



ORIGINAL RESEARCH PAPER

Physiology

ANEMIA - APLASTIC ANEMIA FROM BLEEDING PILES HEMORRHOIDS & DUE TO PROFUSE MENSTRUAL BLEEDING & ITS HOMEOPATHIC TREATMENT

KEY WORDS: Anemia, Aplastic Anemia, Hemorrhoids, Piles, Menorrhagia, Homeopathy

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ABSTRACT

Hemorrhoids, also known as piles are swellings containing enlarged blood vessels found inside or around the bottom (the rectum and anus). Seeing blood in the toilet, on the outside of your stool, or with wiping after a bowel movement is common. In many cases, hemorrhoids don't cause symptoms and some people don't even realize they have them, bleeding during & after passing a stool – the blood is usually bright red and causes itchy bottom. Similarly in females having profuse menstrual bleeding (Menorrhagia) can develop anemia / Aplastic anemia if not treated properly & timely. In this paper the research has been done on treatment of this type of Anemia with the help of homeopathy.

INTRODUCTION:

Hemorrhoids, also called piles are masses or clumps of tissues which consist of muscle and elastic fibers with enlarged, bulging blood vessels and surrounding supporting tissues present in the anal canal of an individual. They are classified as 'internal' or 'external' by where they are located in relationship to the pectinate line, the dividing point between the upper 2/3 and lower 1/3 of the anus. Internal hemorrhoids are located above the pectinate line and are covered with cells that are the same as those that line the rest of the intestines. External hemorrhoids arise below the line and are covered with cells that resemble skin.

While no taxonomy of external hemorrhoids is used clinically, internal hemorrhoids are further stratified by the severity of prolapse. First-degree internal hemorrhoids do not prolapse out of the canal but are characterized by prominent vascularity. Second-degree hemorrhoids prolapse outside of the canal during bowel movements or straining, but reduce spontaneously. Third-degree hemorrhoids prolapse out of the canal and require manual reduction. Fourth-degree hemorrhoids are irreducible even with manipulation.

Menorrhagia, one of the most frequently encountered symptoms in gynaecology, is defined as menstruation periods at regular cycle but with excessive flow which may last more than 7 days. Menorrhagia can cause menstrual bleeding of more than 80 mL in each cycle.

Cause, Diagnosis and Treatment:

Most of the causes of such rectal bleeding are not life threatening; common causes include hemorrhoids and anal fissures. However, the only way to be certain of the cause is to be evaluated by a healthcare provider.

RECTAL BLEEDING CAUSES

Seeing a small amount of blood after wiping, on the outside of your stool, or in the toilet is most commonly caused by hemorrhoids or an anal fissure.

Hemorrhoids—

Hemorrhoids are swollen blood vessels in the rectum or anus that can be painful, itchy, and can sometimes bleed. Painless rectal bleeding with a bowel movement is a common symptom of hemorrhoids. Bright red blood typically coats the stool or blood may drip into the toilet or stain toilet paper.

Anal fissure—

An anal fissure is a tear in the lining of the anus, the opening where feces are excreted. Anal fissures can cause bleeding and a sensation of tearing, ripping, or burning during or after a bowel movement.

Other causes of rectal bleeding—

There are many other causes of rectal bleeding, including

colon cancer, colon polyps, colitis, and diverticulosis.

In addition, bleeding from higher in the digestive tract, such as the stomach, can produce black, tarry bowel movements because stomach acid turns blood black. Bismuth (such as in Pepto Bismol) and iron supplements can also make the stool appear black. Passing blood from the rectum that is dark red or includes clots usually indicates bleeding from higher in the colon than anal fissures or hemorrhoids would produce.

RECTAL BLEEDING TESTS:

The best test for rectal bleeding depends upon your age, symptoms, and past medical history.

Rectal examination—

Sometimes a clinician can detect the cause of rectal bleeding with a rectal examination. In younger people, this examination may be all that is necessary.

Anoscopy—

Anoscopy allows a clinician to inspect the anus and lower rectum. It can be done in the office and does not require sedation.

Sigmoidoscopy—

During a sigmoidoscopy, a clinician can examine the rectum and most of the lower large intestine. Sigmoidoscopy can be done without sedation.

Colonoscopy—

A colonoscopy is a procedure in which a physician examines the entire colon, usually while the patient is sedated.

EVERYONE SHOULD WORRY ABOUT RECTAL BLEEDING?:

While most rectal bleeding is caused by the non-serious causes mentioned above, bleeding can also be caused by cancerous or precancerous conditions. Precancerous polyps near the end of the colon can mimic bleeding from hemorrhoids. These are generally present in the colon for years before they become cancerous, and they can be removed very safely from the colon, preventing progression to cancer.

Colon cancer may be diagnosed in patients who have ignored bleeding for years because they assumed it was from hemorrhoids. Polyps and colon cancer become more common with aging, and thus investigation of bleeding is most important, and is usually most intensive, in patients over the age of approximately 40 to 50 years if someone ignores this rectal bleeding this may cause Anemia-Aplastic Anemia.

Many females after 25 - 40 years are having profuse menstrual bleeding lasting 4-6 months also develops Anemia, Aplastic anemia & many females develop piles during &

after pregnancy -

Many women who have fibroids don't have any symptoms. In those that do, symptoms can be influenced by the location, size and number of fibroids. In women who have symptoms, the most common symptoms of uterine fibroids include:

- Heavy menstrual bleeding
- Menstrual periods lasting more than a week
- Pelvic pressure or pain
- Frequent urination
- Difficulty emptying the bladder
- Constipation
- Backache or leg pains

If bleeding continues for longer time that may leads to Anemia if persists for years may turns into Aplastic Anemia 48 such females are benefited by Homeopathic medicines & their anemia has been successfully cure by homeopathic medicines just in 6-8 months their menstrual bleeding & rectal bleeding are also cured & now completely free from anemia.

In central jail Indore more than 40 prisoners have been examined for bleeding piles and given homeopathic medicines on the basis of symptoms totality for 3 months all are cured having regular bowel habits & no anemia.

Following homeopathy treatment was given to above patients depending upon their conditions and their previous history. The different medicines prescribed to above patients are given below. The results were very encouraging and all the patients from the central jail got relief and also the women's who were suffering from rectal bleeding are also cured & now completely free from anemia.

Homeopathic Medicines:

SR. NO.	MEDICINES
1	AESCULUS HIPPOCASTANUM
2	ALOE
3	GRAPHITES
4	NUX VOMICA
5	PULSATILLA
6	SULPHUR
7	ARNICA MONTANA
8	CALCAREA FLUORICA
9	HAMAMELIS VIRGINIANA
10	IGNATIA
11	ACID NITRIC
12	EUPATORIUM PERF.
13	PHOSPHORUS
14	CHINA

CONCLUSION:

The different medicines prescribed to above patients. The results were very encouraging and all the patients from the central jail got relief and also the women's who were suffering from rectal bleeding are also cured & now completely free from anemia. If the patients are properly treated with the homeopathic medicines their anemia - aplastic anemia from bleeding piles hemorrhoids & due to profuse menstrual bleeding is cured completly.

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