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HOMEOPATHIC MANAGEMENT OF INFECTED BLEEDING HEMORRHOIDS: A CASE REPORT

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ABSTRACT: Haemorrhoids are swollen veins located inside or around the anus that frequently present with symptoms such as bleeding, pain, burning, swelling, or discharge. In HIV-positive individuals, wound healing is often compromised, leading to hemorrhoids that become frequently infected or recurrent even after surgical intervention. This case report explores the homeopathic management of a 27-year-old HIV-positive male suffering from recurrent, infected internal and external hemorrhoids. The objective was to evaluate the efficacy of individualized homeopathy in an immunocompromised patient who remained symptomatic despite prior anal surgery and antibiotic treatment. The patient presented with bleeding, burning, swelling, and a highly offensive, yellow pustular discharge. Materials and methods involved a detailed clinical intake and repertorization, identifying a syco-syphilitic miasmatic background. Treatment was initiated with Nitric Acid 30C, later increased to 200C, to address the non-healing, painful, and offensive nature of the lesions. Results showed a progressive 85–90% reduction in hemorrhoidal size, complete resolution of the purulent discharge, and cessation of bleeding over four months. The patient resumed his normal daily routine without pain. It is concluded that individualized homeopathic prescribing provides a gentle and effective approach for managing chronic, non-healing hemorrhoids in patients with lowered vitality.

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INTRODUCTION

Hemorrhoids are pathologically swollen and inflamed veins located within the rectum or around the anus, typically presenting with symptoms such as bleeding, pain, burning, and discharge. In HIV-positive individuals, managing this condition is particularly complex, as systemic immunocompression often leads to slow wound healing and a high rate of secondary infection or recurrence following surgical intervention. Clinical literature highlights that anorectal disorders in HIV patients require a multidimensional approach, as traditional surgical outcomes are frequently compromised by the patient's lowered immune response and increased susceptibility to opportunistic infections[1,2].

This case involves a 27-year-old HIV-positive male who presented with recurrent internal and external hemorrhoids that remained non-healing even after surgery and extensive antibiotic cycles. The patient suffered from intolerable pain while sitting, offensive pustular discharge, and frequent bleeding. The purpose of this case study is to evaluate the efficacy of individualized homeopathic treatment specifically the remedy *Nitric Acid* in addressing both the local pathology and the underlying miasmatic background.

The author deems this study important because it demonstrates a gentle, deep-acting alternative for high-risk, immunocompromised patients who face limited options when standard surgical procedures fail to provide relief. By addressing the syco-syphilitic miasmatic layer and the patient's unique physical and mental totality, homeopathy can stimulate healthy granulation and complete healing in cases of chronic, infected lesions.

PATIENT INFORMATION

Demographic Information

The patient is a 27-year-old male residing in Delhi who is currently employed in a private job. He is unmarried and identifies as gay.

Chief Complaints

The patient presented with a five-month history of painful internal and external hemorrhoids that exhibited bleeding, particularly after straining during bouts of constipation. He

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reported a thin, yellow, and highly offensive pustular discharge described as having a "rotten-chicken" odor. Physical symptoms included swelling around the anus, burning and itching that worsened at night, and intolerable pain while sitting or standing for long periods. The condition resulted in physical weakness and persistent pus stains on his undergarments.

Medical, Family, and Psychosocial History

The patient's medical history includes an occurrence of worms during childhood, though he reported no other chronic illnesses. His family history notes that his mother is a homemaker and his father is deceased. Psychosocially, the patient is emotionally close to his mother and describes himself as a mild but sensitive individual who prefers solitude and avoids unnecessary conversation. He values punctuality and order but struggles with deep insecurity regarding his future and HIV status. While he mixes with others easily, he trusts slowly and can become irritable or prone to cursing if he feels betrayed or is in significant pain. Physically, he is a hot patient with a low thirst of approximately one liter per day and a craving for sour and non-vegetarian foods.

Relevant Past Interventions and Outcomes

Three months prior to seeking homeopathic treatment, the patient underwent surgery for his hemorrhoids. This intervention resulted in a non-healing surgical wound and the development of a secondary infection. Despite these surgical efforts and the use of antibiotics, the discharge, bleeding, and pain persisted, highlighting the challenges of conventional management in an immunocompromised state.

CLINICAL FINDINGS

Physical Examination Findings

A physical examination of the rectal area revealed significantly inflamed anal mucosa. The patient presented with marked external hemorrhoidal swelling and internal hemorrhoids that were palpable during straining. There was a continuous drainage of thin, yellow pustular discharge that emitted a highly offensive, "rotten-chicken" odor. The site of the previous surgery was identified as a non-healing, infected wound characterized by active inflammation and secondary infection.

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Clinical observations also confirmed active bleeding during or immediately following bowel movements.

Clinical History

The selection of the homeopathic treatment was guided by a synthesis of local pathological signs, physical generals, and mental characteristics.

- **Local Symptoms:** The primary indicators included the non-healing nature of the post-surgical wound, the offensive, purulent discharge, and the specific "stitching" or burning pains at the anus. The aggravation of pain while sitting and itching that intensified at night were key modalities used for remedy differentiation.
- **Physical Generals:** The patient's status as a "hot" individual (sensitive to heat) who lacked thirst (1 L/day) provided essential general pointers. His specific craving for sour foods and his inability to stand for long periods due to physical weakness further narrowed the remedial choice.
- **Mental and Emotional Layer:** The psychological profile played a decisive role. The patient's tendency to be easily offended, his habit of cursing when feeling betrayed, and his deep-seated insecurity regarding his future as an HIV-positive individual aligned with the "resentful" and "sensitive" mental picture of the chosen remedy.

These findings collectively pointed to a **Syco-Syphilitic miasmatic state**, characterized by both chronic inflammation (Sycosis) and destructive, non-healing ulceration (Syphilis).

TIMELINE

Clinical Parameter	Before Treatment	After Treatment (Final Follow-up)
Bleeding	Frequent bleeding during/after stool, aggravated by constipation	**Almost absent**, only once triggered by straining; later completely resolved
Discharge	Thin, yellow, purulent, **offensive odor (rotten chicken)**; continuous drainage	**90–100% resolved**, occasional minimal thick white discharge (<10%), later completely gone

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Pain	Severe pain < sitting, < pressure, during motion	**Minimal**, only mild discomfort during hard stool; later pain-free
Swelling	Marked swelling around anus; tenderness	**Completely reduced**, no swelling
Burning Sensation	Present daily, increased after washing	**Occasional**, later resolved
Itching	Prominent at night, disturbing sleep	Rare, mild, < occasional
Stool Pattern	Constipation on/off; straining leading to bleeding	Regularized, **no straining**, no bleeding
Lesion Healing	Post-surgical wound non-healing, inflamed, infected	**Healthy granulation**, complete healing, no infection
Odour	Highly offensive purulent smell	**No offensive odour** after 3rd month
Size of Hemorrhoidal Mass	Enlarged, painful mass internally & externally	**Reduced by 85–90%**, minimal residual tissue
Impact on Daily Life	Difficulty sitting at work, disturbed routine, discomfort	**Normal routine resumed**, comfort sitting
Mental State	Insecurity, irritability due to pain, frustration	**Calmer**, emotionally more settled
Overall Condition	Chronic infected, non-healing hemorrhoids	**Near-complete cure**, stable & symptom-free

Table 1: Transformation Before & After Homeopathic Treatment

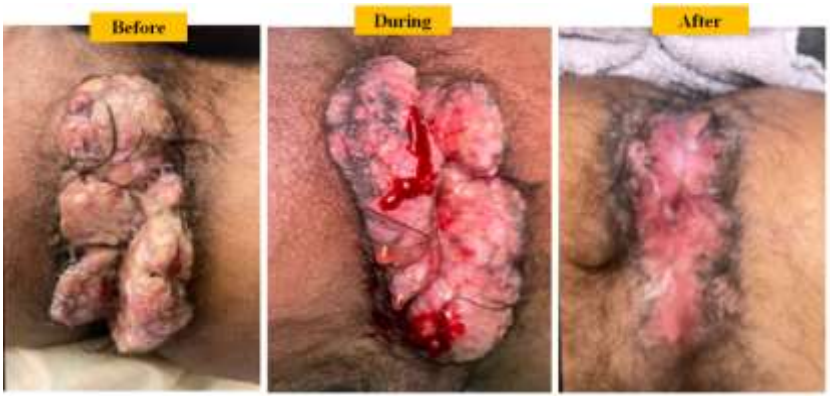

Figure 1: Before, during and after treatment

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DIAGNOSTIC ASSESSMENT

Diagnostic Methods

The diagnosis was established primarily through detailed clinical history and physical examination. Physical examination findings revealed inflamed anal mucosa, marked external hemorrhoidal swelling, and internal hemorrhoids palpable during straining. The presence of a thin, yellow, offensive pustular discharge and active bleeding during or after stool confirmed the diagnosis of infected bleeding hemorrhoids. Additionally, the patient's HIV-positive status was a known laboratory-confirmed factor that informed the systemic context of the case. Homeopathic evaluation utilized the Totality of Symptoms and repertorization to identify the indicated remedy.

Diagnostic Challenges The primary diagnostic challenge in this case was the patient's immunocompromised state due to HIV, which significantly altered the typical clinical course and healing response. The failure of previous surgical intervention (hemorrhoidectomy) and subsequent development of a non-healing, infected wound created a complex pathological picture that masked the underlying primary hemorrhoidal symptoms with secondary infection. Furthermore, the patient's preference for solitude and slow trust-building presented a challenge in gathering the deep psychological and miasmatic information necessary for accurate homeopathic prescribing.

Diagnostic Reasoning The diagnostic reasoning followed a miasmatic and repertorial approach. While conventional diagnoses focused on internal and external hemorrhoids with secondary infection, the homeopathic analysis considered the patient's psychological sensitivity and physical generals. Repertorial results pointed toward *Nitric Acid*, *Sulphur*, *Muriatic Acid*, *Hamamelis*, and *Ratanhia*. *Nitric Acid* was selected as the primary remedy because it uniquely covered the combination of bleeding, offensive discharge, and the specific mental picture of being easily offended and resentful. The miasmatic analysis identified a "Syco-Syphilitic" state, characterized by both chronic inflammation (Sycosis) and tissue destruction or non-healing ulceration (Syphilis), which further justified the choice of *Nitric Acid*.

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Prognostic Characteristics The prognosis was initially considered guarded to poor regarding conventional healing due to the patient's HIV status and the failure of post-surgical wound healing. In such immunocompromised cases, the "lowered vitality" often leads to chronic recurrence and persistent secondary infections. However, the homeopathic prognosis improved as the patient demonstrated a positive response to the individualized remedy, showing 90% reduction in discharge and significant tissue granulation within the first few months of treatment.

THERAPEUTIC INTERVENTION

Totality of symptoms

Mental generals

- Easily offended, curses when betrayed
- Emotional insecurity about future
- Prefers solitude
- Sensitive to pain and discomfort

Physical generals

- Hot patient
- Thirstless
- Craving sour
- Weakness
- Cannot stand long

Particular

- Bleeding hemorrhoids
- Pustular thin yellow–offensive discharge
- Pain < sitting
- Constipation → straining → bleeding
- Burning at anus
- Itching < night
- Non-healing infected hemorrhoidal wound (post-surgery)
- Offensive stains

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REPERTORIZATION RESULTS

MIND			
1 MIND - ANGER	nit-ac.	6	12	1, 2, 4, 5, 6, 7
2 MIND - SENSITIVE - pain, to	mur-ac.	6	11	1, 4, 5, 6, 7, 9
RECTUM			
3 RECTUM - CONSTIPATION - acc straining	caust.	6	9	1, 4, 5, 6, 7, 9
4 RECTUM - FISSURE	aesc.	6	8	1, 4, 5, 6, 7, 9
5 RECTUM - HEMORRHAGE from anus	chin.	6	8	1, 2, 3, 5, 7, 9
6 RECTUM - HEMORRHOIDS - burning	tritic-vg.	6	7	1, 4, 5, 6, 7, 8
7 RECTUM - HEMORRHOIDS - painful	cham.	5	14	1, 2, 4, 5, 7
8 RECTUM - ITCHING - night	lyc.	5	11	1, 2, 5, 7, 9
9 RECTUM - PAIN - sitting - agg.	lach.	5	10	1, 4, 5, 6, 7
	carb-v.	5	9	1, 4, 5, 6, 7
	fl-ac.	5	8	1, 4, 5, 6, 8

Figure 2: Repertorization results

Types of Intervention

The primary intervention was pharmacological, utilizing individualized homeopathic medicine. This approach was selected to address the failure of previous surgical intervention (hemorrhoidectomy) and conventional antibiotic therapy. In addition to homeopathic medication, the patient was provided with self-care advice regarding stool hygiene and dietary management to prevent straining during constipation.

Type of Homeopathy

The treatment employed individualized homeopathy. A single-constituent prescription was used, selected based on the patient's unique totality of symptoms, which integrated local rectal pathology, physical generals, and mental-emotional characteristics.

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Medication Details

- **Primary Remedy:** *Nitric Acid*, a single-constituent homeopathic medicine.
- **Intercurrent Remedy:** *Pulsatilla*, a single-constituent homeopathic medicine.
- **Potency and Scale:** The remedies were administered in **Centesimal scale** potencies.
- **Galenic Form:** Medications were provided in standard homeopathic globule form for oral administration.
- **Administration of Intervention**: Treatment commenced on April 7, 2025, with **Nitric Acid 30C**. The medication was administered orally at regular intervals. As the case progressed and the clinical picture shifted, the potency was adjusted. The duration of active treatment and follow-up documented in this report spanned seven months, from April to November 2025.

Changes in Intervention

Several changes were made during the course of treatment:

- Potency Increase: After consistent improvement at the 30C level, the remedy was advanced to Nitric Acid 200C by November 6, 2025. This change was made to address the final 10% of residual symptoms and reinforce the healing process.
- Intercurrent Prescription: On September 17, 2025, a single dose of Pulsatilla 30C was administered. The rationale for this intercurrent remedy was the appearance of mild genital herpes and the patient's specific physical general of thirstlessness, which temporarily overshadowed the primary *Nitric Acid* indicators.
- Supportive Care: During a flare-up of bleeding on October 1, 2025, caused by straining, the focus shifted to stool hygiene and dietary advice rather than a change in remedy, as the bleeding was triggered by a mechanical factor (constipation) rather than a failure of the medicine.

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FOLLOWUP AND OUTCOMES

Date	Doctor Remarks	Patient Response	Interpretation
04-07-2025	Painful bleeding hemorrhoids; yellow thin discharge; swelling; itching < night	Weakness, sitting painful	*NA 30C started*
17-07-2025	Pustular discharge same; swelling slightly reduced; burning persists	Pain + irritation on friction	Continue NA
06-08-2025	Very offensive watery discharge; inflamed lesion; bleeding present	Weakness + leg pain	Repeat NA, supportive care
20-08-2025	**90% reduction in discharge**, swelling reduced; discharge thick now	Stable	Continue
03-09-2025	Discharge gone; hemorrhoids 60% reduced	Minimal itching	Wait & watch
17-09-2025	Size reduced 70%; minimal pain in last 2–3 days	Mild herpes on genitals	Puls 30C intercurrent
01-10-2025	Bleeding returned due to straining during constipation	No pain	Advice on stool hygiene
09-10-2025	Constipation corrected; hemorrhoids 85% reduced	No itching	Maintain
06-11-2025	Only 10% pus left; thick white discharge; pain only during motion	Weight 53kg	NA 200C repeated

Table 2: Follow-up and outcomes

DISCUSSION

The primary strength of this case management is the application of individualized homeopathy to address systemic vulnerability in an immunocompromised patient. By selecting a remedy based on the patient's unique mental state and physical totality, the treatment successfully stimulated healing in a post-surgical wound that had remained non-healing under conventional

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care. A limitation of this report is that it represents a single case study; while the results are significant, further clinical research is needed to establish standardized homeopathic protocols for HIV-positive patients with anorectal complications. Additionally, the resolution of 90% of the discharge by the final follow-up suggests that while the tre atment was highly effective, a small percentage of residual symptoms remained under management at the time of documentation.

Hemorrhoids are pathologically swollen veins in the anal region that present with bleeding, pain, and discharge. In HIV-positive individuals, conventional management is frequently complicated by systemic immunocompression, leading to slow wound healing and high rates of recurrence or secondary infection following surgery. Medical literature highlights that such patients often require a multidimensional approach. Homeopathic literature identifies remedies like *Nitric Acid* for their specific affinity for the rectal region and their capacity to treat fissured, bleeding, and offensive ulcerative lesions. This case demonstrates the clinical application of these principles in a complex, real-world scenario where surgery and antibiotics had failed[1-8].

The conclusion that individualized homeopathy facilitated recovery is supported by the progressive reduction of symptoms following the administration of *Nitric Acid*. The patient's specific symptoms including the "rotten-chicken" odor of the discharge, stitching pains, and a sensitive, resentful mental state provided a clear rationale for the selection of this remedy. The assessment of the initial treatment failure points to a "Syco-Syphilitic" miasmatic background. The presence of non-healing, destructive tissue changes (Syphilitic) and chronic inflammation/swelling (Sycosis) necessitated a deep-acting remedy to improve the patient's "lowered vitality" associated with his HIV status.

CONCLUSION

The case confirms that addressing the miasmatic background and the patient's unique mental totality can stimulate healthy tissue granulation and immune response, even in immunocompromised individuals. Homeopathy thus serves as a gentle, effective, and non-invasive alternative for high-risk patients facing recurrent anorectal pathologies.

INFORMED CONSENT

The patient voluntarily agreed to the use of his demographic information, clinical history, and progress photographs, provided that his anonymity and confidentiality are strictly maintained.

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