



# **Isotherapy of haemorrhoidal complaints**

**wide spread affliction has good  
therapy chances**

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These days haemorrhoidal complaints are very widespread. As haemorrhoidal complaints can be proved in 3/4 of all citizens of the Federal Republic of Germany these afflictions can already be count among the national illnesses. Bad habits in nutrition and the lack of exercise of the modern society contribute to the formation and spreading of haemorrhoids. Further factors as for example chronic inflammatory processes in the anal area, an innate weakness of the connective tissue as well as tumours and congestions support the formation of haemorrhoidal complaint. For the most part there are several of the following factors (table 1) which favour the occurrences of haemorrhoids:

<ul style="list-style-type: none"><li>- lack of exercise</li><li>- chronic disturbances of the intestines</li><li>- weakness of the connective tissue</li><li>- chronic inflammatory processes in the anal area</li><li>- abuse of laxatives</li><li>- tumours</li><li>- congestions in the anal area</li></ul>
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Table 1: Factors which favour the formation of haemorrhoids

First symptoms of the existence of a starting haemorrhoidal complaint is the occurrence of light-red blood in stools (1).

According to Stelzner (2) haemorrhoidal formation is a hyperplasia of the „Corpus cavernosum recti“, a cavernous body which plays an important role in the occlusion mechanism of the anal area. This cavernous body is fed arterially which has been proved by blood gas analysis of spontaneously bleeding piles (3). These examinations proved an oxygen saturation of the blood of approx. 97 % corresponding to the data of the arterial blood. Therefore the often used division into inner and external haemorrhoids is doubtful (1). It would be wrongly implied that an inner and external region of haemorrhoids exist. In reality there is one and the same pathological process during different developmental stages.

Due to the seriousness of the pathophysiological processes haemorrhoidal complaints are divided into four different phases of disease. At the same time this division has to be attached a clinical significance where the therapy of haemorrhoidal complaints has to orientate to.

### **Division of disease phases**

#### **Phase I:**

In phase 1 haemorrhoids can only be seen proctologically as enlargements of the rectal cavernous body. Parallel to this there is an inflammation of mucous membrane. The leading symptom is bleeding, which at first often will be recognized

with the defecation. In this phase mostly there is no sensitivity of pain as haemorrhoids are only found in regions of the anal canal which are insensitive to pain.

#### **Phase II:**

In the second phase haemorrhoids move to the mucous membrane of the anal canal. Besides the already known bleeding now pain appears as an indicating symptom with concomitant burning, weeping and excruciating itching.

#### **Phase III:**

Through pressure haemorrhoids prolapse out of the anal canal resetting themselves spontaneously. Mostly, bleedings now are going to be more rarely, pain still continues. Due to the disturbance of the occlusal function of the changed cavernous body now secretion of mucus arises.

#### **Phase IV:**

In phase IV the haemorrhoids durably prolapse and after exerting pressure (in case of defecation, cough, etc.) they only can be pushed back manually into the anal canal. Due to these four-phases-division it is possible to fix the therapeutical measures (4). The medicamentous therapy is only



indicated in phases I and II, when symptoms of anutitis like itching, burning, pain and secretion of procted glands are to the fore (5). If the medicamentous therapy does not result in the desired success after 10 - 14 days, further methods are necessary, and most of them are operative interventions. Due to the clinical point of view these measures extend from coagulation therapy over elastic ligature to excision. In the pre-operative respectively post-operative phase these conservative measures of phase I and II still have its meanings as an additional therapy.

### **Measures of the conservative therapy**

The conservative therapy of haemorrhoidal complaints always has to be combined with the removal resp. prevention of the triggering factors. To this primarily belong a change of nutrition which must contribute to a normalization of stool, a prevention of excessive consumption of alcohol and of the lack of exercise as well as the reduction of durable use of laxatives. Sharp spices, coffee and chocolate which irritate the anal mucosa are to be avoided.

In the conservative therapy there are used following ointments and uvulas: surface anaesthetics, antiseptics, heparins, astringents and besides glucocorticoids also antibiotics and antimycotics.

About these groups of substances there are numerous clinical examinations and trials(1, 4, 6). Trial with homoeopathic and especially with isopathic substances regarding conservative therapy of haemorrhoidal complaints have been neglected till now.

78 experience reports of physicians made with the biological medicament MUCOKEHL which pointed to the direction of an improvement of blood circulation, alleviation of pain and reversal of local results, we have been encouraged to carry out further examinations with MUCOKEHL 3X suppositories. As the local therapy of haemorrhoids shows an important aspect the present study should reveal whether MUCOKEHL 3X suppositories can reduce the local complaints such as inflammations, bleedings and pains.

### **The therapeutical concept**

According to Professor Enderlein in blood and tissues of each human being and animal there are living endobionts which have a microscopical and submicroscopical size. Normally they are harmless and as symbionts they even serve for the maintenance of the most different regulatory mechanisms (11). Regarding to Enderlein the developmental stages of the endobionts with an

increasing pathogenic resp. parasitic tendency are: Protit- and chondritstage (primitive phase) - coccals and rods with different names depending on their nuclear number (bacterial phase) - mucor racemosus Fresen - (fungal phase).

Regarding the therapeutical application we start out from the realization that the more primitive, morphologically smaller developmental phases of the „endobionts“ can be used as regulatory substances with respect to the higher, virulent and pathogenic forms (12). By supplying special phases of primitive valences to a diseased organism which is affected with higher valences the pathogenic forms are split into the inactive primitive phases. The arising catabolic products and remaining primitive forms do no more have the same tendency to an upward trend such as the original Endobiont and will be excreted through urinary tract, intestines, skin and bronchi. This isopathic and immunbiological therapy pursues similar aims such as the homoeopathy. Therefore there is no inflexible system regarding this method of therapy. An individual adaptation to each existing illness, its phase and seriousness as well as the general condition of the patient and of its constitution is necessary.

As according to Enderlein congestive and inflammatory processes will be favourably influenced by administrating the



regulatory phase of the endobiological fungus phase mucor racemosus, it seems very promising to examine the isopathic medicament MUCOKEHL 3X suppository regarding its effect while treating patients with haemorrhoidal complaints.

### The test substance

The test substance belongs to a row of isopathic medicaments. Mycelia of the mould Mucor racemosus Fresen are used for production the medicament MUCOKEHL. By using a special manufacturing process it is guaranteed that neither fungus spores nor aflatoxins will be formed which could contaminate the extract. MUCOKEHL 3X suppositories are produced in accordance with the regulations of HAB 1. There exist extensive toxicological data about the pharmaceutical substance Mucor racemosus D3 and the inactive ingredients of the suppository mass.

### The test method

This examination was carried out as a prospective, non comparing study in one test center (Pomeranian Medical Academy, leading Professor Dr. L. Samochowiec) with 30 patients of both sexes. The physicians have been informed about the pharmacological and toxicological characteristics of the test substance. After having been informed about nature,

meaning and consequence of this examination 30 patients agreed and participated in this test.

### Criteria of in- and exclusion

Included were patients of both sexes with a minimum age of 20 years. They should have a haemorrhoidal complaint of phase I or II and at least one symptom such as inflammation, pain, bleeding and fissures. Absolutely excluded were patients with tumours in the local anal area. During this study it was not allowed to take other effective haemorrhoidal medicaments. Dosage amounted to 1 x daily one MUCOKEHL suppository.

Age and sex of the 30 patients are mentioned in table 2. During the admission and at the end of the therapy the patients have been exactly examined. As details the local complaints regarding inflammation, pain, bleeding, fissures were interrogated and recorded in the test sheets. With the assistance of a 3-stepped scala the influence of the therapy has been checked regarding the mentioned complaints of the patients. The physical examination included the palpation, proctoscopy and sigmoidoscopy.

Age (years)	women	men
20 till 30	3	3
31 till 40	6	3
41 till 50	3	1
51 till 60	3	3
61 till 70	3	1
over 70	-	1
total	19	11

Table 2: Age of the patients

The testing physicians have been requested to document exactly the desired effects on the check lists. Side effects or arising concomitant symptoms had to be treated with established methods.

### The test persons of the study

In this study 30 patients with haemorrhoidal complaints of phase I and II have been admitted. There were no break offs during the study. All patients carried out this study until the end. The number of the patients data included 19 women and 11 men with an average age of 43,7 years (men 41,2 years and women 45,1 years). All of these 30 patients at least complained about one symptom according to the description, inflammation, pains, bleedings, fissures. On an average 2,4 complaints have been stated. 24 of 30 patients suffered from obstipation. Three patients had

haemorrhoidal piles of the size of 2 - 3 cms and the remaining 27 patients had those of 1 - 1,5 cms. All 30 patients had inflammations and also all of them quoted pains in different intensities. Seven patients suffered from bleedings and 6 of them had fissures. The details of the symptoms of the patients were confirmed through the endoscopic examination. The dosage amounted to 1 x daily 1 suppository during a medium therapy period of 9 days (4 - 14 days). The local symptoms inflammation, pains, bleedings, fissures have been registered before and after the therapy. Additionally, with the assistance of a 3-stopped scala a judgement of the therapy was recorded at the end of the study.

### The results of the test

The curative effect of MUCOKEHL 3X suppositories regarding the local symptoms is summarized in table 3. At the beginning of the therapy all patients suffered from pain and inflammation. At the end of the study only 5 patients still complained about inflammation which corresponds to 17 % and only 7 patients suffered from pains which corresponds to 23%. Before the beginning of the therapy it was noticed that 7 patients had bleedings which entirely stopped in 6 patients at the end of the study. At the beginning 6 patients suffered from fissures (20 %). After therapy this was only the case

with 3 patients (10 %, illustration: 1).

Complaints	before therapy	after therapy
inflammations	30(100%)	5 (17%)
pains	30(100%)	7 (23%)
bleedings	7 (23%)	1 ( 3%)
fissures	6 (20%)	3 (10%)

Table 3: Details about all complaints before and after therapy

„very good“, 84 % said the influence an bleedings to be „very good“ and 66 % of them mentioned the influence regarding the improvement of the fissures from „good“ to „very good“ (illustration 2). Merely 2 patients could not reach such a good therapy success. With a 34-years old patient an increase of bleedings and pains was recorded. After 10 therapy days oedemas in a 47-years old patient were noticed. These oedemas can not be traced back to the use of MUCOKEHL suppositories but

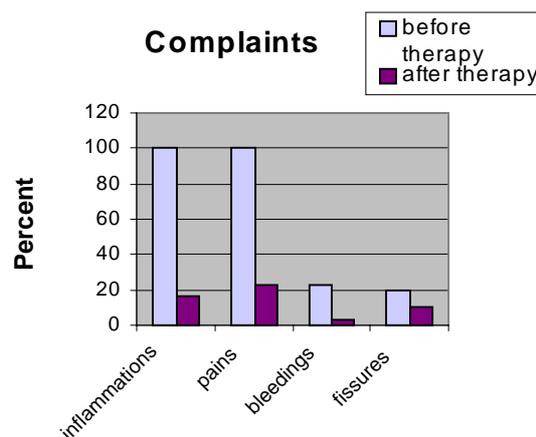


Illustration 1

In the assesement of the therapy 28 patients wich correponds to 94% classified the influence of MUCOKEHL suppositories on inflammations with „ good“ till „very good“. Regarding the pain all in all 26 patients ( corresponds to 78%) gave an assesement of „good“ till „ very good“. Regarding the haemorrhoidal influence 94% of the patients made an assesement from „good“ to

also have to be seen in the connection with the existing varicosis.

**Assessment of the therapy**

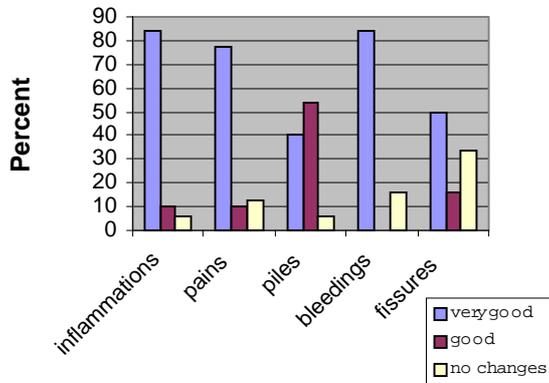


Illustration 2

Therefore undesired medical effects in connection with the therapy of MUCOKEHL 3X suppositories have not been noticed. The physical examination showed that in the majority the size of the haemorrhoidal piles of the patients was clearly reduced while using MUCOKEHL 3X suppositories. Table 4 shows the exact data of the assessment of the therapy. The total number of complaints reduced from an average of 2,4 before the therapy to an average of 0,5 complaints at the end. According to table 3 the general assessment correlates very good with that of the changes of the symptoms. The subjective assessment was independent of the sex as well as of the age.

### Discussion of the results

The examination indicates that MUCOKEHL uvulas shows distinctive local effects in haemorrhoidal complaints. Pains in the anal area hint to a beginning venous stasis and inflammation and therefore offer an indication for MUCOKEHL suppositories.

These suppositories reduce the local appearances such as pains, inflammations and bleedings definitely and profound. Possible antiphlogistic characteristics of the suppositories could represent a mechanism of the effectiveness. In contrast to different authors (7,8) it could be proved that 80% of the patients in this study suffer from obstipation.

Many patients with symptomatic complaints can successfully be treated by a conservative therapy. Whereby clinical interventions such as haemorrhoidectomy, anal dila, rubber-band ligation and sclerotherapy can be prevented (9), especially as such interventions do not yield a lasting success. The results of this study show that a simple local therapy of haemorrhoids with the isopathic medicament MUCOKEHL 3X as

complaints	very good	good	no changes
<b>inflammations</b> ( n = 30 )	25 ( 84% )	3 ( 10% )	2 ( 6% )
<b>pains</b> ( n = 30 )	23 ( 77% )	3 ( 10% )	4 ( 13% )
<b>piles</b> ( n = 30 )	12 ( 40% )	16 ( 54% )	2 ( 6% )
<b>bleedings</b> ( n = 6 )	5 ( 84 % )	-----	1 ( 16% )
<b>fissures</b> ( n = 6 )	3 ( 50% )	1 ( 16% )	2 ( 34% )

Table 4: Assesment of the therapy



suppository is able to cause a significant improvement of local symptoms. Therefore the administration of massively efficacious medicaments such as glucocorticoids or antibiotics is unnecessary. Clinical experience with the therapy with MUCOKEHL 3X suppositories being recorded until now only casuistically now could further be precised within an open study.

Besides the measures already mentioned the haemorrhoidal patient can contribute to a reduction of his complaints to a minimum by a healthy way of life. In this connection one especially has to look to a careful anal hygiene. By changing nutrition an easy defecation can be caused and

therefore an improvement regarding the symptoms of bleedings can also be achieved.

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