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**A REVIEW ON COUSES AND TREATMENT
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Pharmaceutical Sciences, Dehradun-248007,****Uttarakhand, INDIA.****3Research Scholar, Department of Pharmacy, Guru Nanak College of Pharmaceutical
Sciences, Dehradun-248007,****Abstract**

Most haemorrhoid sufferers only have minor symptoms that can be managed with over-the-counter topical medications. Patients typically seek treatment as soon as their symptoms worsen. Internal haemorrhoids typically manifest as rectal bleeding or prolapse. External haemorrhoids can thrombose and bleed as well as be quite painful. To reduce bloating and discomfort, medical treatment should begin with stool softeners and local therapy. Surgical surgery is necessary if medical treatment is insufficient. The preferred method of therapy for grade 1 and 2 haemorrhoids is rubber band ligation. Patients with grade 3 haemorrhoids may undergo rubber band ligation, excisional hemorrhoidectomy, or stapling hemorrhoid. Compared to excisional haemorrhoidectomy and stapled hemorrhoidopexy, rubber band ligation causes less post-operative pain and has fewer complications, but it has a greater recurrence rate. For the treatment of grade 4 haemorrhoids, excisional haemorrhoidectomy or stapled hemorrhoidopexy are advised. The postoperative recovery after stapled hemorrhoidopexy is quicker, but the recurrence rate is higher. Treatment options for excisional haemorrhoidectomy postoperative discomfort include opioids, fibre supplements, and topical antispasmodics. External haemorrhoids with thrombosis can be surgically removed or managed conservatively.

Keywords Hemorrhoids, Pathophysiology, Treatment, Outcome, Complication medical care, prolapse, thrombosis, ligation, and bleeding

Haemorrhoid

INTRODUCTION

Piles are a popular nickname for haemorrhoids. Tight movements and ongoing constipation are to blame for this. It manifests as piles or piles when the vessels in the region below the anus and rectum are swollen and irritated. There are many factors that contribute to mounds. [1]

In most cases, it is impossible to pinpoint the origins of heaps. Placing too much pressure on the stool when releasing it is one of the causes of piles. The strain on the anus veins during pregnancy is the cause of this, which results in tension. In females, it leads to mounds. Both inside the rectum and under the epidermis close to the anus are possible haemorrhoids.[1,2]

These days, one in three adults experience some sort of issue. Most of the time, piles does not cause any other side effects, but if it is not treated in a timely manner, it can have severe repercussions. Hemorrhoids can be uncomfortable despite the fact that it may be treated medically. In addition, it can be cured by using natural treatments and altering one's lifestyle.

Hemorrhoids or piles are a dreadful illness. There are two distinct groups. It is referred to as bloody and bloody heaps in everyday speech. It is referred to as Maheshi somewhere. What you want altered should go here. After that, select the button below. It's that simple! [1]

Difference between Piles and Fistula

- Blood veins in the rectum and lower portion of the anus enlarge when someone has piles. Long-term constipation and excessive bathroom use are to blame for this.
- In addition, there is a chance that this will occur in obese or pregnant people. In this, warts develop in the rectum or anus, which hurt when they burst and bleed.
- The anus is free of warts. The fistula develops a wound canal that connects to the anus (internal opening) and outside the anus.
- The skin contains the (external opening).
- Fistula develops in those with an abscess close to the anus. Boils develop a large number of mouths. If a sick person tampers with it in this condition, it turns into a fistula.
- Continuously oozing from it are blood and pus. Less pus and blood are present during the early stage. Because of this, it only stains the patient's clothing. Exudate builds up gradually, and the patient starts to itch, feel uncomfortable, and feel pain.[5]

variations of haemorrhoids

Bloody piles: Only blood originates from bloody piles; there is no issue. Blood begins to come out like a sprinkler, first in the commode, then dripping, and finally only. Inside of it is a wart. Later, the person who is inside begins to emerge. He goes inside by himself after the pot. When it is old, it only moves inside when pressed manually when it comes out. Even when you press it with your hand in the final step, it does not go inside.[5]

Post-hemorrhoids: The post-hemorrhoids still make the stomach uncomfortable. Constipation continues. It produces gas. Due to piles, stomach remains uncomfortable. An unsettled stomach does not lead to haemorrhoids. They include burning, pain, itching, body trembling, loss of interest in one's job, etc. When the stool is tight, blood may also leak in. Within of it is the wart. The wart makes defecation difficult and causes the chunan to burst, creating a wound that the doctor refers to as a "fishing" wound. This renders pain and irritability impotent. When a pile is very old, it develops fistulous tissue. What is known as a fistula in English. That is the fistula variety. Fistulas have a hole next to the excrement route that leads to the defecation hose. And then it ruptures, oozes, and eventually dries up as an abscess. In a few days faeces begins to occur

through this pathway as well. When piles is the final stage of a fistula, it manifests as cancer which is known as rectal cancer which proves disastrous.[5,1]

Taxonomy of haemorrhoids and treatment options

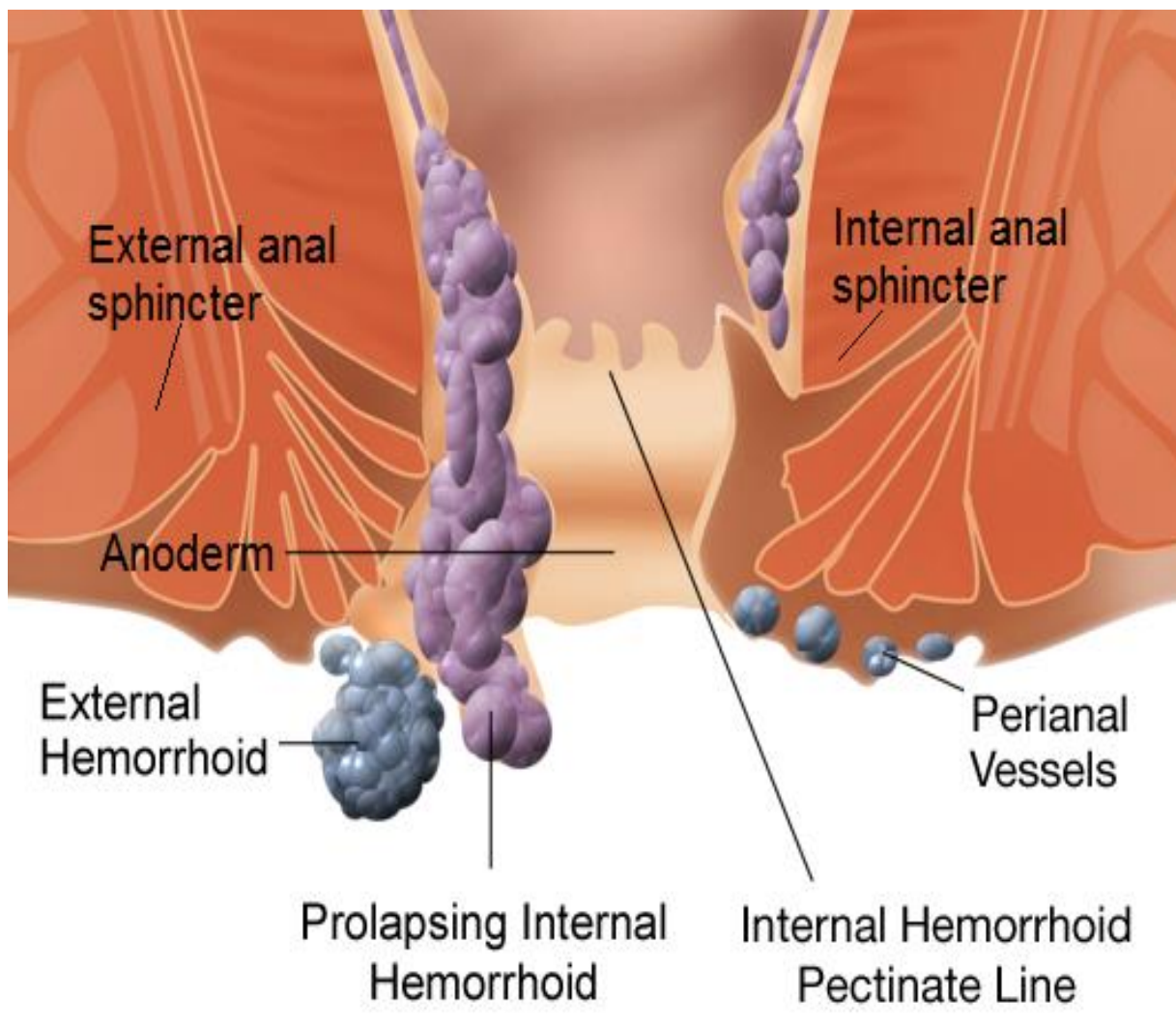


Figure 1 Diagram showing the interior and exterior anal anatomy of haemorrhoids

Cause

In some people, this disease is found from generation to generation. So heredity can be a reason for this disease. People who have to stand for hours due to their employment, such as bus conductors, traffic police, postmen or those who have to lift heavy weights, such as coolies, labourers, weight lifters, etc., are more likely to suffer from this disease. . Constipation also gives birth to piles, due to constipation, the stool becomes dry and hard, due to which it is not able to get out easily. At the time of bowel movement, the patient has to sit squatting in the toilet for a long time, due to which there is pressure on the blood vessels. It falls and she hangs puffed up. Hemorrhoids can also occur due to cancer of the anus or due to obstruction in the urinary tract or during place [11]

The structures of vessels known as hemorrhoids, or haemorrhoids UK (/hmrz/), are found in the anus and help with bowel movement. [1][2] Hemorrhoids or haemorrhoids are what they turn into when they swell or

expand. In their natural state, they function as cushions consisting of connective tissue and arteria-venous veins.

Bloody piles and piles of piles are the two different forms of piles. In contrast to post hemorrhoids, which have warts that are black in colour and itch, hurt, and swell, bloody piles have warts that are red and bleed from them. Congestion, piles, and diarrhoea all feed off of one another.

In a person's anus, there are three coverings or sacrifices known as Pravahini, Virsjani, and Sanvarani, all of which contain warts or piles. In everyday speech, heaps go by the labels Badi piles and red piles. Symptoms of piles include anus swelling, wart discomfort and swelling, among others. Rub the stool, and occasionally even a drop of blood will come out. However, everything is covered in bloody piles, nothing is visible from the outside, and going to the toilet hurts a lot. Blood also bleeds profusely, which makes the rickets patient feel weak. The type of pathogenic urticarial present affects the symptoms. While external haemorrhoids may produce minor symptoms or if thrombosed severe discomfort and swelling in the anal area internal haemorrhoids typically result in painless rectal bleeding. When significant causes of the symptoms should be ruled out, many people wrongly refer to any symptom that develops around the anorectal area as "hemorrhoids." Although the precise aetiology of haemorrhoids is unknown, it has been demonstrated that a number of conditions that increase intra-abdominal pressure, particularly constipation, contribute to the condition's growth. [5]

A high-fibre diet, increased oral fluid intake to maintain hydration, an NSAID (non-steroidal anti-inflammatory medicine) for pain management, and rest are all part of the first treatment for mild to moderate condition. Are. There are other milder procedures that can be utilised if symptoms are severe and do not improve with traditional treatments. Surgery is only an option for those who do not experience relief after trying these remedies. Hemorrhoids will affect about half of all persons at some point in their lives. Results are frequently favourable.[7]

Piles' stages

Depending on how severe the symptoms are, haemorrhoids or piles can be classified into four phases or degrees.

First class (only bleeding, no prolapse)

Typically, the nature of the bleeding is distinct from the transit of faeces. When you wipe it away, it could show up on the toilet paper or as a splash in the toilet bowl.

Second degree: There appears to be a lump coming from the anal entrance when passing stools (prolapse is evident but spontaneously diminishes). After then, this lump returns on its own.

Third degree (manual reduction of prolapse when existent)

Here, the prolapsed or protruding piles must be manually pushed back into place because they will not move back in on their own like passing faeces.

Fourth grade (permanent prolapse)Permanent prolapse is another name for this. This indicates that the heaps are constantly sticking out into the outside, and that there is no way to physically push them back.

Signs and symptoms



External hemorrhoids as seen around the human anus

However, many people may have a combination of the two. External and internal haemorrhoids can manifest in distinct ways. Anemia-causing excessive bleeding is uncommon [4,3], and life-threatening haemorrhage is much less common. [6] A lot of persons with this condition hide it out of shame [1] and only get help when the problem is severe. [3]

1. Is the sensation of a solid lump surrounding the anus. It hurts, and blood may also spill out of it.
2. The sensation that one does not fully empty the stomach even after faeces.
3. A burning feeling and the passage of bright red blood while urinating.
4. Excruciating discomfort while urinating.
5. Around the anus, there is itching, redness, and oedema.
6. The production of mucous during faeces.
7. Constant urges to urinate, yet faeces does not come out upon urination.

Treatment and precautions

Stale and greasy meals should not be consumed by piles patients as they may cause constipation in the stomach.

More green veggies ought to be consumed,

You can eat fruits with a lot of fibre to get rid of piles. You can also eat the fruit's skin to increase the quantity of fibre. Eating chiku, pears, and apples with their peels,

The simplest method of preventing piles is to ensure that the anus is thoroughly cleaned after urination by inserting a finger. This requires that the fingernail that is pushed into the anus not be too long, as doing so runs the danger of damaging the inner, sensitive skin. This cure seems awkward at first, but once one gets used to it, one begins to feel renewed.

In-house Edit

Those internal haemorrhoids that appear above the dentate row are known as.[8] Columnar epithelium, which does not have pain receptors, covers them. Based on the degree of faulting (further extension), these were divided into four stages in 1985. No rupture,

Grade I. Only blood vessels that protrude.[9]

Grade II: Fracture upon bending over, but it quickly goes away.

Grade III: Manual reduction results in an increase in the defect.

Grade IV: Prolapse happens and cannot be manually removed.

External



Figure 3 A thrombosed external haemorrhoid

Those that appear below the dentate row are known as external haemorrhoids.[6] The foreskin covers it tightly, and the skin covers it externally. Both are sensitive to pain and cold.

External

If they do not thrombose, external haemorrhoids usually do not create any issues.[6] However, haemorrhoids can be excruciatingly unpleasant when a blood clot occurs.[1] However, this soreness typically goes away in two to three days. Although the swelling could not go gone for a few weeks.[4] Following recovery, a skin tag (a fragment of skin) could endure.[1] Large haemorrhoids and those that interfere with personal hygiene might itch the area around the anus and irritate the skin around.[6]

Internal

Internal haemorrhoids can bleed with a bowel movement and are frequently bright red and painless.[1] Haemochorial is a disorder in which there is blood on the toilet paper, and the faeces is frequently tinged with blood. Runny or visible at the faeces location.[1] The stool's colour is normal.[2] Other signs include mucous discharge, straining, and incontinent stools. Another sign is if a portion of flesh protrudes from the anus.[6] [8] Internal haemorrhoids rarely cause pain unless they become necrotic or thrombosed.[1]

Cause

Hemorrhoids with symptoms are not known to have a specific aetiology. [10] Other factors that may contribute to its occurrence include genetics, the lack of valves within the aortic arch, advancing age, inactivity, nutritional factors (low-fiber diet), increased intra-abdominal pressure (chronic stress, intra-abdominal meatus, or pregnancy), and irregular bowel habits (constipation or diarrhoea).[5] Additional risk factors include obesity, extended sitting,[1] chronic coughing, and pelvic floor dysfunction. However, there is few ties between them.

The aorta enlarges during pregnancy due to hormonal changes and the pressure of the foetus on the abdomen. Intra-abdominal pressure also rises during childbirth.[10] Due to the fact that labour signs frequently go away, pregnant women rarely need surgical intervention.

Piles can form because the veins around the anus have a tendency to stretch out under strain and may swell or protrude.

- Straining while passing faeces raises the pressure in the lower region of the rectum.
- Chronic diarrhoea or conconstipations
- As well as protracted use of the toilet seat

All of the aforementioned variables disrupt blood flow to and from the rectal area, causing blood to pool and enlarge blood vessels as a result. Additionally, when straining during a bowel movement, the anal canal is under more pressure, which forces the haemorrhoids up against the sphincter muscle.

Mature age

Hemorrhoids might prolapse and protrude because of weakened tissues that support and maintain them in place as people age.

Obesity

Here, the increased intra-abdominal pressure engorges the rectal veins.

Pregnancy

In addition to raising intraabdominal pressure, the expanding uterus puts pressure on the rectal veins, which causes them to enlarge.

- Anal liaisons.

Risk Elements

Any element that raises the likelihood of developing haemorrhoids is a risk factor for haemorrhoids. The following is a list of the recognised risk factors for haemorrhoids:

Persistent constipation

The pressure in the anal canal rises as a result of the severe straining required to pass faeces.

Low intake of fibre

It is related to the stools' smaller size.

Sedentary kind of life

It may exacerbate constipation, lead to weight gain, and deteriorate muscular tone.

Inadequate hydration

Less water consumption can cause constipation, which raises the risk of haemorrhoids.

The avoidance of piles

Maintaining soft stools that are simple to pass is the greatest strategy to avoid piles. Along with regular exercise, eating is a crucial factor in maintaining soft stools.

Aim for at least 25–30 grammes of high-fibre foods per day. Foods high in fibre typically contain a combination of soluble and insoluble fibre. If you're not used to it, gradually add more fibre to your diet because eating too much fibre at once can make you feel bloated and flatulent.

Here are some methods to lessen your risk of getting piles or haemorrhoids:

Stay away from the pot if possible.

You are more likely to strain for passing stools the longer you sit on the pot. Additionally, the anal region's blood vessels are put under more strain due to the seated position. Keep your smartphone and magazine stack away from the loo! Consider going to the toilet as a necessity rather than as a prolonged break!

Take more water.

Increase your water intake because it's necessary for soft stools. Less straining is a result of softer stools.

Please go now; don't put it off.

By routinely postponing bowel movements, you run the risk of developing hard, dry stools that are difficult to pass, which in turn puts pressure on the anal venous cushion.

In addition, avoid forcing a bowel movement if you do not feel the urge to urinate spontaneously.

Eat foods high in fibre

Include leafy greens, fruit that has just been picked, whole grains, and cereal in your diet. You can also include a natural fibre in your diet, like psyllium husk. However, be cautious to introduce it gradually into your daily diet as some individuals may experience bloating and gas as a result.

Frequently exercise

Constipation is induced by physical activity. Do not start a rigorous fitness programme right once, like doing belly crunches or lifting a lot of weights, if you have never worked out before. Don't try to squeeze in more exercise on the weekend if you don't exercise during the week. Slow down and adhere to a straightforward

fitness programme. Having regular, healthy bowel motions can be helped by taking even a brief daily stroll of 20 minutes.

Be Active

A 2-3 minute break from your workplace should be taken every hour or so if you work at a desk or lead a sedentary lifestyle. Include quick strolls around your workspace. Choose the stairs over the lift. To give yourself extra time to walk, park your car in the farthest available space.

Pathophysiology (functional changes caused by disease)

Arch cushions are a normal component of the human body; aberrant modifications alone cause them to turn pathogenic.[1] The carotid tract typically contains three different kinds of cushions. They are situated in the positions of the right forearm, right hip, and left flank. [5] Instead of arteries or veins, they have blood vessels called sinusoids as well as connective tissue and smooth muscle. [10] The muscle that lines the walls of blood arteries is not present in the sinusoids. [1] The arcuate plexus is the name given to this collection of blood veins.

For consistent bowel movements, chair cushions are crucial. These protect the anal sphincter muscles when passing stools and add between 15 and 20 percent of the anal sphincter pressure at rest.[1] Diarrhoea and increased intra-abdominal pressure happen when a person stoop down. By maintaining its shape, the cushion aids in keeping the anus closed.[5] It is thought that these vascular structures shift lower or that excessive venous pressure causes haemorrhoid symptoms to appear. Hemorrhoids may also cause increased anal sphincter pressure as a symptom. [5] There are two forms of haemorrhoids: internal, brought on by an enlarged aortic plexus, and external, brought on by a smaller aortic plexus. [5] The zones are separated by a serrated line.[5]

Diagnosis

Physical examinations are typically used to diagnose haemorrhoids. [11] By examining the anus and the vicinity, it is possible to identify external or prolapsed haemorrhoids. [1] Rectal examinations can find potential polyps, tumours, or tumours in the rectal area. The presence of an abscess or enlarged prostate is found.[1] Despite the fact that most internal haemorrhoids are painless, this test cannot be performed without anaesthesia because of the pain. It may be necessary to do an anoscopy, which uses a hollow tube with a light source attached to one end, to visually confirm the presence of internal haemorrhoids.[5] Hemorrhoids come in two varieties: internal and external. Their placement in relation to the tooth row determines these. Some people simultaneously experience both of these symptoms.[3] Internal haemorrhoids cannot cause pain, hence the condition may be an anal fissure or external haemorrhoids.[5]

Diagnosis

Patients frequently mistake any anorectal complaint for haemorrhoids when there may be another cause, hence it is crucial to get a thorough history and physical (Table 1).5–11

Table 1**Differential Diagnosis for Rectal Pain, Bleeding, or Mass****TABLE 1****Differential Diagnosis for Rectal Pain, Bleeding, or Mass**

Diagnosis	History	Physical examination
Abscess	Gradual onset of pain	Tender fluctuant mass
Cancer	Pain, bleeding, changes in bowel movements, weight loss	Ulcerating, indurated lesion
Condyloma	Possible bleeding; anal intercourse	Verrucous lesions
Fissure	Tearing pain with bowel movements	Visible tender fissure
Fistula	Soiling, itching	Visible opening of fistula
Inflammatory bowel disease	Bloody diarrhea, abdominal pain, family history	Possible fistula; colitis on anoscopy
Polyps	Painless bleeding	Polyps on endoscopy
Proctalgia fugax	Painful rectum, no bleeding	Normal examination; diagnosis of exclusion
Proctitis	Painful rectum, bleeding	Tenderness on digital rectal examination
Rectal prolapse	Mass with Valsalva maneuver	Prolapse of rectal mucosa
Skin tags	History of hemorrhoids, no bleeding	Tags covered with normal skin

Information from references 5 through 11.

Avoiding

constipation and diarrhoea by eating a high-fiber diet, getting enough water, or using fibre supplements, as well as obtaining enough exercise, are a few of the preventive methods that have been suggested.[5] [14] People who are overweight are advised to lose weight, avoid heavy lifting, spend less time trying to urinate, and avoid reading during bowel motions.[17]

Management

The standard course of treatment typically entails a high-fibre diet, oral hydration through fluid consumption, non-steroidal anti-inflammatory medicines (NSAIDs), sitz baths, and relaxation. Increased dietary fibre consumption has been linked to better outcomes[13] and can be attained through dietary modifications or by taking fibre supplements.[16] At any time, there is no proof in favour of sitz bath therapy.[18] If utilized, their duration should be restricted to 15 minutes at a time.[15]

There isn't much evidence to support the use of the several local agents and suppositories that are available for the treatment of piles. Because they thin the skin, steroid-containing products shouldn't be used for longer than 14 days. The majority of drugs contain mixtures of the active components. A barrier cream like petroleum jelly or zinc oxide, an analgesic like lidocaine, and a vasoconstrictor like epinephrine are a few examples of these. The potential negative effects of flavonoids have caused some to question their benefits.[21] Due to the peculiar presentation of the symptoms during pregnancy, therapies are sometimes put off until after birth.[23]

Procedures

Several office-based procedures are available for use. Although extremely occasionally, side effects like perianal sepsis might happen, they are normally safe.[11]

- For people with illness ranging from grade 1 to 3, rubber band ligation is advised.[11] In order to halt blood flow to the heart, elastic bands are positioned within a centimetre of the dentate row in the inner ear. Goes. The dry piles come off in 5-7 days. Too close to the dentition when applying the band could result in quick, excruciating pain. It has an 87% cure rate and a 3% to 3% complication rate.[11]
- During chemotherapy, a haemorrhoid is given an injection of a solarizing agent, such as phenol. The veins' walls collapse as a result, and the piles eventually dry out. In comparison to rubber band ligation, it has a success rate that is greater at roughly 70% after four years of therapy.[11]
- Although some cautery procedures have been proven to be successful for hemorrhoids, they are only utilised when all other options have failed. Electric cautery, infrared radiation, laser surgery,
- or cryosurgery are all options for performing this technique. [34] For grade 1 or 2 illness, infrared cautery might be an option. [9] There is a very high probability of recurrence of the disease in those with grades 3 or 4.[9]

Surgery procedures

If standard and straightforward methods are unsuccessful, a variety of surgical techniques might be applied.[11] Complications from surgical procedures can include bleeding, infection, rectal stricture, and urine retention, which can impact the bladder's supply. Due to the near closeness of the rectal veins, there may also be a slight risk of faecal incontinence, particularly liquid incontinence [19], with reported rates ranging from 0% to 28%. [29] Additionally, a mucous ectasia It is a condition that may arise after haemorrhoids are surgically removed. (often accompanied by anal stricture).[28] This is analogous to a minor case of rectal prolapse in that the mucous membrane retracts from the anus.[20] 27]

1. Surgery is only used to remove piles in extreme cases. After surgery, this treatment is quite painful and typically heals in 2-4 weeks. However, for grade 3 hemorrhoids, it is more advantageous over time than rubber band ligation.[22] This is the suggested course of treatment for those with thrombosis external haemorrhoids if carried out within 24 to 72 hours. [5] [10] Glyceryl tritrate ointment aids in wound healing and postoperative pain relief. [23]

2. Doppler-guided, trans-rectal haemorrhoidal dematerialization is a minimally invasive procedure that establishes blood flow through the arteries using ultrasound Doppler. The prolapsed tissue is subsequently

tied back into its proper place when these arteries are “ligated.” Compared to haemorrhoid surgery, they have fewer problems but a slightly higher likelihood of recurrence. (haemorrhoidectomy).

3. Stapled haemorrhoidectomy, also known as stapled hemorrhoidopexy, is a technique in which excessively inflated haemorrhoidal tissue is removed and the remaining tissue is then repositioned to match its natural anatomical location. Compared to full haemorrhoid removal, it usually causes less pain and heals more quickly. Although only advised for grade 2 and 3 disease, traditional haemorrhoid surgery (haemorrhoidectomy) is more likely to result in the reappearance of bothersome haemorrhoids.[10]

Table 2

Comparison of Outcome Between Different Surgical Procedures for Treatment of Hemorrhoids

Procedure	Resolution Of symptoms	Reduction of prolapsing tissue (mucopexy)	Likelihood of recurrence	Amount of post surgical pain	Longer recovery time
Bending (i.e., rubber band ligation)	++	+	++	++	+
Infrared photocoagulation	+	Not applicable	+++	+	+
Open haemorrhoidectomy	+++	++	+	+++	+++
Closed haemorrhoidectomy	+++	++	+	+++	+++
Stapled hemorrhoidopexy	++	+++	++	++	++
Haemorrhoidal artery ligation (without mucopexy)	++	Not applicable	++	+	+
Haemorrhoidal artery ligation (with mucopexy)	++	++	++	++	+

+ = Outcome less likely.

++ = Outcome relatively neutral in comparison with other surgical procedures

+++ = Outcome more likely

Epidemiology

Because so many people do not seek medical attention for hemorrhoids, it is challenging to estimate how widespread the issue is. [4] [7] But it's estimated that 50% of Americans may experience symptomatic haemorrhoids at some point in their lives. 5% of the population is affected by it at any given time, and it affects everyone at some point. The incidence of disease is roughly the same in both sexes[25], with rates rising between the ages of 45 and 65.[3] Caucasians[26] and those with higher socioeconomic level are more likely to experience it. Long-term although some people may experience recurrent episodes of symptomatic hemorrhoids, the results are generally positive.[6] Only a very small percentage of patients need surgery.

History

Risks & Complications with Piles

Prognosis

- If haemorrhoids are uncomfortable, treatment is usually necessary.
- Pregnancy-related hemorrhoids, which typically go away on their own after giving birth.
- If required dietary and lifestyle adjustments are achieved, the prognosis for haemorrhoids caused by constipation is favourable.
- The outcomes for haemorrhoids treated surgically or with minimally invasive techniques are frequently excellent.

Complications

- The following consequences may result from haemorrhoids if left untreated:
- External piles frequently result in profuse bleeding from the haemorrhoids.
- Tissue coagulation and strangulation.
- Gangrene may develop if the blood supply to a haemorrhoid is severed.
- Ulceration may result from tissue necrosis, which is tissue death brought on by pressure.

Infection in the portal.

- The afflicted tissue may become thicker and scarred due to fibrosis.

Precautions to take if you have piles

Constipation can be brought on or made worse by eating foods with little or no fibre. Therefore, avoid or restrict your intake as much as you can. Refined carbs, such as white bread, are among them.

- Dairy goods, such as cheese.
- Meat.
- Processed foods, including fast food and frozen meals.
- Spicy cuisine.
- Alcohol.
- Caffeine.
- Salt

Consuming too much salt might make you retain water, which increases the strain on your blood vessels, particularly the veins in your anal region. Supplementing with iron may make you constipated. Therefore, consult your doctor before taking them.

If you have piles, what should you eat

- Because beans and nuts are high in fiber, you can add or replace meat with beans in soups. Increase your intake of legumes. Barley, cooked oats, and grains all contain soluble fibre.
- Whenever possible, try to eat fruits and vegetables whole, without peeling the skin on the apples, plums, potatoes, and pears since the skin is a great source of insoluble fibre
- Swap out white bread, pasta, and crackers for their whole grain equivalents. Be careful not to overcook green veggies to the point that their colour changes. 4-5 grammes of fibre can be found in a cup of green vegetables like broccoli, green peas, or Brussels sprouts. Fruits and vegetables with high water content, such as celery, cucumber, and watermelon, also contain fibre. Put such adding vegetables to your diet. Consider figs, apricots, and dates as a snack.

Haemorrhoids Treatment of allopathic medicine

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How does allopathy work

The term “allopathy” is used to describe contemporary or mainstream medicine. Western medicine or conventional medicine are additional names for allopathy. The primary goal of treatment is to eliminate symptoms and treat illnesses utilising any of the following:

Medication, Surgery, Radiation, and more treatments and procedures

Using allopathic treatment, how are piles treated?

The focus of allopathy is on illness symptoms. The painful and uncomfortable piles symptoms are also treated by allopathic drugs for piles, which eventually work to treat the condition itself.

India's best allopathic treatments for piles

500 mg of Daflon for piles

The general name is daflon. An Austrian study found that the herbal supplement Diosmin, made from plant flavonoids, can reduce haemorrhoids. This medication provides relief from a number of piles symptoms. The painful problem of piles is completely addressed by this medication.

The medication contains the flavonoid diosmin. The chemical synthesis that causes anorectal vein irritation is suppressed by flavonoids. Additionally, the antioxidant qualities of these tablets improve blood flow to the veins. You should only use this medication for a few days, according to the advice.

For the proper dosage of Daflon 500mg for the treatment of piles, consult your doctor. The medication must be taken with water and must not be broken or crushed. Adjust the medication's timing. Do not take a double dose the next day if you forget to take your medication. Keep going as directed. Ten tablets are sold in packs for between 115 and 180 Indian rupees.

Do not eat coffee, alcohol, cigarettes, or smoke while taking Daflon 500mg, according to the restriction. Additionally, breastfeeding moms should not use these medications.

For piles, use liquid paraffin

Each night before you go to bed, you can take 20 cc of liquid paraffin (the generic name). This will help you ease constipation and soften your stools.

Lotion with lidocaine and cortisone for piles

The doctor may recommend this piles cream when there are painful issues. This medication's formula treats a variety of piles symptoms, including mild pain, itching, swelling, and discomfort. The anal area is momentarily numbed by the anaesthetic effect of the lidocaine in this ointment. While the corticosteroid hydrocortisone aids in providing relief from swelling, itching, and redness.

Use this product after bowel motions twice daily. To get the most out of this product, use it regularly and as directed by your doctor. Wash your hands after using this product, don't forget. If you want to discontinue using this ointment, do so gradually and only after having a thorough conversation with your doctor.

Gel with 2% lignocaine for piles

When you have piles, you often have a lot of pain when you go to the toilet. You will feel no pain or very little pain when using this gel to relieve intestinal discomfort. All you have to do is place this gel tube into your antrum and release gel before going to the bathroom for bowel movement 15 minutes later. You can carry on doing this until you get heaps, but not after that. It's simple to find this gel at pharmacies. This gel's unique feature is that it temporarily numbs the region where it is administered.

Lidocaine for piles

This drug, which has been around for about 40 years, addresses the primary contributor of piles, persistent constipation. It functions by luring water into the colon, which softens the faeces as a result. This makes sure that you can effortlessly pass stools.

Generally speaking, you can take this once a day. Nevertheless, based on how severe the condition is, your doctor might advise doing something different. The advantages will only become apparent after 24 to 48 hours. In the event that liquid paraffin is not an option, you can eat lactulose syrup. It functions similarly to liquid paraffin. 20 ml must be consumed prior to bedtime. You can take 20 ml in the morning and 20 ml in the evening if you have severe constipation. Since lactulose has a sweet flavour, diabetics should avoid using it.

The use of allopathic medications to treat diseased piles

Because of the white blood cells and specific proteins in the blood, good blood flow to the anal region helps to avoid infection. Bacteria grow in the anal area when healthy blood flow is restricted there. Haemorrhoids may become infected as a result of this.

Internal piles are less prone to become infected than a prolapsed haemorrhoid. The following is a description of the allopathic medication for diseased piles:

Pills of doxycycline for piles

This piles medication tablet's primary function is to combat bacterial infections. The doctor advises using this medication if the haemorrhoids in your anal region become infected.

The antibiotic in question is a member of the tetracycline pharmacological class. The infection is cured by this medicine because it limits the production of a bacterial protein. You can use the hydrocortisone ointment and these tablets together.

It's important to bear in mind that this medication may interact with other medications you use. This may prove lethal or stop the tablets from functioning altogether.

Tablet dosage for Doxycycline: Doxycycline is an antibiotic that can be taken with food if you have piles. The typical doctor's recommendation for infected piles is once or twice daily for two weeks. Teeth discolouration is a side effect, as well as other more typical ones like nausea and vomiting.

Do allopathic treatments for piles last forever?

All medications for piles, whether they are over-the-counter or prescription, have some sort of potential side effect.

These effects typically manifest more quickly if you do not follow your doctor's recommendations or finish the course as directed. Similarly, using any of the medications described above tends to have some minor side effects, including

Diarrhoea Dizziness

Mouth dryness headache

Nausea

The side effects may prove lethal as well. Doxycycline pills, for instance, may interact with a component found in a different medication, food, vitamin, or dietary supplement that you are taking. Consequently, always talk to your doctor before taking any drug.

The doctor may determine that allopathic medications are unsuccessful if you have a severe case of piles. You can choose the most cutting-edge laser procedure offered by Pristine Care in this situation.

How are laser procedures carried out

As opposed to conventional methods, this procedure is a modern treatment. When haemorrhoidal nodes are treated with laser energy, the nodes are simply guided and given to the problem location, where they aid in internally shrinking the nodes. This aids in lowering the blood supply, which causes haemorrhoids to grow abnormally. There is barely any discomfort or bleeding after it. Long hospital stays and recurrence are also avoided.

Therefore, the minimally invasive, cutting-edge approach used in the laser treatment for piles. Thanks to laser therapy, you can say goodbye to the burden of wound dressings that need to be changed every day or frequent doctor appointments. Additionally, it guarantees a quicker recovery. Within two days, you'll be able

to resume your normal activities! To learn more about these laser-based procedures, get in touch with our medical coordinator right away!

Constipation is an issue that you may always try to prevent. Try consuming foods high in fibre, such as raw fruit and green leafy vegetables. Consider leading a more active lifestyle. MOVE!! Don't just sit on the couch.

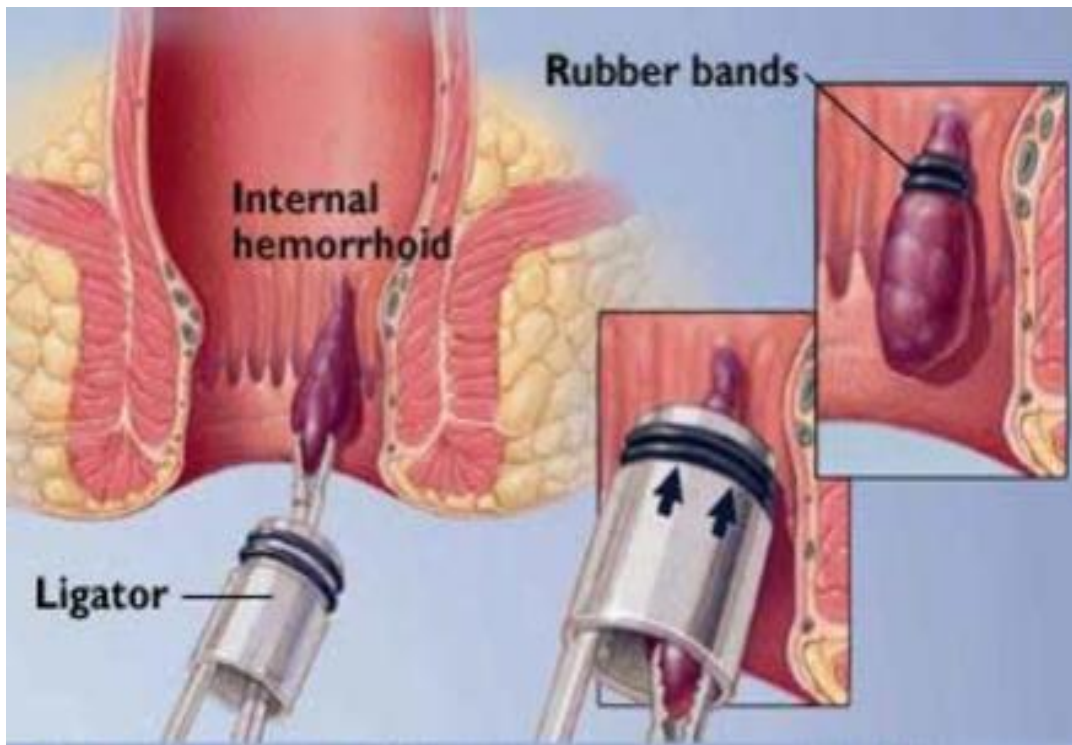


Figure 3 laser procedure

Herbal treatment of haemorrhoids

Home Treatments For Painful Piles

Hazel Witch

Witch hazel, also known as the “wonder plant,” is a tried-and-true home cure for many health and skin conditions. The strong anti-inflammatory impact helps to decrease swelling and the pain and irritation that come with haemorrhoids. Haemorrhoids can be relieved by immediately applying witch hazel juice to them. There are also anti-itch wipes and soaps with witch hazel.

‘Ole Vera’

Due to its essential medicinal and therapeutic capabilities, aloe vera gel has been used for centuries to cure haemorrhoids. Aloe vera gel's potent anti-inflammatory qualities may help to lessen swelling and irritation. External haemorrhoids should apply the gel topically and leave it on for 10 to 15 minutes to promote healing. While aloe vera juice, which promotes better digestion and relieves constipation, can be consumed in the morning on an empty stomach to treat internal piles. Additionally, check out Aloe Vera: Medicinal Uses, Skin and Hair Benefits, Supplements, and Recipes.

Epsom salt added to a warm bath

A warm bath can help to relieve the pain of irritated haemorrhoids. You can either take a full-body bath in a tub or a sitz bath, a tiny plastic tub that fits over the toilet seat. According to studies, the best way to relieve pain is to take a warm bath for 15 to 20 minutes right after a bowel movement. The addition of Epsom salt to the bathwater will relieve itching while also calming and relaxing the anal muscles.

Citrus Oil

Strong antifungal, antibacterial, and anti-inflammatory effects are found in castor oil. This organic oil has incredible potential for reducing pile size and relieving discomfort. You might apply castor oil or consume 3 cc of milk in the evening.

Tea Tree Liquid

Tea tree oil, also known as melaleuca oil, is a fantastic all-natural treatment for itching and skin problems. Tea tree oil's strong antibacterial qualities keep the inflamed area germ-free. Due to its potency and potential for moderate stinging, this essential oil needs to be diluted with a carrier oil such coconut or olive oil. For optimal results, apply the oil combination to the affected area, let it sit for 10 minutes, and repeat three times.

Supplements

Stool softeners or fibre supplements like isabgol, which add weight to the stool and soften it, can help cure constipation and make it simpler to have painless bowel movements. These supplements, which come in powder, capsule, and liquid forms, should be consumed two to three times daily to help regulate bowel movements and reduce piles-related symptoms. Additionally, it's crucial to drink lots of water while taking these vitamins.

Conclusion

Although haemorrhoids are easily treated and typically go away on their own, in extremely rare instances, problems may arise. Consult a doctor if, after two weeks, home remedies are ineffective. The doctor might advise taking prescription lotions, ointments, and suppositories. The patient could require surgery to have the haemorrhoids removed if these therapies are unsuccessful. If you first observe rectal bleeding, get emergency medical attention.

As a result, choosing the best therapy for your piles will depend on your preferences and an evaluation of your health. The most effective and safest way to treat piles is through laser surgery. The greatest choice for treating piles is surgery, particularly when a chronic case has arisen. Laser surgery not only offers a non-invasive, nearly painless procedure but also a long-term fix. Most patients find this treatment approach appealing because it is less expensive than alternative solutions.

Consider Vitalities Laser Piles Clinic if you require piles treatment or laser surgery since we offer choices that are successful, painless, and safe. To schedule a time, go to the website.

For varying degrees of haemorrhoid suffering, herbal treatment is preferred above other options. It's classified as one of the greatest at-home treatment options because it demonstrates how to treat haemorrhoids using common household items.

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