website : www.ijacare.in e-ISSN No.: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS

Case Series on Individualized Homoeopathy for Haemorrhoids: Quantifying Pain and Bleeding Relief

Navisha Khatoon [1*] Sujata Choudhury, [2] Umakanta Prusty,[3] Pradip Kumar Bairi[4]

[1]Research Associate (H), Central Council for Research in Homoeopathy (CCRH), New Delhi.
[2]Research Officer, S-2, [3] Research Officer, S-3Drug Proving Unit, CCRH, Bhubaneswar.
[4] Former PG Co-ordinator and HOD in Department of Case Taking and Repertory, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, Howrah, West Bengal, India

ABSTRACT:

Haemorrhoids represent a prevalent anorectal condition characterized by pain, bleeding, pruritus, and discomfort, often leading to diminished quality of life. Conventional therapeutic modalities ranging from pharmacological interventions to surgical procedures may offer transient relief or entail invasiveness. Homoeopathy, as a system of individualized medicine, utilizes symptom totality to guide remedy selection and may provide a non-invasive, long-term therapeutic alternative. To document and evaluate the clinical outcomes of individualized homoeopathic management in patients diagnosed with internal haemorrhoids, using a validated patient-reported outcome measure. This case series comprises three adult patients presenting with internal haemorrhoids at a homoeopathic outpatient clinic. Each case underwent comprehensive homoeopathic case-taking, repertorial analysis, and remedy selection in accordance with classical homoeopathic methodology. Symptom severity and treatment response were assessed using the PROM-HISS (Patient-Reported Outcome Measure–Haemorrhoidal Impact and Satisfaction Score), a validated instrument for evaluating haemorrhoidal disease burden and patient satisfaction. Clinical outcomes were monitored over a follow-up duration of 2 to 3 months, focusing on changes in pain, bleeding, itching, and anorectal discomfort. The reports were presented according to PITCH guideline. All three patients demonstrated notable symptomatic improvement, with marked reduction in bleeding and pain observed within 4 to 8 weeks of initiating treatment. No adverse events were reported during the follow-up period. The individualized remedies prescribed included Phosphorus, Natrum muriaticum, and Sulphur, selected based on the totality of symptoms and constitutional characteristics. The therapeutic response suggests a favourable outcome in chronic haemorrhoidal presentations under individualized homoeopathic care. This case series provides preliminary evidence supporting the potential efficacy and safety of individualized homoeopathic treatment in the management of internal haemorrhoids. The findings underscore the value of patient-centric, non-invasive approaches in proctological care. Further research through controlled clinical trials and larger cohort studies is warranted to substantiate these outcomes and elucidate the role of homoeopathy in integrative anorectal therapeutics.

KEYWORDS: Homeopathy, Haemorrhoids, Natrum muriaticum, Phosphorus, Sulphur.

Received: 16.08.2026	Accepted: 01.11.2026	Published: 15.11.2026

This work is licensed under a Creative Commons Attribution 4.0 International License
© 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code

***Corresponding Author:**
Dr. Navisha Khatoon
Research Associate (H), Central Council for Research in Homoeopathy (CCRH), New Delhi, India;
Email: knavisha2@gmail.com

INTRODUCTION:

Haemorrhoids, commonly referred to as piles, are a widespread anorectal disorder marked by the swelling and inflammation of vascular cushions within the anal canal. Common symptoms such as anal bleeding, pain, and itching can disrupt daily routines and diminish work efficiency. Frequent recurrences, persistent discomfort, and postoperative pain often hinder complete recovery. Among the more serious complications are perianal thrombosis and incarcerated prolapsed internal haemorrhoids, which may progress to thrombosis if left untreated. Recognized as a significant contributor to morbidity, haemorrhoidal disease exerts considerable economic and social burdens on society. Socially, it is closely linked to lifestyle factors including dietary habits, hygiene practices, interpersonal dynamics, and sexual behaviour. Economically, it strains healthcare systems through direct medical costs and loss of productivity due to missed workdays.[1-2]

Haemorrhoids, commonly known as piles, are dilated veins in the anal canal, presenting as internal (above the dentate line) or external (below the dentate line) venous plexus congestion. Though the exact aetiology remains unclear, contributing factors include constipation, straining, inadequate dietary fibre, diarrhoea, hypertension, high BMI, pregnancy, aging, chronic cough, and pelvic floor dysfunction. Pregnancy and childbirth further exacerbate venous pressure, often leading to haemorrhoidal symptoms.[3-4]

Internal haemorrhoids are classified into four grades based on prolapse severity. Grade I remains internal; Grade II prolapses with straining but retracts spontaneously; Grade III requires manual reduction; Grade IV remains irreducible Bright red rectal bleeding is the earliest symptom, sometimes accompanied by pain, pruritus ani, and mucus discharge. Pain typically arises from congestion or complications like thrombosis.

Prevalence estimates vary widely, ranging from 4% to 40%, peaking between ages 45–65. In India, prevalence is reported as high as 75%. Conservative management dietary fibre, stool softeners, and hydration is first-line therapy, though recurrence rates exceed 50%. Surgical haemorrhoidectomy reduces recurrence to 5–10% but carries risks such as urinary retention, severe pain, bleeding, infection, and incontinence. [5-6] Given the limitations of conventional treatment, interest in alternative therapies like homoeopathy is growing. Homoeopathy offers a holistic, individualized approach aimed at symptom relief and recurrence prevention without invasive procedures. [7]

The findings of various studies strongly support the efficacy of homoeopathic intervention in managing piles. A randomized placebo-controlled study demonstrated that 88% of patients receiving homoeopathic treatment showed a positive response, with statistically significant improvements in WHOQOL scores across both centesimal

and fifty millesimal potency groups.as compared to placebo group. [8] A double-blind, randomized controlled trial involving 140 patients with grades I–III haemorrhoids found that individualized homeopathic medicines (IHMs) significantly improved anorectal symptoms and quality of life compared to placebo, with no reported adverse events. Statistically significant differences were observed in ARSSQoL and EQ-5D-5L VAS scores ($p < 0.001$), with Sulphur being the most frequently prescribed remedy. [9]

In another study, six homeopathic physicians systematically recorded 2905 follow-up appointments across six outpatient departments, capturing patient outcomes using a 7-point Likert scale over a 3-month period. Of these, 78.2% showed positive responses, with strongly positive outcomes notably observed in conditions like piles, osteoarthritis and chronic otitis media. [10] In a year-long observational study at two homeopathic hospitals in India, 52 patients with haemorrhoids received individualized homeopathic treatment and were monitored monthly for six months. Significant reductions were observed in bleeding, pain, heaviness, and anoscopic scores ($p < 0.00001$), with itching improving only at the six-month mark, while discharge remained unchanged.[11]

A case of 12-year-old using individualized homoeopathic medicine, documents successful treatment of internal haemorrhoids with no recurrence over two and a half years. [12] Another case report of a 60-year-old woman with Stage 3 haemorrhoids and chronic constipation who was successfully treated with Aesculus hippocastanum following individualized homoeopathic assessment showed marked improvement within a month. This outcome underscores the effectiveness of homoeopathic medicine in treating advanced cases of haemorrhoids.[13] A 50-year-old female with a decade-long history of constipation and acute thrombosed haemorrhoids showed complete symptomatic and clinical resolution following individualized homoeopathic treatment with Paeonia officinalis 200C over 20 days. [14]

In a multicentre randomized controlled trial involving 278 patients with acute haemorrhoidal symptoms, individualized homoeopathic LM potencies significantly outperformed placebo in reducing bleeding, pain, heaviness, and itching over 90 days ($p = 0.0001$). Improvements were also noted in physical, psychological, and environmental domains of WHOQOL-BREF, though no significant changes occurred in discharge or social domain scores. [15] In a study of 70 patients with haemorrhoids at Sri Ganganagar Homoeopathic Medical College, significant improvements were observed using both constitutional and organopathic remedies, as confirmed by high t-values for VAS (20.6) and anoscopic scores (18.25) at $p < 0.05$. Nux vomica and Aloe Socotrine were the most frequently prescribed remedies, and both approaches proved nearly equally effective. [16]

The three cases presented herein contribute valuable empirical evidence

to strengthen the scientific foundation of homoeopathic medicine. These data also delineate critical directions for future research and clinical validation in the field of homoeopathy.

Methodology

This case series comprises three patients recruited from the outpatient department (OPD) of a homoeopathic hospital; all previously diagnosed with internal haemorrhoids at surgical OPDs of other allopathic institutions. Comprehensive case-taking was conducted for each patient, followed by repertorization using Hompath Classic and Zomeo software to determine the individualized similimum. Patients were monitored at 15-day intervals, and clinical outcomes were evaluated using the Patient-Reported Outcome Measure-Haemorrhoidal Impact and Satisfaction Score (PROM-HISS), a validated tool for assessing symptom burden and patient satisfaction in haemorrhoidal disease. [17] Case documentation adheres to the PITCH (Preferred Reporting Items for Case Series in Homoeopathy) guidelines. [18-19] To evaluate the causal relationship between a therapeutic intervention and observed clinical outcomes in each case Modified Naranjo's Criteria was used. [20]

Case details

CASE 1:

A 38-year-old unmarried female presented to the outpatient department on July 22, 2022 with complaints of rectal bleeding persisting for five years, associated with hard stools, a sensation of a round mass in the anal region, and burning and cutting pain during defecation. The burning sensation was exacerbated before and during passing stool and by spicy food and relieved by the application of hot water. The patient had previously been diagnosed with internal haemorrhoids at the Surgery OPD of Capital Hospital, Bhubaneswar. Her family history revealed paternal haemorrhoids of 10 years' duration and maternal history of polycystic ovarian disease and cutaneous warts on the chest and neck. The patient had cravings for salty, non-vegetarian, and cold foods. Physical examination revealed a clean, moist tongue and profuse facial perspiration. She was thermally hot, with unsatisfactory and incomplete bowel evacuation. Sleep was sound. Psychosocially, she had desire for company, with emotional consolation providing relief. She was notably talkative, exhibited forgetfulness regarding names and dates, with anxiety concerns about her health condition.

Based on a comprehensive assessment of the patient's symptomatology with first and second grade haemorrhoids and a comparative analysis of the repertorial findings (Fig.2) using Materia Medica, *Phosphorus* was identified as both the similimum and prescribed in *30C* twice daily for five days followed by placebo. Table -1 outlines the details of first prescription and subsequent follow-up interventions. Quantitative outcomes were evaluated using the PROM-HISS (Patient-Reported Outcome Measure – Homeopathy Inventory of Symptom Severity) scale, with pre- and post-treatment scores detailed in table - 4.

CASE *2:*

A 25 years old unmarried male reported at OPD on June 23, 2022 with

complaints of painful bleeding from rectum for last 1 year with stool hard and burning pain in anus after stool which ameliorated after application of warm water; stools hard and unsatisfactory, must strain to pass stool. Diagnosis was already made from other hospital as internal piles. Thermal reaction of patient was hot. Patient had desire for non-veg, sweet, warm food. He also had aggravation from spicy food & egg. Thirst was normal with moist & clean tongue. He had scanty perspiration; he desired to be alone and feels better when not surrounded by anyone. He used to get angry when abused and had revengeful thoughts but cannot do anything about it. He often had dreams of accidents involving himself or his family. He had long-standing suppressed grief and he often felt depressed when thinking about them. He had fear of high places.

Following a thorough evaluation of the patient's clinical presentation and a comparative analysis of repertorial results (Fig.3) in conjunction with Materia Medica, *Natrum muriaticum* was selected as the similimum and prescribed in 30 C potency twice daily for 5 days followed by placebo to monitor sustained response. Table-2 provides a detailed account of the initial prescription and subsequent follow-up management. Treatment efficacy was assessed using the PROM-HISS scale, with pre- and post-intervention scores systematically documented in Table - 4.

CASE 3:

A 35-year-old male presented to the outpatient department on July 21, 2022, with a three-year history of painful rectal bleeding associated with defecation. A prior surgical evaluation conducted three months earlier identified haemorrhoidal involvement at the 11 o'clock position. The patient reported normal appetite and thirst, with a pattern of constipation characterized by bowel movements every two days. Abdominal distension due to flatulence was noted, particularly with increased flatus during evening hours. No specific food cravings or aversions were reported. Thermal status was ambithermal, and perspiration was normal. Mentally, the patient exhibited irritability, a marked aversion to work, and episodic forgetfulness, particularly involving familiar words during speech.

After a comprehensive assessment of the patient's clinical profile and repertorial findings (Fig.4) corroborated with Materia Medica, *Sulphur* was identified as the similimum and prescribed in 30C potency, administered twice daily for five days. This was followed by a placebo to evaluate the durability of therapeutic response. Table-3 details the initial prescription and follow-up interventions, while treatment outcomes were measured using the PROM-HISS scale, with pre- and post-treatment scores presented in Table-4.

Table -1: Prescription details in follow ups of case - 1

	Date of Visits	**Complaints**	**Prescription**
Case 1	**22-07-22 1st visit**	Haemorrhoids (Haemorrhoids grade-2) with burning pain in anus < after taking spicy food, during and after stool; > warm water application	Phosphorus 30 BD for 5 days followed by placebo for 10 days
	15-08-22	Burning pain mildly reduced but stool constipated as before.	Phosphorus 30 BD for 5 days followed by placebo for 10 days
	31-08-22	Bleeding during stool started since 2 days with hard stool and she also added that she is having hair fall since 2 years.	Phosphorus 200, B.D for 5 days followed by placebo for 10 days
	15-09-22	Bleeding stopped after 2 days of medication. No bleeding or pain in anus during stool.	Placebo 30 B.D for 15 days
	28-09-22	No reappearance of bleeding or any pain in anus; stool clear and satisfactory.	Placebo 30 B.D for 15 days
	15-10-22	No more symptoms related to piles and hair fall also mildly reduced.	Placebo 30 B.D for 15 days

Table -2: Prescription details in follow ups of case -2

	Date of Visits	**Complaints**	**Prescription**
Case 2	**23-06-22 1st visit**	Bleeding per anus with pain < after stool; > by warm application Hemorrhoids-grade- (Haemorrhoids grade- 1)	Natrum mur 30, twice daily for 5 Days, followed by Placebo twice daily for 15 days
	01-07-22	Mild improvement in burning pain. No such bleeding after stool.	Placebo 30, twice daily for 15 days
	17-07-22	No bleeding after stool, but burning pain increased after stool since 2 days.	Natrum mur 200, twice daily for 5 Days, followed by Placebo twice daily for 15 days
	17-08-22	No symptoms. Patient was feeling better.	Placebo 30, twice daily for 15 days
	31-08-22	No symptoms. Patient was feeling better.	Placebo 30, twice daily
	22-10-22	The patient came with common cold since 3 days and when enquired about the previous complaints there was no bleeding or any pain in anus during stool till now.	Medicine prescribed for common cold.

Table -3: Prescription details in follow ups of case - 3

	Date of Visits	**Complaints**	**Prescription**
Case 3	**21-07-22 1st visit**	Painful bleeding per anus during stool; abdomen distended with flatus towards evening with passing of flatus during evening passing of flatus during evening after 5 pm. (Hemorrhoids grade- 2)	Sulphur 0/1 Once in morning for 15 days followed by placebo for 15 days
	07-08-22	Pain and bleeding during stool reduced mildly but flatulence did not respond.	Sulphur 0/2 Once in morning for 15 days followed by placebo for 15 days
	23-08 22	Occasional bleeding and pain in anus during hard stool and flatulence in abdomen towards evening reduced much.	Sulphur 0/3 Once in morning for 15 days followed by placebo for 15 days
	09-10-22	No bleeding and pain in anus during stool and no more flatulence.	Placebo for 15 days
	25-10-22	No bleeding and pain in anus during stool; no flatulence in abdomen in evening.	Placebo for 1 month

Table -4 Treatment assessments of cases on PROM-HISS scale

PROM-HISS			**Case 1**		**Case 2**		**Case 3**	
Domain	Items	Response options	Scores before treatment	Scores after treatment	Scores before treatment	Scores after treatment	Scores before treatment	Scores after treatment
Haemorrhoidal symptoms	Pain	Likert scale-1to5 (1) not at all (2) a little (3) reasonable (4) a lot (5) very much	4	0	4	0	5	0
	Bleeding		4	0	3	0	4	0
	Itching		0		0		0	
	Prolapse		0		0		0	
	Soiling		0		0		0	
Impact on daily life	Impact on	Scale 0-10	8	0	8	0	9	0

	daily activities	(0 = No impact at all); 10= Highly impacted on daily activities)						
Satisfaction with treatment		Scale 0-10 (0 = Not at all satisfied); 10= very satisfied)		9		9		9

Table –5: Modified Naranjo's criteria

Sl. No	Domain	Yes	No	Not sure	Case 1	Case 2	Case 3
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	**+2**	**-1**	**0**	**+2**	**+2**	**+2**
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	**+1**	**-2**	**0**	**+1**	**+1**	**+1**
3	Was there an initial aggravation of symptoms?	**+1**	**0**	**0**	**0**	**+1**	**0**
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	**+1**	**0**	**0**	**+1**	**+1**	**+1**
5	Did overall well-being improve? (suggest using validated scale)	**+1**		**0**	**+1**	**+1**	**+1**
6 A	A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	**+1**	**0**	**0**	**0**	**0**	**0**
6 B	Direction of cure: did at least two of the following aspects apply to the	**+1**	**0**	**0**	**0**	**0**	**0**

	order of improvement of symptoms: – from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?						
7	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	**+1**	**0**	**0**	**0**	**0**	**0**
8	Are there alternate causes (other than the medicine) that - with a high probability - could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	**-3**	**+1**	**0**	**+1**	**+1**	**+1**
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	**+2**	**0**	**0**	**+2**	**+2**	**+2**
10	Did repeat dosing, if conducted, create similar clinical improvement?	**+1**	**0**	**0**	**+1**	**0**	**0**
	TOTAL SCORE				**+9**	**+9**	**+8**

DISCUSSION:

This case series documents three patients with previously diagnosed internal haemorrhoids, each of whom had undergone conventional treatment at other hospitals without achieving lasting relief. Despite initial management, all three experienced recurrences of haemorrhoidal symptoms, including bleeding, pain.

In this series, individualized homoeopathic remedies were administered, resulting in a consistent pattern of clinical improvement across all cases. Symptomatic relief was notably achieved without the need for surgical intervention or continued use of conventional medications. The therapeutic outcomes were evaluated using the PROM-HISS which was further supported a causal relationship between the homoeopathic treatment and observed improvements through Modified Naranjo's Criteria (Table-5).

Importantly, no adverse effects were reported, highlighting the safety and tolerability of the non-invasive approach. These findings resonate with existing literature, reinforcing the effectiveness of individualized homoeopathic medicine to provide substantial relief in haemorrhoidal disease.

Despite encouraging results, this study is subject to several limitations. As an uncontrolled, observational case series, it does not possess the methodological rigor of randomized controlled trials. The limited sample size, reliance on subjective symptom reporting, and absence of consistent long-term follow-up across all cases restrict the broader applicability of the findings.

CONCLUSION:

This case series suggests that individualized homoeopathic treatment may be effective in managing haemorrhoidal disease, especially in mild to moderate (first and second grade haemorrhoids) chronic or recurrent cases. Patients consistently showed improvement in symptoms like pain, bleeding, and discomfort. The positive outcomes were closely tied to personalized remedy selection based on each patient's unique symptom profile. No adverse effects were reported, and many experienced relief in related health issues, indicating a broader therapeutic impact. These findings support further investigation through rigorous clinical trials to validate homoeopathy's role in proctological care. While these findings contribute to the growing body of clinical evidence supporting homoeopathy in proctological care, they also emphasize the need for further validation through rigorous, well-designed clinical trials to enhance generalizability and scientific credibility.

Patients' consents:

Consent was obtained from all patients for the publication of their clinical data without revealing their identity.

Limitation of study:

This case series is limited by its small sample size and uncontrolled design, precluding definitive conclusions regarding the efficacy of individualized homoeopathic treatment. Variations in remedy selection, potency, and posology limit comparability between cases. Outcomes were primarily assessed through patient-reported symptoms and PROM-HISS scores, without consistently documented repeat anoscopic assessments to objectively confirm clinical resolution. The limited follow-up also restricts conclusions regarding long-term outcomes. Larger controlled studies with objective clinical assessments and longer follow-up are warranted.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Navisha Khatoon, Sujata Choudhury, Umakanta Prusty, Pradip Kumar Bairi. Case Series on Individualized Homoeopathy for Haemorrhoids: Quantifying Pain and Bleeding Relief : A Case Report. Int. J. AYUSH Case Reports. 2026; 10(4-A): 1-12

REFERENCES:

1. Boon NA, Colledge NR, Walker BR, Hunter JAA. editors. Davidson's Principles and Practice of Medicine. 20th ed. China: Elsevier; 2007. p. 933.
2. Kibret AA, Oumer M, Moges AM. Prevalence and associated factors of hemorrhoids among adult patients visiting the surgical outpatient department in the University of Gondar Comprehensive Specialized Hospital, Northwest Ethiopia. PLoS One. 2021 A;16(4):e0249736.
3. De Marco S, Tiso D. Lifestyle and Risk Factors in Hemorrhoidal Disease. Front Surg. 2021 ;8:729166.
4. Staroselsky A, Nava-Ocampo AA, Vohra S, Koren G. Hemorrhoids in pregnancy. Can Fam Physician. 2008;54(2):189-90.
5. Agarwal N, Singh K, Sheikh P, Mittal K, Mathai V, Kumar A. Executive Summary - The Association of Colon & Rectal Surgeons of India (ACRSI) Practice Guidelines for the Management of Haemorrhoids-2016. Indian J Surg. 2017;79(1):58-61.
6. Shinde PR, Chawada MJ, Deshmukh SB. A study of surgical profile of patients with hemorrhoids at a tertiary care hospital. International Surgery Journal. 2019 ;6(3):916-921.
7. Fontem RF, Eyvazzadeh D. Internal Hemorrhoid. [Updated 2023 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537182/ [Last accessed on 23/09/2026]
8. Mohanty N, Choudhury S, Sahu P, Jena. Effects of homoeopathic medicines in the treatment of haemorrhoids - A Simple Randomized Placebo-controlled study. International Journal of Science and Research. 2023; 12 (8), 405-413
9. Koley M, Vimal VK, Verma AK, Pal SS, Sonkar DK, Vimal S, Singh OP, Ghosh S, Saha S. Efficacy of Individualized Homeopathic Medicines in the Treatment of Hemorrhoids: Double-Blind, Randomized, Placebo-Controlled Trial. J Integr Complement Med. 2024 ;30(8):783-792.
10. Saha S, Koley M, Ghosh S, Giri M, Das A, Goenka R. Documentation of prescriptions and clinical outcomes in a homeopathic hospital setting in West Bengal, India. J Evid Based Complementary Altern Med. 2015;20(3):180-5.
11. Das KD, Ghosh S, Das AK, Ghosh A, Mondal R, Banerjee T, Ali SS, Ali SS, Koley M, Saha S. Treatment of hemorrhoids with individualized homeopathy: An open observational pilot study. J Intercult Ethnopharmacol. 2016 ;5(4):335-342.
12. Rath P, Kaur H. A case of haemorrhoids in a 12-year-old boy. Indian J Res Homoeopathy 2014;8:37-41.
13. Vijaykumar J, Bhat DD. Management of stage 3 haemorrhoids with homoeopathy – A case report. J Intgr Stand Homoeopathy 2022;5:107-11
14. Mahajan Prachi, Jaiswal Praveen. Homeopathic Approach in a Case of Thrombosed Hemorroids: A Case

Study. Homeopathy360. [Last accessed on 23/09/2026]
15. Chakraborty P, Varanasi R, Majumdar A, et al. Effect of homoeopathic LM potencies in acute attacks of haemorrhoidal disease: A multicentric randomized single-blind placebo-controlled trial. Indian J Res Homoeopathy 2013;7:72-80.
16. Sophia K., Singh C., Juneja R., A Study on The Effect of Homoeopathic Remedies (Constitutional and Organopathic) In the Treatment of Haemorrhoids. TUJ. Homo & Medi. Sci. 2022;5(4):17-24.
17. Kuiper SZ, Kimman ML, Van Tol RR, Waardenburg SF, Van Kuijk SMJ, Dirksen CD, Breukink SO. Patient reported outcome measure-haemorrhoidal impact and satisfaction score (PROM-HISS): Development, reliability and construct validity. Colorectal Dis. 2022 ;24(8):992-999.
18. Dutta A. A consensus guideline on preferred items for reporting case series in homeopathy: The PITCH statement. J Ayurveda Integr Med. 2024 ;15(5):101023.
19. Dutta Abhijit. A Guide to Writing Case Series in Homeopathy: A Supplement to Part 2 of the Research Method Series. Homœopathic Links. 2023; 36(03): 215-218.
20. Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, Singhal R. Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. Homeopathy. 2020;109(4):191-197.