

An Interventional Pilot Study on the Efficacy of Homeopathic Therapeutics by Dr. W.M.J. Guernsey in the Management of Hemorrhoids

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ABSTRACT

Background: Hemorrhoids are anorectal conditions that cause discomfort and morbidity. Management ranges from conservative treatment to surgery. Homeopathy offers an individualized treatment considering patient as a whole- and same-time importance to the proctoscopy examination for confirm the diagnosis.

Objective: To study the effectiveness of individualized homoeopathic management of hemorrhoids using the therapeutics and repertory by Dr. W.M.J. Guernsey.

Methods: An interventional pilot study was conducted with five patients who diagnosed with internal hemorrhoids based on examination and clinical findings. Patients underwent individualized homoeopathic treatment based on Guernsey's therapeutics. Follow-ups were conducted monthly for three months. Improvement was measured using a symptom severity scale used pre- and post- Proctoscopy examination images, pre and post treatment SSC. Statistical analysis was done using a Wilcoxon test to compare pre- and post-treatment scores.

Results: The mean pre-score was 7.4 (± 3.04), which significantly reduced to 1.8 (± 1.64) post-treatment. The Wilcoxon test yielded a p-value of 0.041, showing high

statistical significance ($p < 0.05$). this shows patient wise improvement status.

Conclusion: The results show that homoeopathic remedies selected for individualized patient based on Dr. W.M.J. Guernsey's repertory are effective in managing hemorrhoids. This study supports the use of Guernsey repertory in managing the hemorrhoids.

Keywords: Hemorrhoids, piles, Dr. W.M.J. Guernsey, homeopathic therapeutics

INTRODUCTION

Hemorrhoids, also known as piles, are vascular structures in the anal canal that can become pathological and symptomatic when swollen or inflamed.² Due to the social stigma, they are underreported. However, they are prevalent. Another etiological factor is fiber deficient diet resulting in prolonged gut transit time which in turn result in harder stool which require more straining to expel. The presence of hard faecal mass in the rectum could obstruct venous return, resulting in engorgement of anal vein [1] Management of hemorrhoids includes dietary changes, lifestyle changes and can even require surgery. Among the various options available for management, homeopathy provides a holistic approach, helpful in conservative management. While

W.M.J Guernsey is one of the oldest therapeutic books for haemorrhoids and mentions about the totality of the symptoms, that a remedy should contain all the prominent indications of the patient and not the medicine.⁵

The work by Dr. W.M.J. Guernsey, provides a repertory and therapeutic guide targeting hemorrhoidal conditions, is the basis for selecting individualized remedies in this study.

Objectives

To study the efficacy of W.M.J. Guernsey's repertory in managing hemorrhoids.

To evaluate improvement via symptom scores and proctoscopy.

MATERIALS AND METHODS

This is an interventional pilot study conducted at MNR Homoeopathic Medical College & Hospital, Telangana. Diagnosis was confirmed using proctoscopic examination by ICD-10 classification (Grades II to IV: K64.1–K64.4). Patients in the age group of 20 to 45 years, those who were willing to participate in the study and were ready to come for monthly follow ups

were included in the study. Patients with malignancies, anal fissures, fistulas, or recent anorectal surgeries were excluded from the study. Patients were selected based on case taking, questionnaire assessing symptoms, rectal examination, and proctoscopy to determine the grade, size, and position of the hemorrhoids. Individualized homoeopathic remedies were selected based on the symptoms and repertorization using Dr. W.M.J. Guernsey's Homoeopathic Therapeutics of Hemorrhoids. Improvement of symptoms was assessed using a Symptom Severity Scale, SSSB (Symptom Severity Scale Before treatment) and SSSA (Symptom Severity Scale After treatment). Statistical analysis was performed using the Wilcoxon test to evaluate treatment efficacy, with significance set at $p < 0.05$.

RESULTS

The study included five patients diagnosed with internal hemorrhoids, of whom three were males and two were females. Two patients were in the age group of 20 to 30 years, while the remaining three were between 30 to 40 years of age. Mean age of the patients were 30.6+/-6.61 years.

Variables	Pre		Post		Z value	P value	Effect size	Interpretation
	Mean+/- SD	Median	Mean+/- SD	Median				
Symptom Severity Scale	7.4+/- 3.04	7	1.8+/- 1.64	1	- 2.041	0.041	0.913	Large effect size

Improvement in symptoms was measured using the Symptom Severity Scale Before (SSSB) and after treatment (SSSA). The pre-mean symptom score (SSSB) was 7.4, which reduced to 1.8 after three months of individualized homeopathic therapy. A Wilcoxon test was used. The test showed that the z value was -2.041 and the p-value was 0.041. Since the p-value was less than 0.05 the pre- and post-values were

considered statistically significant. The effect size was calculated as a rank-biserial correlation. The correlation value was $r = 0.913$, indicating a large effect of the treatment. These results show a significant reduction in symptom severity, thus supporting the effectiveness of the homoeopathic approach authored by Dr. W.M.J. Guernsey's repertory.

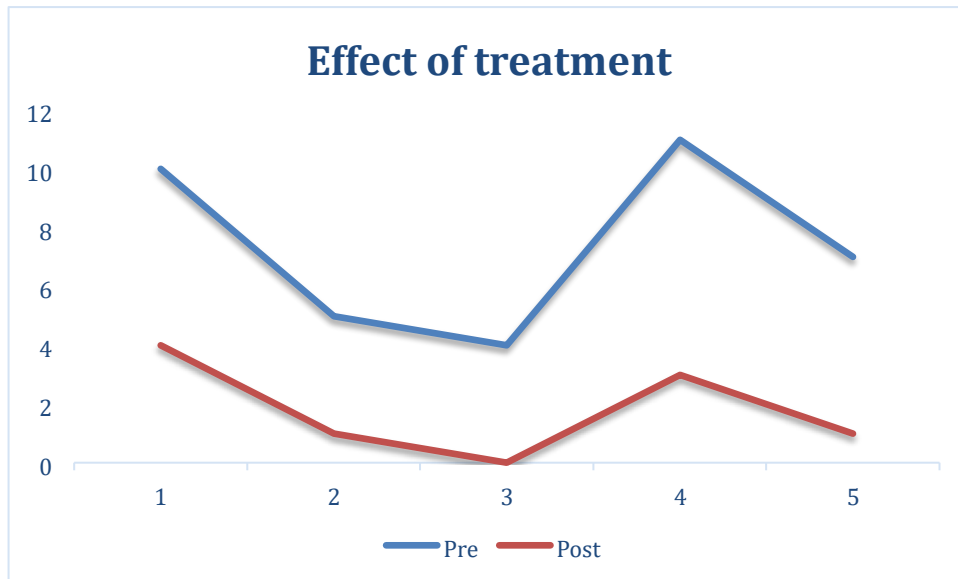


Figure 1: Effect of treatment Pre and Post

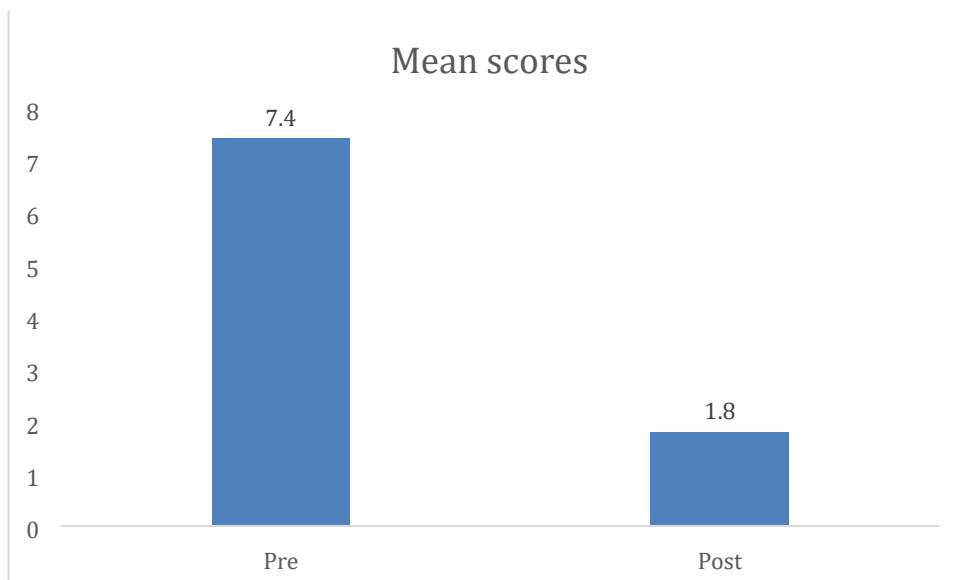


Figure 2: Mean scores

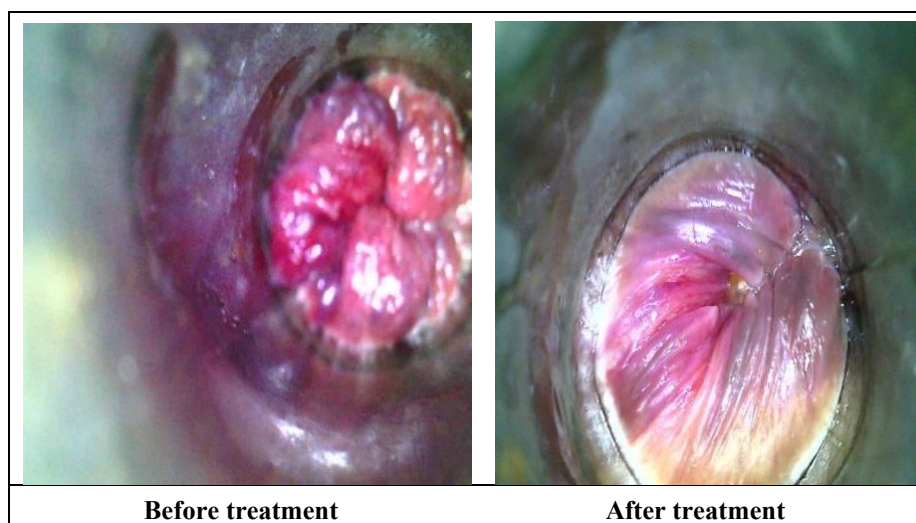


Figure 3:

DISCUSSION

The significant improvement in symptom severity scores suggests that using Dr. W.M.J. Guernsey's repertory, which is focused on hemorrhoidal indications, can be clinically effective when applied through an individualized approach patient as a whole. Guernsey's work places particular focus on the importance of symptoms and each patient's expression, and it does not rely on disease nomenclature. This was evident based on the range of remedies prescribed in the study - such as Sulphur, Muriaticum acidum, Arsenicum album, and Pulsatilla - which were chosen based on individualized case presentations rather than standard protocol.

A study by Das et al. (2016), demonstrated that individualized homeopathic treatment helped in the reduction in bleeding, pain, and heaviness in hemorrhoids patients over 6 months. They have reported effect sizes ($d > 0.8$) similar to our own calculated large effect size ($r = 0.913$), suggesting a clinically meaningful change in symptom burden. Further, the scales used and the assessment done in that study show that improvement has been observed.⁷

A 2024 study by Akanksha et al. using Ayurvedic Snuhiksheer haridra churna Alepa for II and III degree hemorrhoids, shows that nearly 93% of patients were either completely cured or markedly improved after just three weeks. Our study used Homeopathy in the management of hemorrhoids; however, both methods confirm the importance of individualized and localized therapies for the management of patients with moderate grade internal hemorrhoids as effective alternatives to any other form of surgical intervention.⁸

In a multidisciplinary study done by Karunakaran et al., the role of Pilates exercise in reducing constipation and improving hemorrhoidal symptoms was examined. The study showed that constipation and haemorrhoid severity significantly improved after six weeks. This shows the role of lifestyle factors and bowel habits. We have considered this factor during

case history in our study. This shows that holistic approaches in haemorrhoid management are essential.⁹

Gayatri et al. evaluated the efficacy of a herbal formulation i.e. Kuppaimeni Samoola Choornam, and reported complete symptom resolution in 80% of their subjects within 48 days. No recurrence over a five-year follow-up was observed. This shows the importance of alternative treatments when combined with dietary and lifestyle modifications. Though based in a Siddha tradition, the use of plant-based formulations and body-oriented approaches are the principle of homeopathy and emphasizes the potential of integrative therapies for managing chronic anorectal conditions.¹⁰

From a practical point of view, this study's findings support the use of repertory-guided homeopathic intervention as an alternative to surgery for patients with Grade II to IV hemorrhoids. This procedure is non-invasive, reduces the symptom burden, and improves the quality of life, and therefore should be studied further. Nonetheless, this study is a foundational step toward evidence-based validation of homeopathy in modern clinical settings.

Limitations

This pilot study has several limitations. The sample size is small ($n = 5$) and therefore, the findings cannot be generalized to the entire population. There are chances of bias because there was no control group or blinding. The follow-up period was three months; therefore, long-term outcome cannot be determined. Recurrence could not be assessed.

Implications and Future Directions

This pilot study demonstrates good results for individualized homeopathic management of hemorrhoids using Guernsey's therapeutics. Future studies should involve larger samples, randomization, and control groups. Quality-of-life assessments should be done, and the use of questionnaires that are more objective than subjective should be

used so that the findings can be more generalized.

CONCLUSION

The pilot study shows that the use of Dr. W.M.J. Guernsey's homeopathic therapeutics and repertory can effectively manage hemorrhoids. Individualized remedy selection based on detailed symptomatology leads to significant improvement, both subjectively and objectively.

Declaration by Authors

Ethical Approval: Approved

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