

A Gentle Cure with Homoeopathy Through Individualisation, Anal Fissure: A Review & An Acute Case Report

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ABSTRACT

In this modern era, life style diseases are commonly encountered in daily clinical practice. Sedentary life styles, lack of proper exercise, low intake of dietary fibre and water, stress and emotional factors, all these causes make a person prone to different varieties of gastrointestinal disorders. Constipation, haemorrhoids, Fissures, bleeding per rectum are most common lower GIT disorders that are seen in our daily OPDS. This article reviews the most common anorectal disorder, anal fissure. Even though anal fissure is not a major life-threatening disease, the unbearable pain in anus, because of which patient presents himself to the doctor for consultation, advice and treatment. Homoeopathy offers the safe, rigour, effective and permanent treatment, for such cases, and prevents recurrence. The patient explains different types of pain sensations which are to be given high importance in homoeopathy for selection of similimum.

Key words: Homoeopathy, Anal Fissure, Lac Defloratum, Peculiar sensation, Individualisation

INTRODUCTION

Among the anorectal disorders, Anal fissure is one of the most painful conditions. A common initiating factor is thought to be Trauma to the anoderm due to constipation i.e., with the passage of a hard stool. The pain sensation is out of proportion to the trauma. The pathophysiology of anal fissures is not entirely clear, but it is explained as an acute injury leads to local

pain and spasm of the internal anal sphincter. This spasm results in high resting anal sphincter pressure leads to reduced blood flow and ischemia and poor healing. Unless this cycle is broken the fissure will not heal. There is immense scope for anal fissures to heal itself naturally with aid of Homoeopathic medicines, with slight modification in life style and few dietary measures.

Definition and Aetiology:

An anal fissure is a tear in the anoderm distal to the dentate line, usually less than 5mm in length. The most common cause for anal fissure is the passage of very hard or watery stools. Crohn's disease, Inflammatory Bowel Disease, Childbirth, Anal intercourse, also causes anal fissures. Less common causes of anal fissures include anal cancer, HIV, Syphilis, Tuberculosis, Herpes.

Location:

Most commonly, anal fissures occur in the posterior midline; however, in up to 25% of women and 8% of men, a fissure can be located in the anterior midline. In patients who have lateral fissures, the clinician should consider an alternative aetiology such as malignancy, Crohn's disease, tuberculosis, or HIV infection.

Types:

Acute anal fissure appears similar to a fresh laceration, present less than 2 to 3 months duration which heal with medication, and if anal fissure fails to heal within 6 weeks it is considered as chronic fissure. Chronic fissure, due to scarring and poor blood flow, often require surgical intervention and is frequently associated with skin tags called as sentinel pile, at the distal end of the fissure.

Clinical features:

- ✓ Pain, sometimes severe, during and after bowel movements that can last up to several hours. Due to the pain, there is anal sphincter spasm, which makes constipation still worse.
- ✓ Bright red blood streaks on the stool or toilet paper after a bowel movement.
- ✓ Itching or irritation in and around the anus.
- ✓ Malodorous discharge may occur due to the discharge of pus from the fissure.
- ✓ In chronic fissure a skin tag, or small lump of skin, next to the tear is seen called as sentinal pile is present.

Diagnosis and Examination findings:

The diagnosis can typically be confirmed by physical examination and Anoscopy in the orifice if tolerated by the patient. By gentle separation of the buttocks and examination of the anus, a linear separation of the anoderm can be identified at the lower half of the anal canal. On digital examination, chronic fissure feels rough, raised, or fibrotic in the mid-distal anal canal and a skin tag, called sentinal pile also visible.

Management and Treatment:

The goal of treatment is to relieve the worsening constipation, to break the cycle of hard bowel movement, associated intense pain. Patient should be on high fibre diet along with sufficient water intake for stools to become softer. Sitz baths with Calendula mother tinctures also advisable for quick healing of fissures.

Prevention:

An anal fissure can't always be prevented, but one can reduce risk of getting it by taking the following preventive measures:

- ✓ Keeping the anal area dry.
- ✓ Cleansing the anal area gently with mild soap and warm water.
- ✓ Avoiding constipation by drinking lot of fluids, eating food rich in fibre, and exercising regularly.
- ✓ Treating diarrhoea immediately.
- ✓ Changing diapers frequently (for infants).

Homoeopathic approach: it is always through the process of Individualisation. It is possible only by discovering the strange rare and peculiar symptoms of the particular individual, to arrive at the best simillimum

Homoeopathic therapeutics: Chamomilla, Graphitis, Muriatic Acid, Nitric Acid, Rathanhia, Sepia, Thuja are 1st grade medicines given and Agnus, Allium Cepa, Ars, Calc Phos, Causticum, Cundurago, Floric Acid, Hydrastis, Ignatia, Lachesis, Mercsol, Natrum Mur, Nux Vomica, Paeonia, Petroleum, Phos, Phytolacca, Plumbum, Podophyllum, Silicea, Sulphur are 2nd grade medicines given as per synthesis repertory (9.1 edition).

Acute Case:

Ms. V.A., female, aged 18 yrs, student, and resident of Mahaboobnagar, visited OPD, on 11/9/17 with the complaints of severe constipation and bleeding per rectum since 3 days.

Patient has taken non vegetarian food 3 days back and complaint started from then. Stools are very hard and dry. Has to strain a lot to pass stools. During passing stools there is bleeding per rectum in streaks along with stools. There is severe pain after passing stools for one hour. There is constriction sensation in anus aggravated after passing stools. There is unsatisfactory passage of stools.

Physical generals: Appetite- good, desires spicy food, mutton, aversion to eggs, thirst moderate, urination clear, perspiration on palms (non offensive), sleep refreshed, thermally chilly. Covering- desires covering in all seasons. Menses regular.

Mental disposition: irritable and impatient, wants things to be done quickly. Fear of dark, fear of being alone.

General physical examination: *Physical Makeup:* Moderate built, dark complexion. No signs of pallor/ Cyanosis/ Oedema/ Clubbing/ Lymphadenopathy / Icterus *Vital Data:* B.P=130/80 mm of Hg; PR= 72/min; HR=72/min; RR=20/min; Temp = a febrile. *Systemic examination:* PR- anal fissure is at 12 o clock position, and near it there is skin tag which is tender on palpation.

Totality and Prescription:

Nux vomica 200 was selected based on symptoms- irritability, impatient, can't tolerate cold (chilly patient), ailments after spicy food intake, constipation and

unsatisfactory stools. She is also advised to take bland diet, food rich in dietary fibre and plenty of water along with medication.

There was no relief of constipation, pain and bleeding while passing stools, Nitric acid, silicea, were also tried but there was no relief.

On retaking the case, patient told that there is chilliness / cold sensation of body while passing stools and sensation as if anus is being torn while passing stools. Lac defloratum was selected based on these peculiar sensations on acute basis. On next day patient reported stools were soft and pain relieved to some extent and after 2 days she got relief of all the symptoms. Case was followed for one month no complaints were given later after.

Repertorial sheet added here for reference, but prescription was given based on formation of acute totality giving importance to sensation expressed by patient which is exactly same in *Materia Medica* text book.

	1	2	3	4	5	6	7	8	9
Sum of symptoms (sort:deg)	6 13	5 15	5 15	5 15	5 15	5 14	5 14	5 14	5 13
01. RECTUM - CHILLINESS - constipation; during	1	1							
02. RECTUM - CONSTIPATION - difficult stool	1	198							
03. RECTUM - CONSTIPATION - ineffectual urging and straining	1	246							
04. MIND - IRRITABILITY	1	570							
05. STOOL - LARGE	1	141							
06. STOOL - HARD	1	337							

DISCUSSION AND CONCLUSION

As Hahnemann said in aphorism 153, Characteristic peculiar symptoms are the sole guide for drug selection whatever the name of disease it may be. Vital force shows the symptoms through altered sensations and functions. So sensation, if peculiarly present for the case also helps for proper drug selection. We may not get them in the first visit but by proper questionnaire we can get the peculiar sensations which guide us for selection of remedy.

Declaration by Authors

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