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TITLE: A Case Report: Homoeopathic Management of Anal Fissure

Author Details:

Dr. Suman Chaudhary
MD (Hom.) HOD, Associate Professor Smt. A.J. Savla Homoeopathic Medical College & R.I., Mehsana - 384001, Gujarat.
Email: drsuman1989@gmail.com

Dr. Bhavana Chaudhary
B.H.M.S, M.D (Hom.) Scholar Part – 1, Batch: 2022 – 2025, Dept.of Organon of Medicine and Homoeopathic Philosophy, AJSHMC& RI, Mehsana, (Gujarat)
Email: bhavanachaudhary2912@gmail.com

Abstract- Homoeopathy is a holistic system of drug that treat person as whole. A case report was a 24-year-old female suffering from Anal fissure on the basis of the Symptomatology and individual peculiarities. Selected Homoeopathic Medicine Nux Vomica 30 was prescribed, which remained unchanged in follow-ups, and progress was stopped. Sulphur was prescribed as a complement to Nux Vomica as the patient was responding well to medicine, the case was cured, and the quality of life Improved.

- **Key word**: Anal fissure, Homoeopathy, Nux vomica

- **Introduction**: Anal fissure is a oval or linear shaped tear in the anal canal starting just below the dentate line extending to the anal verge. Anal Fissure is an ulcer on anal opening more generally anal fissure occur in midline posteriorly. Anal fissure is superficial, small but painful lesion. Features of a fissure are exposed fibers of internal anal sphincters at the base, hypertrophied anal papilla proximally, and a skin tag or sentinel pile distally. Anal fissures to heal itself naturally with aid of homoeopathic Remedy with slight modification in life style and few dietary measures.

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Site: In Female, the incidence is 70% occur posteriorly & 30% occur anteriorly in the midline. In Male, 90% occur Posteriorly & 10% Anteriorly in the midline.

Etiology of Anal fissure:

- Hard dry stool (Constipation), straining during passing stool.
- Diarrhoea
- Childbirth
- Injury or Trauma
- Anal cancer, HIV (Human immunodeficiency virus), Tuberculosis, Herpes, Syphilis IBD (Inflammatory bowel disease) like Ulcerative Colitis or Crohn's disease

Pathology of Anal Fissure:

An anal fissure is either acute or chronic. Anal fissure Start with tear in anal opening then it triggers cycle of Anal pain and bleeding, which lead to chronic anal fissure. Fissure causes spasm of which lead to decreased blood flow to tissue preventing fissure healing. The Fissure to local pain and spasm of the internal Anal spincture. This spasm and the resulting high Basal anal spincture pressure leads to reducing ischemia, blood flow and impaired healing.

pathophysiology of anal fissures is not entirely clear. It is probable that an acute injury leads Unless this cycle is broken the fissure will persist (Fig.1)

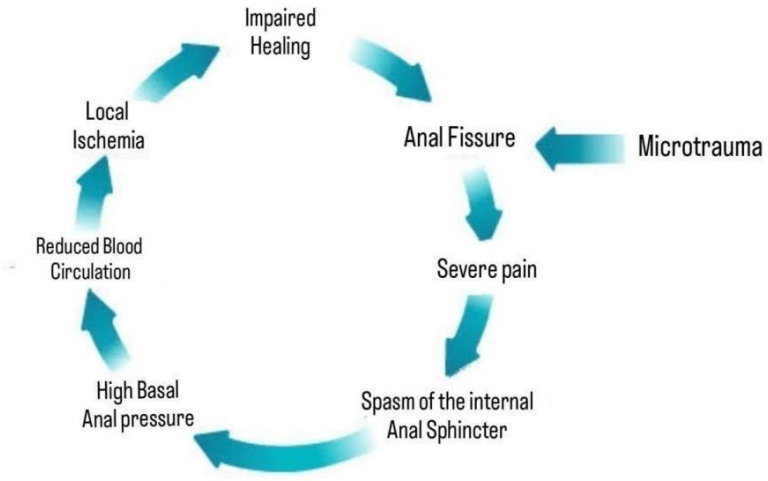

Fig.1. Pathophysiology of Anal

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Types of Anal fissure:

- Acute- Deep tear with severe pain an Constipation
- Chronic- Deep tear but less painful Sentinel tag- Skin tag at lower margin of ulcer with is Oedematous

Clinical Features of Anal Fissure:

- **Acute Fissure**

1. Severe pain during passing stool or after
2. Burning and itching in anal area
3. Constipation- streak of blood on stool or on toilet paper after wiping
4. Bleeding- Mild bleeding during passing stool
5. Visible tear in skin around anus

- **Chronic Fissure**

1. Pain is less severe in chronic compare to acute Fissure
2. Ulcer is felt with button like depression
3. Sentinel tag

- **Local examination**- Anal fissure seen as longitudinal ulcer more generally in midline post.
- Per rectal Examination
- Proctoscopy

Prevention of Anal Fissure:

- Cleansing the anal area with warm water
- Avoiding constipation and Diarrhoea

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• Drinking plenty of fluids

• Dietary fiber

• Regularly excercise

• Keeping the anal area dry

• **Sitz bath** –

Sit in the Luke warm water for 10 to 20 minutes. Add more warm water as needed to keep the water comfortable. Get up slowly from the tub or toilet.

Case Profile –

Name - XYZ

Age – 24 year

Sex – Female

Marital Status - Unmarried

Religion- Hindu

Socio-economic status- Middle class

Presenting complaints

Sticking Pain and itching in Rectum after passing stool since 2 year

Constipation- Dry, hard stool difficulty in passing, required great straining with bleedings

<after eating spices

>Pressure

History of Present Complaints-patient's was apparently well 2 year back. Patients also complaints of Constipation for which she goes to toilet around 7-8/day but can't pass stool. when she started having bleeding per rectum. She noticed during defecation. Bleeding with

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stool associated with pain over anal region. Pain was acute in onset, severe intensity. Disturbing her daily activity. Instead, she passes small amount of mucus with blood & there is feeling of incomplete evacuation.

Past History of Illness- History of Constipation Since 2 year.

Family History-

Grand Father- Benign prostatic hyperplasia

Grandmother- Rheumatoid Arthritis

Personal History

General Appearance

Built – Normal

Gait – Normal

Speech – Normal

Height – 5'1"

Weight – 52 kg

Diet –

Appetite – Increased

Thirst- Decreased, 1-2 glass of water/day

Desires - Spicy food

Aversion- Nothing

Discharges-

Stool- Constipated, dry-hard, sometimes bloody/twice a day

Urine- 3-4/0-1 Day/Night

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Thermal-chilly

Addiction-coffee 2time/day

Mental Generals–

Irritability when someone interprets in her work

Fear of Dark

Can't bear noise (She do not like it if someone disturbs and noise themwhile they are studying)

Gynaecological/Obstetrical History-

Menarche- 13 year

Time- 3-4 days, Regular

Character of blood- Dark Red

Character of pain-Mild pain only1st day on lower Abdomen

Physical Examination:

Pulse-78/min

Blood Pressure: 128/80 mm of hg

Temperature: Afebrile

RR: 18 /min

Anemia-Absent

Eyes- Normal

Tongue-Clean

Systemic Examination:

GIT- Per Abdominal examination -palpation-No tenderness, No Guarding or Rigidity, No any palpable mass or lump

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Per Rectal Examination-

Inspection- On parting the buttocks, perianal skin is normal no scar, sinuses &fistula

Palpation-Tone is normal

Lacerativeteararound4cm from Anal verge

Mass felt is firm, rectal mucosa is immobile & upper limit is not reachable.

Investigation– Complete Blood Count

Colonoscopy

Digital rectal exam

Stool Examination

Deferential Diagnosis- Fissure, Piles

Final Diagnosis– Anal Fissure

Totality of Symptoms-

1. Irritable
2. Cant bear noise
3. Fear of Dark
4. Appetite increased
5. Thirstless
6. Desire- Spices
7. Stool- Constipated, dry, hard and great urging and straining with bleeding
8. Difficulty in passing stool
9. Pain and itching in Rectum after passing stool
10. Sticking pain in Rectum
11. >pressure
12. <after eating spices

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Miasmatic Analysis – Psora-Sycotic

After analyzing the symptoms of the case the characteristic mental generals and physical generals and particular symptoms were considered for framing the totality and on the basis of reportorial result and the reference of different material medica Considering the above symptomatology Synthesis repertory was used For Repertorization with the help of Radar version 10.5.

Rubrics-

MIND – Irritability

MIND- sensitive- noise

MIND – fear- dark, of

STOMACH – appetite – ravenous

STOMACH – thirstless

GENERALITIES – food- spices- desire for

GENERALITIES – pressure- amel.

STOOL – dry

STOOL – hard

RECTUM – constipation- difficult stool

RECTUM – pain- eating after

RECTUM – pain- stool- during

RECTUM – itching- stool- during

RECTUM – Pain- Sticking

RECTUM- constipation- ineffectual urging and straining

STOOL- Bloody

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Repertorial Totality-

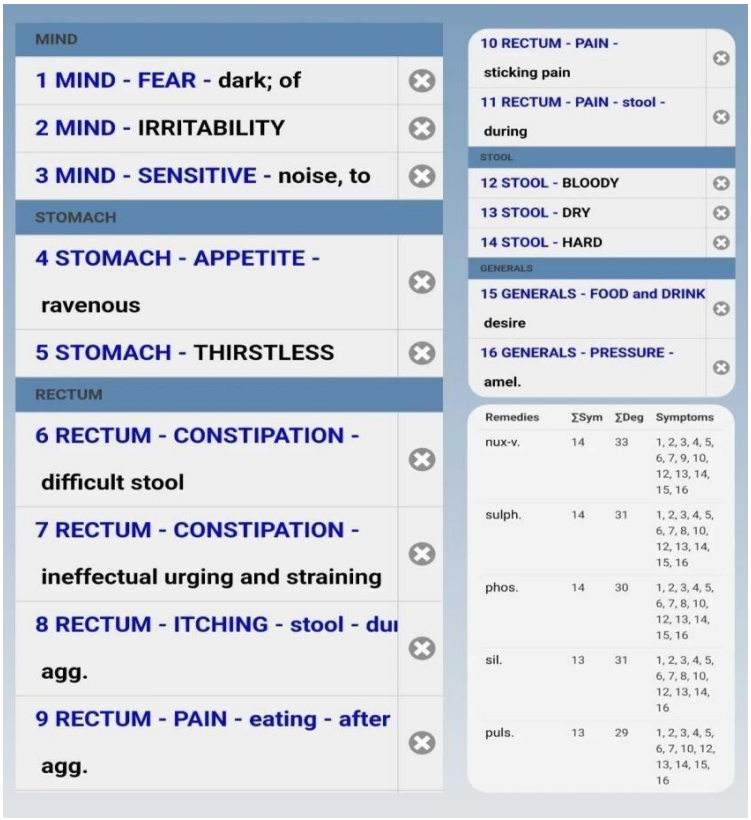

Fig.2: Repertorial Sheet-

S.No	Remedies	Relative values
1	Nux vomica	33/14
2.	Sulphur	31/14
3.	Phosphorus	30/14
4.	Silicea	31/13
5.	Pulsatilla	31/13

Table.1: Repertorial Analysis

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Selection of medicine- Out of five highest grading medicines. Nux vomica is covering all the symptoms including thermal also. So Nux Vomica becomes the ultimate choice.

Final Prescription–

Rx. NuxVomica30/3dose
PL30 /BD4pills for7 days

General Management–

Take blond diet, avoid spicy and outside food Dietary fiber

Plenty of liquid

DATE	FOLLOWUP	PRESCRIPTION
12/4/2023	Appetite Decreased Pain+++	Rx. Nux vom30/3dose PL30/BD×7 days
20/4/2023	Appetite Normal Pain+++	Rx. Nux vom30/1 dose PL30/BD×15days
4/5/2023	No any Change in condition, severe pain and bleeding	Rx. PL30/BD× 15days
21/5/2023	No change , case progress stop, Sulphur is complementary of Nux vomica	Rx. Sulph 30/1dose PL30/BD× 15days
6/6/2023	All complaints feel better Passing stool no pain, Bleeding and constipation.	Rx. PL30/BD× 15days

Discussion- After repertorization, many medicines were competing with each other, namely Nux-Vomica, Sulphur, phosphorus, Silicea and Pulsatilla etc. After consultation with Homoeopathic Materia medica, Nux-Vomica was prescribed which remained changed in follow ups case progress was stop Sulphur was prescribed is complementary of Nux vomica as the patient was responding well to the medicine.

Conclusion- Homoeopathic treatment is done on the basis of individualization taking in consideration the mental generals and physical generals and the particulars of the case and according to the homoeopathic principles and the symptomatology of the case.

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