

General Overview and Treatment of Haemorrhoids Disease

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Submitted: 01-12-2022

Accepted: 10-12-2022

ABSTRACT:

An illness of lifestyle is haemorrhoids. Lifestyle diseases are brought on by a change in how people live as a result of societal or scientific improvements. One of these factors can be an insufficient amount of physical activity, a lack of exercise, smoking, drinking, or an irregular way of living. the primary reasons behind these illnesses. One such lifestyle-related condition is haemorrhoids. Treatment options include using over-the-counter drugs, drinking enough of water, and adhering to a diet high in fibre. Haemorrhoids, constipation, irritable bowel syndrome, ulcerative colitis, and Crohn's disease are just a few of the illnesses that are brought on by poor diet. Surgical intervention may be necessary for piles in severe circumstances. Arsha (Haemorrhoids) can be treated using Ayurveda, which is covered in mamsaroga. Many treatment modalities have been explained in Brihatrayi (Charak, Sushruta, Vagbhata) and Laghutrayi (Sharangdhara, Bhavaprakash and Madhav Nidan). Bhavaprakash mentions numerous drugs acting on haemorrhoids. And in this study providing the various medical treatment or ayurvedic as well.

Keywords: Haemorrhoids, Mamsaroga, Ointment, Haritaki,

INTRODUCTION:

A relatively frequent medical condition is haemorrhoids. In India, the extrapolated incidence of haemorrhoids is 3,915,700, and 1,065,070,607 people were used in the estimation. These figures are extrapolations of different prevalence or incidence rates assessed against the demographics

of a specific nation or region. The figures used to determine the prevalence or incidence of haemorrhoids are often based on those for the US, UK, Canada, or Australia, and are then extrapolated using only the populations of the other two countries. Men are more likely than women to experience haemorrhoids that need to be treated by a doctor. [1] Lifestyle diseases are illnesses that are brought on by decisions people make in their daily lives. They are more prevalent in industrialised countries where individuals have a tendency to eat unhealthy diets, have sedentary lifestyles, and unhealthy habits like smoking and drinking alcohol. [2] Haemorrhoids are swollen blood vessels around the anus.

May protrude externally or be internal to the body. Although Haemorrhoids are definitely irritating and sometimes debilitating, they are almost never life-threatening or a symptom of something worse.[3] Analyzed in charya more concentration should be given to the charyas which will help us to balance the unhealthy lifestyle which we follow. Adopt the ritucharya (seasonal regimen) that can be followed by giving proper awareness about the changes that will take place during a ritu.[4] for Haemorrhoids many drugs have been mentioned in Ayurveda classics. Bhavaprakash Nighantu is one the important lexicon where lot of drugs has been mentioned. Bhavaprakash Nighantu mentions total 82 drugs which acts as anti-haemorrhoidal. There are six types of pilesthose caused by vata, pitta, kapha, rakta and sannipata and the congenital one told by Acharya Sushruta.

Table 1: Drug of Haritakyadivarga on piles with respective references

Drug Name	Family	Action of drug	Corresponding reference#
Haritaki (Terminalia chebul, Retz, Terminalia cetrina Roxb)	Combretaceae	Arshoghna	B.P.N.1/20
Shunthi (Zingiber officinale Roscoe)	Zingiberaceae	Arshoghna	B.P.N.1/46
Pippali (Piper longum Linn., Chavica roxburghii)	Piperaceae	Arshoghna	B.P.N.1/55

Chavya(PiperchabaHunter, PiperofficinarumCasD.C.)	Piperaceae	VisheshatGudajapaham	B.P.N.1/67
Chitrak(PlumbagozeylanicaLinn.)	Plumbaginaceae	Arshoghna	B.P.N.1/71
HapushDwaya(JuniperuscommunisLinn.)	Cupressaceae	Arshoghna	B.P.N.1/109
Indrayava(Holarrhenaantisysenterica Wall.)	Apocynaceae	Raktarsha	B.P.N.1/159
Kataphala(Myricanagithunb.)	Myricaceae	Arshoghna	B.P.N.1/181
Pashanbheda(SaxifragaligulataWall)	Saxifragaceae	Arshoghna	B.P.N.1/185
Lashuna(AlliumsativumLinn.)	Liliaceae	Durnamhara	B.P.N.1/223

Table2:DrugsofKarpuradivargaonpileswithrespectivereferences

DrugName	Family	Actionofdrug	Correspondingreference [#]
Guggulu(BalsamodendronmukulHook.exStocks)	Burseraceae	Arshoghna	B.P.N.2/40
SukshmaEla(ElettariacardamomumMaton)	Zingiberaceae	Arshoghna	B.P.N.2/63
Twakpatra(CinnamomumcassiaBlume)	Lauraceae	Arshoghna	B.P.N.2/65
Tamalpatra(CinnamomumtamalNeesandEberm)	Lauraceae	Arshoghna	B.P.N.2/68
Shaileyam(ParmeliaperlataAch.)	Parmeliaceae	Gudaraktahruta	B.P.N.2/91
Karchura(CurcumazedoariaRos.)	Zingiberaceae	Arshoghna	B.P.N.2/96

Haemorrhoids, which are characterised by the symptomatic expansion and distal displacement of the typical anal cushions, are a fairly prevalent anorectal disease. They are a significant medical and economical issue that affects millions of people worldwide. Numerous elements have constipation and extended straining are among the etiologists of haemorrhoidal development that have been proposed. One of the most important symptoms of haemorrhoidal illness is aberrant vascular channel dilatation and distortion, together with destructive changes in the connective tissue that supports the anal cushion [5]. Haemorrhoids may demonstrate an inflammatory response [6] and vascular hyperplasia [7,8]. The pathophysiology of haemorrhoidal disease and various clinical contexts were first addressed in this article, which was followed by a discussion of the most recent non-operative and surgical therapeutic strategies.

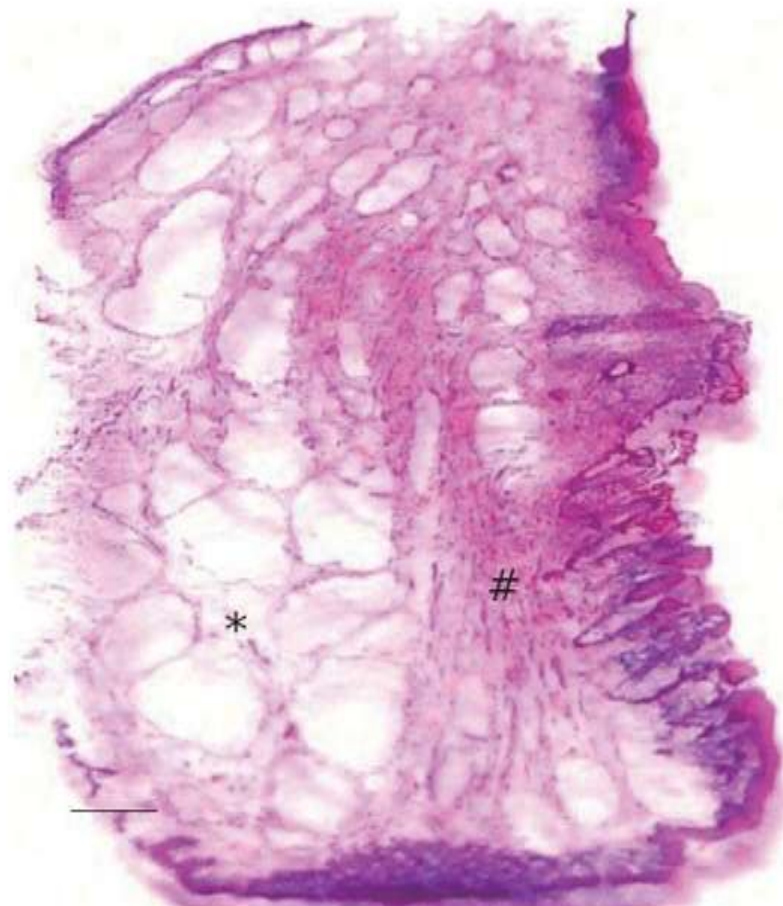
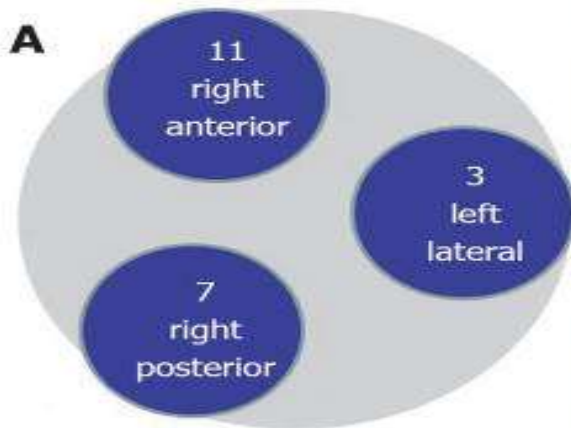
Pathophysiology Of Haemorrhoidal Disease:

The exact pathophysiology of haemorrhoidal development is poorly understood.

For years the theory of varicose veins, which postulated that haemorrhoids were caused by varicose veins in the anal canal, had been popular but now it is obsolete because haemorrhoids and anorectal varices are proven to be distinct entities. In fact, patients with portal hypertension and varices do not have an increased incidence of haemorrhoids [5]. Today, the theory of sliding anal canal lining is widely accepted [6]. This proposes that haemorrhoids develop when the supporting tissues of the anal cushions disintegrate or deteriorate. Haemorrhoids are therefore the pathological term to describe the abnormal downward displacement of the anal cushions causing venous dilatation. There are typically three major anal cushions, located in the right anterior, right posterior and left lateral aspect of the anal canal, and various numbers of minor cushions lying between them [7] (Figure 1). The anal cushions of patients with haemorrhoids show significant pathological changes. These changes include abnormal venous vascular thrombosis, degenerative process in the collagen fibres and fibroelastic

tissues, distortion and rupture of the anal subepithelial muscle (Figure 2). In addition to the above findings, a severe inflammatory reaction involving the vascular wall and surrounding

connective tissue has been demonstrated in haemorrhoidal specimens, with associated mucosal ulceration, ischemia and thrombosis [8].



Advice To Prevent The Haemorrhoids: Lifestyle Changes

No, you can't buy a one-size-fits-all dietary supplement to prevent constipation and simplify your bowel movements. However, you can create a lifestyle that helps keep you regular (thereby relieving and, in many cases, avoiding constipation). "The first step in the treatment of haemorrhoids is to eliminate constipation and restore regular, daily bowel movements with soft stool MENU constipation and restore regular, daily bowel movements with soft stool and without any straining," says Dr. Kantsevov. "Increase your fibre and fluid intake [and] if diet alone does not eliminate constipation, you should start taking bulking agents like Metamucil and Miralax." Make sure you also refrain from straining or lingering on the toilet, sitting for prolonged periods of time, and—if possible—taking medications that cause diarrhea or constipation, says Dr. Bechtold.

Use Stool Softeners and Fibre

Since haemorrhoids usually develop as a result of constipation and straining to have bowel movements, Dr. Bravo says stool softeners actually play an important role in treatment. "One of the most important steps in treating haemorrhoids is avoiding constipation—hard or infrequent stools—and stool softeners are a good option if you have chronic constipation," he says. Increasing the amount of fibre in your diet by eating more fruits and vegetables is another good way to soften your stools, he says, adding that the recommended amount of dietary fibre is around 20 to 35 grams per day. You can try an OTC stool softener like Colace (docusate), which doesn't force you to have a bowel movement but simply makes it easier to pass stool. You can also try a natural stool softener with ingredients like psyllium, which is helpful if you can't get enough fibre in your diet through the foods you eat.

We must know the difference between cream and ointment: It necessary for the suitable selection in this condition. Its help to give better relief.

Creams vs. Ointments The best approach may be one that doesn't rely too heavily on any one ingredient but mixes and matches, as needed, to get the symptom relief you need. No matter what, don't overuse any product containing hydrocortisone: "Limit use to one week if the product contains steroids," Dr. Bechtold advises. There are usually creams and ointments available for the OTC treatment of haemorrhoids, and there isn't much difference in the ingredients between the two

formulations, says Dr. Bechtold. Instead, the difference is found in the consistency or texture.

MENU "Creams and ointments [have a different] ratio of oil and water," he explains. "Creams have about the same amount of oil and water, [making them] good for treating wet or oozing skin conditions, [while] ointments have more oil than water, making them thicker and greasier." Ointments: In general, ointments add moisture to the skin and can stay on the skin surface longer, so if you need intense hydration and skin protection, an ointment may be the better choice. Creams: If you want something that absorbs more quickly into the skin and doesn't leave any residue behind, a cream is your best bet.

TREATMENT:

Generally various treatment is available but its treatment varies person to person which by the patient didn't get cure properly. In these treatment study we try to all type of treatment which applicable all human beings. Ayurveda treatment are also available to this disease already discuss in the introductory part of this review. As we all know all people preferred the allopathy medication more than ayurvedic so there is the medical treatment for this fatal condition.

OTC DRUG:

OINTMENT: There is four most effective ointment describe.

1. Doctor Butler's Haemorrhoids and Fissure Ointment has soothing ingredients like aloe vera and horse chestnut to calm itchy and irritated skin. Pramoxine, the core ingredient in Anusol's Plus Haemorrhoids Ointment, numbs pain associated with damaged skin. Treatments can include creams and ointments with ingredients like witch hazel, hydrocortisone, and phenylephrine, which can reduce swelling and calm itchy skin. Special pillows and bath salts can also provide relief. We researched dozens of over-the-counter haemorrhoids treatments and evaluated them for the following attributes: ingredients, price, and use. Below, you'll find the best over-the-counter haemorrhoids treatments on the market today.

Our Top Picks Best Overall:
<https://www.amazon.com/dp/B009G6U1AS?tag=verywellhealth-onsiteprod20&linkCode=ogi&th=1&psc=1&ascsubtag=4172472%7Cnccf8023370f649ac8e46cdba746e61706%7CB009G6U1AS>



Active Ingredients: Lidocaine USP (4%), Phenylephrine HCl (0.25%) |

Dose: Apply to affected area up to three times daily

Uses: Treats

<https://www.amazon.com/dp/B00A5Y3WJW?tag=verywellhealth-onsite-prod-20&linkCode=ogi&th=1&psc=1&ascsubtag=4172472%7Cnccf8023370f649ac8e426cdba746e61706%7CB00A5Y3WJW>

2.ONSOLE PLUS: Available on amazon.



Active Ingredients: Pramoxine Hydrochloride 1%, Zinc Sulfate 0.5% | **Dose:** Apply to affected area up to 5 times per day | **Uses:** Preventing and treating haemorrhoids

3. MOTHERLOVE BALM:

While the first line of defense for most people with haemorrhoids is medicated creams and ointments, pregnant women have to take a pause before running to the pharmacy for an OTC drug. "The topical haemorrhoidal agents have not been fully assessed for safety in pregnancy," says Matthew Bechtold, MD, a University of Missouri Health Care gastroenterologist. "Even though it's unlikely that the ingredients in topical haemorrhoidal agents will harm the third-trimester infant, a discussion needs to be had between you and your obstetrician regarding therapy." View On

Amazon \$12 View On Herb \$12 View On Motherlove.com Includes organic herbs Offers itch and pain relief Can stain clothing MENU Sitz baths are a pregnancy-safe treatment for haemorrhoids, but soaking your rectum three times a day isn't always possible—and when you're pregnant, you need haemorrhoids relief ASAP. Luckily, you can rely on good old-fashioned witch hazel to come through in a pinch, like this organic haemorrhoids balm by Motherlove. Made with witch hazel and yarrow, the balm can reduce inflammation and banish that frustrating haemorrhoids itch (in a totally baby-safe way).

<https://www.amazon.com/dp/B0001OOEKC?tag=verywellhealth-onsite-prod-20&linkCode=ogi&th=1&psc=1&ascsubtag=4172472%7Cnccf8023370f649ac8e426cdba746e61706%7CB0001OOEKC>



Active Ingredients: Extra virgin olive oil, beeswax, witch hazel leaf, plantain leaf | **Dose:** Use as needed on affected area | **Uses:** Reduces pain, swelling, and itching of pregnancy-induced haemorrhoids

4. ‘PHENYLEPH-SHARK OIL-COCOA BUTR, SKIN RSP FTR-SRK LIV-PHENYLMER, PHENYLEPH-SHARK LIV OIL-MO-PET’

USES:

This medication is used to temporarily relieve swelling, burning, pain, and itching caused by haemorrhoids. It contains phenylephrine, which belongs to a class of drugs known as sympathomimetic amines. It works by temporarily narrowing the blood vessels in the area. This effect decreases swelling and discomfort. Some products may also contain substances (such as cocoa butter, hard fat, mineral oil, shark liver oil) that form a protective barrier to prevent too much irritating contact with stool.

HOW TO USE HAEMORRHOID RECTAL:

Follow all directions on the product package. If you have any questions, ask your doctor or pharmacist. Use this product up to 4 times daily, usually in the morning and bedtime, or after each bowel movement or as directed by your doctor. Before use, clean the area with mild soap and water, rinse well, and pat dry. Remove the protective cover from the applicator tip, attach the applicator tip to the medication tube, and place a small amount of ointment on the applicator tip.

Gently insert the applicator tip into the rectum and squeeze the tube to apply a small amount of this medication. Also apply some medication to the outside of the anus. After each use, clean the applicator tip well and replace the protective cover. Dosage is based on your medical condition and response to treatment. Do not use more often or for a longer time than recommended. If symptoms do not improve within 7 days, if bleeding/worsening pain occurs, or if you think you may have a serious medical problem, consult your doctor promptly.

SIDE EFFECTS:

This medication does not usually have bothersome side effects when used as directed. Mild pain/stinging may occur if the rectal tissue is raw or bleeding. If any of these effects last or get worse, tell your doctor or pharmacist promptly. If your doctor has directed you to use this medication, remember that your doctor has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Stop using this medication and tell your doctor right away if you have any serious side effects, including: fast/irregular heartbeat, pounding headache, nervousness, shakiness (tremor), trouble sleeping. A very serious allergic reaction to this drug is rare. However, get medical help right away if you notice any symptoms of a serious allergic reaction, including: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing.

PRECAUTIONS:

Before using this product, tell your doctor or pharmacist if you are allergic to it; or to any of its ingredients; or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. If you have any of the following health problems, consult your doctor or pharmacist before using this product: diabetes, heart problems (such as chest pain, heart attack), high blood pressure, overactive thyroid (hyperthyroidism), difficult urination due to blockage (for example, due to an enlarged prostate). Do not use this product in children 12 years or younger without talking with the doctor. During pregnancy, this medication should be used only when clearly needed. Discuss the risks and benefits with your doctor. It is not known whether this drug passes into breast milk. Consult your doctor before breast-feeding.

INTERACTIONS:

Drug interactions may change how your medications work or increase your risk for serious side effects. This document does not contain all possible drug interactions. Keep a list of all the products you use (including prescription/ Non-prescription drugs and herbal products) and share it with your doctor and pharmacist. Do not start, stop, or change the dosage of any medicines without your doctor's approval. Some products that may interact with this drug are:

MAO INHIBITORS:

(Isocarboxazid, linezolid, metaxalone, methylene blue, moclobemide, phenelzine, procarbazine, rasagiline, safinamide, selegiline, tranylcypromine), drugs to treat high blood pressure (including guanethidine, beta blockers such as metoprolol). Some products have ingredients that could raise your heart rate or blood pressure. Tell your pharmacist what products you are using, and ask how to use them safely (especially cough-and-cold products or diet aids)[13]

OTHERS ORAL MEDICAL TREATMENT: MEDICAL TREATMENT ORAL FLAVONOIDS:

These venotonic agents were firsts described in the treatment of chronic venous insufficiency and oedema. They appeared to be capable of increasing vascular tone, reducing venous capacity, decreasing capillary permeability[14], and facilitating lymphatic

drainage[15] as well as having anti-inflammatory effects[16]. Although their precise mechanism of action remains unclear, they are used as an oral medication for haemorrhoidal treatment, particularly in Europe and Asia. Micronized purified flavonoid fraction (MPFF), consisting of 90% diosmin and 10% hesperidin, is the most common flavonoid used in clinical treatment[17]. The micronization of the drug to particles of less than 2 µm not only improved its solubility and absorption, but also shortened the onset of action. A recent meta-analysis of flavonoids for haemorrhoidal treatment, including 14 randomized trials and 1514 patients, suggested that flavonoids decreased risk of bleeding by 67%, persistent pain by 65% and itching by 35%, and also reduced the recurrence rate by 47% [17]. Some investigators reported that MPFF can reduce rectal discomfort, pain and secondary hemorrhage following haemorrhoidectomy[17].

ORAL CALCIUM DOBESILATE:

This is another venotonic drug commonly used in diabetic retinopathy and chronic venous insufficiency as well as in the treatment of acute symptoms of haemorrhoids [18]. It was demonstrated that calcium desolates decreased capillary permeability, inhibited platelet aggregation and improved blood viscosity; thus, resulting in reduction of tissue oedema [19]. A clinical trial of haemorrhoids treatment showed that calcium desolates, in conjunction with fibre supplement, provided an effective symptomatic relief from acute bleeding, and it was associated with a significant improvement in the inflammation of haemorrhoids[20].

TOPICAL TREATMENT:

The primary objective of most topical treatment aims to control the symptoms rather than to cure the disease. Thus, other therapeutic treatments could be subsequently required. A number of topical preparations are available including creams and suppositories, and most of them can be bought without a prescription. Strong evidence supporting the true efficacy of these drugs is lacking. These topical medications can contain various ingredients such as local anaesthesia, corticosteroids, antibiotics and anti-inflammatory drugs[21]. Topical treatment may be effective in selected groups of haemorrhoidal patients. For instance, Tandra et al[22] showed a good result with topical glyceryl trinitrate 0.2% ointment for relieving haemorrhoidal symptoms in patients with low-grade haemorrhoids and high resting anal canal

pressures. However, 43% of the patients experienced headache during the treatment. Perrott et al[23] reported the good efficacy of local application of nifedipine ointment in treatment of acute thrombosed external haemorrhoids. It is worth noting that the effect of topical application of nitrite and calcium channel blocker on the symptomatic relief of haemorrhoids may be a consequence of their relaxation effect on the internal anal sphincter, rather than on the haemorrhoids tissue per se where one might anticipate a predominantly vasodilator effect. Apart from topical medication influencing tone of the internal anal sphincter, some topical treatment targets vasoconstriction of the vascular channels within haemorrhoids such as PreparationH (Pfizer, United States), which contains 0.25% phenylephrine, petrolatum, light mineral oil, and shark liver oil. Phenylephrine is a vasoconstrictor having preferential vasopressor effect on the arterial site of circulation, whereas the other ingredients are considered protectants. PreparationH is available in many forms, including ointment, cream, gel, suppositories, and medicated and portable wipes[24]. It provides temporary relief of acute symptoms of haemorrhoids, such as bleeding and pain on defecation.

NON-OPERATIVE TREATMENT: SCLEROTHERAPY:

This is currently recommended as a treatment option for first- and second-degree haemorrhoids. The rationale of injecting chemical agents is to create a fixation of mucosa to the underlying muscle by fibrosis. The solutions used are 5% phenol in oil, vegetable oil, quinine, and urea hydrochloride or hypertonic salt solution[24]. It is important that the injection be made into submucosa at the base of the haemorrhoidal tissue and not into the haemorrhoids themselves; otherwise, it can cause immediate transient precordial and upper abdominal pain[25].

Misplacement of the injection may also result in mucosal ulceration or necrosis, and rare septic complications such as prostatic abscess and retroperitoneal sepsis[26]. Antibiotic prophylaxis is indicated for patients with predisposing valvular heart disease or immunodeficiency because of the possibility of bacteraemia after sclerotherapy[27].

RUBBER BAND LIGATION:

Rubber band ligation (RBL) is a simple, quick, and effective means of treating first- and second-degree haemorrhoids and selected patients with third-degree haemorrhoids. Ligation of the

haemorrhoidal tissue with a rubber band causes ischemic necrosis and scarring, leading to fixation of the connective tissue to the rectal wall. Placement of rubber band too close to the dentate line may cause severe pain due to the presence of somatic nerve afferents and requires immediate removal. RBL is safely performed in one or more than one place in a single session[28] with one of several commercially available instruments, including haemorrhoids legatorrecto scope[29] and endoscopic legator[30] which use suction to draw the redundant tissue in to the applicator to make the procedure a one-person effort. The most common complication of RBL is pain or rectal discomfort, which is usually relieved by warm sitz baths, mild analgesics and avoidance of hard stool by taking mild laxatives or bulk-forming agents. Other complications include minor bleeding from mucosal ulceration, urinary retention, thrombosed external haemorrhoids, and extremely rarely, pelvic sepsis. The patients should stop taking anticoagulants for one week before and two weeks after RBL.

INFRARED COAGULATION:

The infrared coagulator produces infrared radiation which coagulates tissue and vaporizes water in the cell, causing shrinkage of the haemorrhoids mass. A probe is applied to the base of the haemorrhoids through the anoscope and the recommended contact time is between 1.0-1.5 s, depending on the intensity and wavelength of the coagulator[31]. The necrotic tissue is seen as a white spot after the procedure and eventually heals with fibrosis. Compared with sclerotherapy, infrared coagulation (IRC) is less technique-dependent and avoids the potential complications of misplaced sclerosing injection[32]. Although IRC is a safe and rapid procedure, it may not be suitable for large, prolapsing haemorrhoids. Radiofrequency ablation: Radiofrequency ablation (RFA) is a relatively new modality of haemorrhoidal treatment. A ball electrode connected to a radiofrequency generator is placed on the haemorrhoidal tissue and causes the contacting tissue to be coagulated and vaporized[33].

By this method, vascular components of haemorrhoids are reduced and haemorrhoidal mass will be fixed to the underlying tissue by subsequent fibrosis. RFA can be performed on an outpatient basis and via an anoscope similar to sclerotherapy. Its complications include acute urinary retention, wound infection, and perianal thrombosis. Although RFA is a virtually painless procedure, it

is associated with a higher rate of recurrent bleeding and prolapse[34].

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