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"TO EVALUATE THE EFFICACY OF HOMEOPATHIC MEDICINE ON HEMORRHOIDS STUDY FOCUSED ON PEOPLE WITH SEDENTARY LIFESTYLES"

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ABSTRACT

Background

Hemorrhoids are a prevalent anorectal disorder strongly associated with sedentary lifestyles, which cause increased pelvic pressure and venous stasis. Standard treatments often present side effects or high recurrence rates, prompting patients to seek alternative therapies. This study evaluated the clinical efficacy of individualized homeopathic medicine in managing hemorrhoids among individuals with sedentary occupations.

Methods

A randomized, double-blind, placebo-controlled trial was conducted over 12 months with 30 participants aged 25–60 years who worked sedentary jobs (>6 hours of sitting per day). The primary outcomes were measured using the Hemorrhoidal Symptom Score (HSS) and the WHOQOL-BREF quality of life scale at baseline, 3 months, and 6 months.

KEYWORDS: Homeopathy; Hemorrhoids; Sedentary Lifestyle; Occupational Health; Individualized Medicine.

INTRODUCTION

Hemorrhoidal disease (HD) remains one of the most prevalent anorectal disorders globally, affecting an estimated 39% to 52% of adults worldwide [1, 2]. Structurally, hemorrhoids involve the distal displacement, inflammation, and pathological enlargement of the normal

vascular anal cushions [1, 3]. Patients frequently present with debilitating clinical symptoms, including rectal bleeding, sharp pain, anal pruritus, and mucosal prolapse, which directly degrade overall health-related quality of life [1, 4]. Modern epidemiological data increasingly attributes the rising global burden of HD to modifiable lifestyle hazards [5]. Specifically, prolonged occupational sitting and highly sedentary lifestyles exert persistent downward gravitational pressure on the pelvic floor [5, 6]. This prolonged posture expands the gluteal muscles, reduces venous elasticity, and promotes vascular stasis within the internal hemorrhoidal venous plexus, drastically escalating the risk of disease onset and recurrence [6, 7].

Conventional management options for HD present variable success rates and prominent clinical limitations [8]. Conservative protocols, including high-fiber dietary adjustments, pelvic exercises, and warm sitz baths, often yield insufficient relief during progressive structural stages [4, 8]. Pharmaceutical interventions and topical phlebotonics provide temporary symptomatic suppression but do not resolve core constitutional susceptibilities [2, 8]. Furthermore, invasive surgical procedures like rubber band ligation or haemorrhoidectomy carry risks of severe postoperative pain, anal stenosis, and faecal incontinence [8, 9]. These therapeutic challenges drive a growing patient population to seek safe, non-invasive complementary alternatives [10].

Homeopathy offers a highly personalized therapeutic model, addressing hemorrhoids not merely as isolated anatomical defects but as a systemic expression of constitutional imbalance [1, 11]. Recent double-blind, randomized controlled trials indicate that Individualized Homeopathic Medicinal Products (IHMPs)—selected through a meticulous evaluation of a patient's unique symptom totality—significantly lower anorectal symptom severity index scores compared to placebos [4, 12]. Historical and contemporary homeopathic literature highlights remedies like Nux vomica and Aesculus hippocastanum for their specific affinity to pelvic venous stasis, particularly in patients presenting with sedentary habits and secondary chronic constipation [13, 14]. This study aims to fill that empirical gap by evaluating the clinical efficacy of individualized homeopathic medicines on hemorrhoidal disease and quality of life in individuals with strictly sedentary lifestyles.

MATERIALS AND METHODS

Study Design

A prospective, randomized, double-blind, placebo-controlled, parallel-group clinical study was conducted over a 12-month period. At Adarsh Homoeopathic Hospital attached to ACH Kalol, Gujarat

Participants and Eligibility Criteria

Participants were recruited from outpatient clinics and occupational health screenings using the following criteria:

- **Inclusion Criteria:**
  - Age between 25 and 60 years.
  - Clinically diagnosed with Grade I, II, or III internal or external hemorrhoids.
  - Documented sedentary lifestyle, defined as sitting for \(>6\) hours per day during work.
- **Exclusion Criteria:**
  - Presence of Grade IV hemorrhoids requiring immediate surgical intervention.
  - History of recent anorectal surgery or concurrent colorectal malignancies.
  - Severe systemic diseases (e.g., uncontrolled diabetes, hepatic failure, renal failure).
  - Pregnancy or lactation.

Randomization and Blinding

A total of 30 eligible participants were randomly assigned in a 1:1 ratio to either the verum (homeopathy) group (n=15) or the control (placebo) group (n=15). Randomization was achieved using a computer-generated block randomization schedule.

Interventions

Participants received individualized interventions based on classical homeopathic principles:

- **Homeopathy Group:** Prescriptions were determined through detailed case-taking and repertorisation. Frequently selected remedies included Aesculus hippocastanum, Nux vomica, Aloe socotrina, and Sulphur, administered in centesimal 30C or 200C potencies.
- **Placebo Group:** Participants received unmedicated lactose globules or alcohol-blank vehicle solutions prepared in an identical manner to the active remedies.
- **Administration:** All medications were administered orally. Dose frequency was tailored dynamically based on symptom severity and participant response, ranging from three times daily to a single weekly dose.

Outcome Measures

Clinical evaluations were performed at baseline, 1 month, 3 months, and 6 months.

- **Primary Outcome:** Change in the Hemorrhoidal Symptom Score (HSS), evaluating five core symptoms: bleeding, pain, prolapse, discharge, and pruritus. Each symptom was rated on a 4-point Likert scale (0 = absent, 3 = severe).
- **Secondary Outcome:** Quality of life assessment utilizing the World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire, evaluating physical and psychological domains.
- **Safety Outcome:** Incidence and severity of any adverse events reported during the study period.

RESULTS

A total of 38 individuals were screened for eligibility. Of these, 8 failed to meet the inclusion criteria or declined to participate. The remaining **30 participants** were randomized equally into the Homeopathy group (n=15) and the Placebo group (n=15). All 30 participants (100%) completed the full 6-month follow-up period, leaving no dropouts or missing data to account for.

The baseline demographic and clinical characteristics showed no statistically significant differences between the two groups, confirming successful randomization despite the smaller sample size ($p > 0.05$). The average daily sitting time for this study cohort was **7.6 ± 1.1 hours**.

Demographic Variable	Homeopathy Group (n=15)	Placebo Group (n=15)	p-value
Age (years, Mean ± SD)	40.8 ± 7.9	42.4 ± 8.2	0.584
Gender (Male/Female, %)	60.0% / 40.0%	66.7% / 33.3%	0.705
Baseline HSS (Mean ± SD)	11.5 ± 1.9	11.2 ± 2.1	0.685
Hemorrhoid Grade (I / II / III)	4 / 8 / 3	5 / 7 / 3	0.912

Primary Outcome: Hemorrhoidal Symptom Score (HSS)

The baseline mean HSS was highly comparable between the Homeopathy group (11.5 ± 1.9) and the Placebo group (11.2 ± 2.1). Repeated Measures ANOVA revealed a statistically significant time-by-group interaction effect ($p < 0.005$).

By month 3, the Homeopathy group showed a noticeable reduction in HSS to 6.5 ± 1.6, whereas the Placebo group stood at 9.9 ± 1.8. At the final 6-month evaluation, the

Homeopathy group demonstrated a highly significant decrease in HSS to **3.2 ± 1.1** compared to **9.4 ± 1.9** in the Placebo group ($p < 0.001$).

- **Bleeding & Pain:** Independent samples t-tests confirmed that the Homeopathy group had significantly lower scores for rectal bleeding ($p = 0.004$) and pain during defecation ($p < 0.001$) by month 6.
- **Pruritus:** Anal pruritus and discomfort scores were significantly lower in the active treatment cohort compared to controls by the end of the trial ($p = 0.018$).

Secondary Outcome: Quality of Life (WHOQOL-BREF)

At baseline, both groups reported low quality of life scores across all domains due to the physical toll of prolonged sitting with hemorrhoidal discomfort. By month 6, the Homeopathy group showed statistically superior improvements in both targeted domains.

- **Physical Domain:** The physical health score in the Homeopathy group improved from 47.5 ± 6.1 at baseline to 71.8 ± 5.4 at 6 months. The Placebo group shifted marginally from 48.2 ± 6.8 to 51.9 ± 5.9 ($p < 0.001$).
- **Psychological Domain:** The psychological domain score increased significantly in the active group from 50.8 ± 5.5 to 68.5 ± 5.9, outperforming the control group's final score of 53.4 ± 5.2 ($p < 0.001$).

Clinical Efficacy of Frequently Prescribed Remedies

The therapeutic outcomes observed in this study can be contextualized through the specific actions of the prominent remedies utilized:

- **Aesculus hippocastanum:** Characterized clinically by severe, dry, aching pain in the lumbo-sacral region and rectum, with a sensation "as if full of small sticks." Pathogenically, Aesculus has a known affinity for the portal system, mitigating venous engorgement and column-of-blood stasis which is highly prevalent in individuals who sit for more than 6 hours a day.
- **Nux vomica:** Particularly indicated for sedentary individuals who lead high-stress, occupationally inactive lives, often accompanied by a history of rich diets or excessive stimulant use. Its clinical presentation features frequent, ineffectual urging for stool and constrictive rectal pain, directly targeting the dysmotility common in sedentary cohorts.
- **Aloe Socotrina:** Indicated for internal Hemorrhoids that protrude "like a bunch of grapes" and are relieved by cold water applications. It targets extreme vascular congestion and pelvic

fullness, effectively reducing the prolapse and mucus discharge observed in Grade II and III cases.

- **Sulphur:** Often utilized as an intercurrent or deep-acting remedy when there is marked burning, redness, and intense anal pruritus. It addresses chronic cutaneous and mucosal inflammation, matching the significant reductions in pruritus scores found in our active treatment group.

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CONCLUSION

Individualized homeopathic medicines demonstrate highly significant clinical efficacy in reducing the symptom severity of hemorrhoids—specifically rectal bleeding, pain during defecation, and anal pruritus—among individuals with strictly sedentary lifestyles. Furthermore, this therapeutic approach leads to substantial, measurable improvements in both the physical and psychological domains of patient health-related quality of life. The minimal incidence of minor, transient adverse events confirms that individualized homeopathic intervention serves as a safe, well-tolerated, and non-invasive alternative or complementary protocol for managing hemorrhoidal disease in high-risk occupational cohorts. While these preliminary findings within a 30-participant cohort are highly encouraging, robust multi-

centric clinical trials featuring larger sample sizes and long-term observational windows are recommended to thoroughly assess recurrence prevention profiles and evaluate long-term health outcomes.

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