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Management of Haemorrhoids with Individualized Homoeopathy in Improving Quality of Life: An Observational Study

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ABSTRACT

Background: With change in the lifestyle peoples are suffering from haemorrhoids as a major health issue. It affects anal region and creates physical and psychological disturbances resulting in significant compromise in the quality of life. Primary objective of this study was to find out the efficacy of homoeopathic management in terms of pain, bleeding and itching in haemorrhoids. Secondary objective was to measure its effect in quality of life.

Materials and methods: In this observational study haemorrhoids patients were managed using proctological symptom scale for measuring complaints intensity and WHOQOL-BREF (Field Trial Version, domain 1) for assessing quality of life.

Result: A total of 42 patients were intervened as per individualized Homoeopathic principles and followed up to 6 months. Intention to treat population (n = 42) was analyzed in the end. Statistically significant reductions for mean pain score from 5.88 to 1.69 (95% CI $t = -9.0835$, $P < 0.00001$); reduction of mean bleeding from baseline was from 3.69 to 0.69 (CI 95% with $t = -6.26$, $P < 0.00001$) and itching declined from baseline mean of 1.04 to 0.28 (95% CI, $t = -2.890$, $P < 0.0030$) were measured as per proctological symptom scale. Significant Improvement in the mean quality of life from 21.09 to 27.36 (95% CI $t = -8.68$, $P < 0.0001$) was achieved.

Conclusion: With individualized homoeopathic management, the severity of pain, bleeding, itching and quality of life improved substantially. Individualized homoeopathic medicinal impact must be further explored with appropriate study design and sample size.

Keywords: Haemorrhoids, Homoeopathy, Individualization, Quality of Life.

INTRODUCTION

Haemorrhoids develop when the venous drainage of the anus is altered, causing the venous plexus and connecting tissues to dilate, creating an outgrowth of anal mucosa from the rectal wall. However, the exact pathophysiology is unknown. Haemorrhoids occur below or above the dentate line where the proximal columnar transitions to the distal squamous epithelium. They are painless because they are viscerally innervated. External haemorrhoids develop below the dentate line and can become painful when swollen. The extent of prolapsed of internal haemorrhoids can be graded on a scale from I to IV which guides effective treatment. This grading system is incomplete, however, because it focuses exclusively on the extent of prolapsed and does not allow any clinical factors, such as size and number of haemorrhoids, amount of pain and bleeding and patient co morbidities and preferences. [1]

The exact prevalence is unknown because most patients are asymptomatic and do not seek care from a physician. [2] A study of patients undergoing routine colorectal cancer screening found a 39% prevalence of haemorrhoids, with 55% of those patients reporting no symptoms. [3] Haemorrhoids are more prevalent in persons

45 to 65 years of age. [3, 4] The true burden of disease is difficult to capture as many patients are reluctant to seek medical suggestions for various personal, cultural and socio-economic reasons. The prevalence of haemorrhoids in India according to recent surveys is around 40 million. [5]

Controversies and lack of agreement still exists on treatment strategies. On one hand nonsurgical treatment modalities such as rubber band ligation, injection sclerotherapy, photocoagulation and cryotherapy are well established and acceptable to patients. However, they are not suitable for all grades of haemorrhoids and have recognized complications. On the other hand, surgical haemorrhoidectomy is associated with significance morbidity, complications and may lead to delays in return to work. It is worth noting that 26% of the patients who require a haemorrhoidectomy may have a recurrence and 11% need further treatment. Similarly, approximately half of those who undergo office procedures may require further treatment or surgery in 5-10 years. [6, 7] Laxatives and a high fibre diet help to some extent in reducing the symptomatic haemorrhoids. [8, 9] The cost to the community, both financial and in lost working days is great and by any standards this condition must be considered a major health hazard. [10]

Homoeopathic literature shows anecdotal data on the efficacy of homoeopathic medicine in haemorrhoids. Although various practitioners and clinicians quote brilliant cure of haemorrhoids with homoeopathic medicine, there is low evidence and lacks controlled studies. [11] So we decided to investigate the effectiveness of individualized homoeopathy in haemorrhoids.

MATERIALS & METHODS

The study was carried out on patient suffering from internal and / or external haemorrhoids of either sex within the age group 20 to 60 years and followed up to 6 months. Out of 45 samples 3 were dropped out as could not able to complete the study duration. Proctological symptom scale and WHO-QOL, domain 1 was used. Individualized homoeopathic medicines were given based on symptom similarity. [12]

Sample Collection: Based on consecutive sampling.

Statistical Analysis

All characteristics were summarized descriptively. For continuous variables, the summary statistics of mean± standard deviation (SD) were used. The difference of the means of analysis variables between two groups was tested by paired t test. If the p-value was < 0.05, then the results were considered to be statistically significant otherwise it was considered as not statistically significant. Data was analysed on individual case for pain, bleeding, itching and Quality of Life before and after individualized homoeopathic management.

RESULT

Out of 45 patients intervened as per individualized homoeopathic principles and followed up to 6 months, 42 continued till the end, 3 dropped out. Finally outcome was measured on 42 patients.

Baseline Characteristics

Mean age of the patients was 37.17 years and majority belonged to the group of 31-40 years (n = 15; 35.71%). Most of the patients were female (n = 28; 66.67%). Constipation was mostly prevalent (n = 17; 40.48%); dietary factors like non-vegetarian food / spicy food habit (n = 13; 30.95%), as probable risk factors (Table 1).

Table 1: Patient baseline characteristics

	Range	Mean
AGE (Yrs.)	21 - 60	40.5
AGE(Yrs.)	N	%
21-30	13	30.95
31-40	15	35.71
41-50	8	19.5
51-60	6	14.29
TOTAL	42	100.0
SEX	N	%
MALE	14	33.33
FEMALE	28	66.67

Pain

The decrease in pain achieved from baseline mean pain score of 5.88 to 1. 69

(95% CI t = −9.0835, P < 0.00001; paired t-test) was statistically significant (Figure 1).

Bleeding

Reductions of mean bleeding from baseline was from 3.69 to 0.69 (CI 95%, with t = −6.26, P < 0.00001; paired t-test) was statistically significant (Figure 1).

Itching

Itching declined from baseline mean itching of 1.04 to 0.28 (95% CI, t = −2.890, P < 0.0030 paired t-test). Decrease from baseline was less highly significant as compared to pain and bleeding (Figure 1).

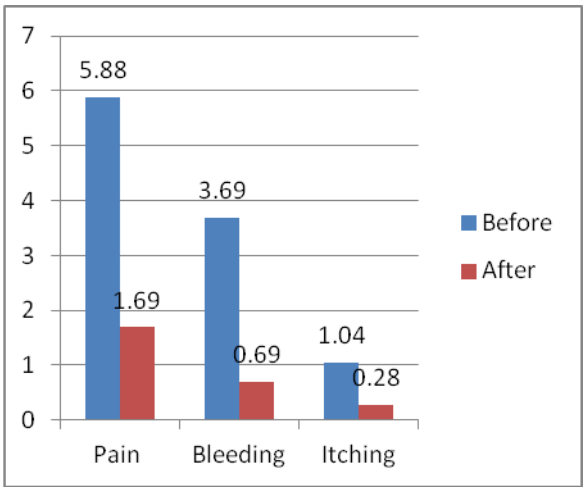

Figure 1 Proctological Symptoms Scale

Quality of Life

Improved within 6 months from baseline mean QoL of 21.09 to 27.36 (95% CI t = −8.68, P < 0.0001; paired t-test) was statistically highly significant (Figure 2).

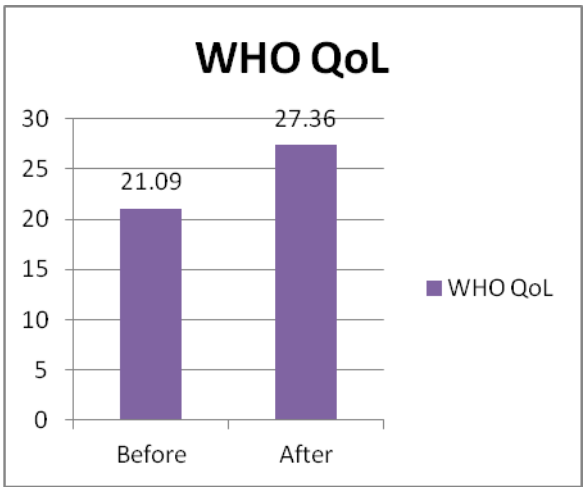

Figure 2 Quality of life Score

Medicines Prescribed

The frequently prescribed medicines on the basis of individualization in 42 cases of haemorrhoids were sulphur (*n*=8; 19.05%), natrum muriaticum (*n* =6; 14.29%), aesculus hippocastanum (*n* =5; 11.90%), pulsatilla (*n* =3; 7.14%), hamamellis (*n* =3; 7.14%); ratanhia (*n* =3; 7.14%), ignatia (*n* =3; 7.14%), tuberculinum (*n* =2; 4.76%), chamomilla (*n* =2; 4.76%), nux vomica (*n* =2; 4.76%), paeonia (*n* =2; 4.76%), nitric acid (*n* =1; 2.38%), bryonia (*n* =1; 2.38%), lycopodium (*n* =1; 2.38%).

Table 2 Medicines prescribed at baseline

Medicines	Number of prescriptions *n* (%)
Sulphur	8 (19.05)
Natrum Muriaticum	6 (14.29)
Aesculus Hippocastanum	5 (11.90)
Pulsatilla	3 (7.14)
Hamamellis	3 (7.14)
Ratanhia	3 (7.14)
Ignatia	3 (7.14)
Tuberculinum	2 (4.76)
Chamomilla	2 (4.76)
Nux Vomica	2 (4.76)
Paeonia	2 (4.76)
Nitric Acid	1 (2.38)
Bryonia	1 (2.38)
Lycopodium	1 (2.38)

DISCUSSION

With individualized homeopathic treatment in patients suffering from hemorrhoids, there was statistically significant improvement in pain, bleeding, itching and quality of life within 6 months. Assessments of disease severity consistently showed substantial improvements, although the disease was long-standing and chronic.

This prospective observational study was aimed to reflect the contemporary homeopathic health care in real practice setting and its outcome in 42 haemorrhoids patients. The methodology of our study includes consecutive sampling; subjects meeting the criteria of inclusion were selected. The participation of qualified and experienced homeopathic physicians practicing individualized homeopathy and use of standardized outcome scales.

Key issue relating to RCT's is the fact that recruitment, randomization, and blinding are not always possible because of technical or ethical issues. So, a well-

designed observational trial can be a better alternative in this situation and they in fact do not systematically overestimate the magnitude of treatment effects as compared with those in RCT's. [13, 14]

The main strength of observational studies is their greater proximity to "real life situations" by capturing large amount of uneven data since RCT's have stricter inclusion criteria and rigid protocols that may not reflect clinical practice. In contrast to randomized trials, our study describes patients from everyday practice and a large variety of life styles. [15] Individualized Homoeopathic medicinal impact must be further explored with appropriate study design and sample size.

CONCLUSION

With individualized homoeopathic management, the severity of pain, bleeding, itching and quality of life improved substantially.

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