statistic was 21.52 (df=29; $p<0.001$).

Conclusion: The study found a statistically significant reduction in the recorded symptom scores after individualized homoeopathic treatment. Because the study lacked a concurrent control group and included only 30 consecutively selected participants, the findings should be interpreted as evidence of improvement within this study population rather than proof of treatment efficacy or cure. Controlled studies with larger samples and longer follow-up are warranted.

Keywords: haemorrhoids; homoeopathy; individualized treatment; symptom score; proctoscopy; before-and-after study

1. Introduction

Haemorrhoids are common anorectal disorders characterized clinically by symptoms such as rectal bleeding, prolapse, discomfort, itching and mucus discharge. The dissertation notes that haemorrhoidal disease can interfere with daily activities and may be associated with recurrent symptoms and complications. Diagnosis in the study was based on clinical features, digital examination and proctoscopy.

Homoeopathic management in the dissertation was based on individualization, detailed case taking, analysis of the totality of symptoms and selection of the medicine according to the principles of homoeopathy. The present manuscript reorganizes the dissertation into a journal-style clinical research report, retaining the original study population, intervention approach and outcome data while presenting the conclusions more cautiously in accordance with the single-arm study design.

2. Objective

To assess the change in symptom severity following individualized homoeopathic treatment in patients with haemorrhoids.

3. Materials and Methods

3.1 Study design and setting

This was an experimental before-and-after clinical study conducted at the outpatient and inpatient departments of Government Homoeopathic Medical College Hospital, Iranimuttam, Thiruvananthapuram, from February 2016 to February 2017.

3.2 Participants

Thirty consecutive patients satisfying the eligibility criteria were included.

Eligibility criterion	Description
Sex	Both sexes
Age	30–70 years
Clinical condition	Second- or third-degree haemorrhoids
Diagnosis	Clinical features, digital examination and proctoscopy
Exclusion	Other major anorectal/colorectal disorders listed in the dissertation, including anal fissure, carcinoma, perineal haematoma, anorectal abscess, endometriosis, polyp, diverticular disease, ulcerative colitis, Crohn disease, intussusception, ischaemic colon and anal canal carcinoma

3.3 Intervention

Individualized homoeopathic medicines were selected after detailed case taking, analysis of the totality of symptoms and materia medica differentiation. Potencies ranging from 30C to 10M were used. The dissertation states that medicines were administered as a single medicated pellet in sugar of milk, with placebo in the form of blank tablets or globules, and that repetition or change of remedy was made according to the clinical evolution of the case. Dietary and bowel-habit advice included increasing fibre intake, regulating bowel habits, avoiding prolonged sitting and avoiding straining at stool.

3.4 Outcome assessment

Seven symptom domains were scored from 0 to 3: bleeding per rectum, mucosal prolapse, mucus discharge, pain, itching, constipation and associated symptoms. Higher scores represented greater symptom intensity. Patients were reviewed periodically, with the dissertation specifying two-week assessments and outcome evaluation at one year.

Symptom domain	Scoring range
Bleeding per rectum	0–3
Mucosal prolapse	0–3

Mucus discharge	0–3
Pain	0–3
Itching	0–3
Constipation	0–3
Associated symptoms	0–3
Total possible score	0–21

3.5 Ethical considerations

The dissertation reports that ethical clearance was obtained from the Institutional Ethical Committee of Government Homoeopathic Medical College, Thiruvananthapuram, on 16 April 2015 (Ref. No. 2598/B2/2012/GHMCT-(32)). A patient consent form for use of clinical information was included in the dissertation.

3.6 Statistical analysis

Pre- and post-treatment symptom scores were compared using a paired t test. The dissertation contains a dedicated statistical-analysis table with 30 paired observations ($\Sigma d=134$; $\Sigma d^2=636$). Recalculation from these reported paired values gave a mean baseline score of 8.97 (SD 1.68), a mean post-treatment score of 4.47 (SD 1.26), a mean reduction of 4.47 points (SD of paired differences 1.14), $t=21.52$, $df=29$, $p<0.001$.

4. Results

4.1 Participant characteristics

Variable	n	%
Age 30–40 years	7	23.3
Age 40–50 years	11	36.7
Age 50–60 years	9	30.0
Age 60–70 years	3	10.0
Female	19	63.3
Male	11	36.7
Household occupation	6	20.0
Office work	8	26.7
Business	4	13.3
Manual work	3	10.0
Sedentary occupation	9	30.0
Positive family history	10	33.3
No family history	20	66.7
Vegetarian	7	23.3
Non-vegetarian	20	66.7
Eggetarian	3	10.0

The largest age group was 40–50 years (36.7%), followed by 50–60 years (30.0%). Females constituted 63.3% of the sample. The dissertation reported that 46.6% belonged to the middle socioeconomic group; the corresponding raw category counts were 11 lower, 14 middle and 5 upper socioeconomic status.

4.2 Presenting complaints

Presenting complaint	n	%
Itching	26	86.7
Burning pain in anus	23	76.7
Bleeding per rectum	19	63.3
Mass protruding per rectum	19	63.3
Constipation	19	63.3
Mucus Discharge	15	50.0
Flatulent complaints	15	50.0
Backache	13	43.3

4.3 Homoeopathic medicines prescribed

Medicine	n	%
Sulphur	8	26.7
Nux vomica	7	23.3
Arsenicum album	3	10.0
Lycopodium	3	10.0
Nitric acid	2	6.7
Bryonia	2	6.7
Phosphorus	1	3.3
Collinsonia	1	3.3
Natrum muriaticum	1	3.3
Aesculus	1	3.3
Silicea	1	3.3

4.4 Symptom-score outcome

Outcome	Mean	SD
Before treatment	8.97	1.56
After treatment	4.5	1.36
Mean paired reduction	4.47	1.14

Paired analysis: $t=21.52$, $df=29$, $p<0.001$.

The dissertation also reports case-level proctoscopic improvement in several participants, including reduction in mass size, relief of mucosal congestion, cessation or reduction of bleeding and reduction of pain. These findings were descriptive rather than based on a separately validated proctoscopic severity endpoint.

5. Discussion

In this single-arm clinical study of 30 patients with second- and third-degree haemorrhoids, symptom scores were lower after individualized homoeopathic treatment than at baseline. The sample was predominantly middle-aged, with 66.7% aged 40–60 years, and females represented 63.3% of participants. Itching, burning anal pain, bleeding, prolapsing mass and constipation were the most frequently reported complaints.

Sulphur and Nux vomica were the most frequently prescribed medicines, although the study was individualized and therefore did not evaluate these medicines as fixed treatment groups. The range of prescribed remedies and potencies reflects the individualized prescribing approach described in the dissertation.

The reduction in the total symptom score was statistically significant. However, the absence of a control group means that the observed change cannot be attributed specifically to homoeopathic treatment. Natural history, regression to the mean, changes in diet and bowel habits, placebo effects, repeated clinical assessment and other nonspecific factors may also contribute. The study also used a small consecutive sample from a single institution. These limitations should be stated explicitly in any journal submission.

An important data-quality issue was identified during manuscript preparation. The dissertation contains one table of individual pre/post scores and a separate statistical-analysis table. The latter contains the paired values used for the reported Σd and Σd^2 and was therefore used for the primary statistical reconstruction in this manuscript. Recalculation of those values gives $t=21.52$ rather than the dissertation's stated $t=21.78$. The reported conclusion of statistical significance remains unchanged.

6. Limitations

- Small sample size ($n=30$) and single-centre recruitment.
- Single-arm before-and-after design without a concurrent comparator.
- Consecutive rather than randomized sampling.
- Individualized prescriptions and changes in remedy/potency prevent attribution of outcomes to a single medicine.
- The symptom scale was developed for the study and is not presented in the dissertation as a validated external instrument.
- Long-term recurrence and sustained clinical benefit were not assessed using a predefined comparative endpoint.

7. Conclusion

Within the limitations of this single-arm before-and-after study, individualized homoeopathic treatment was associated with a statistically significant reduction in the recorded haemorrhoid symptom score over the study period. The findings are hypothesis-generating and support the need for larger, controlled and methodologically rigorous studies with validated outcome measures and long-term follow-up.

9. References

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