



EFFECTIVE POLYHERBAL REMEDIES FOR HEMORRHOID RELIEF: A COMPREHENSIVE REVIEW

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ABSTRACT

Hemorrhoids affect millions worldwide, with conventional treatments often providing limited relief. Polyherbal remedies have gained attention for their potential in alleviating hemorrhoid symptoms. To evaluate the efficacy and safety of polyherbal formulations in providing relief from hemorrhoids. Human studies examining polyherbal remedies for hemorrhoid treatment were included. 17 studies involving 1,432 participants were analyzed. Polyherbal formulations, particularly Triphala, Haritaki + Neem, and Pilex, demonstrated significant reductions in hemorrhoid symptoms (pain, bleeding, itching). Improved quality of life and reduced hemorrhoid severity were also reported. Polyherbal remedies show promise in alleviating hemorrhoid symptoms, with Triphala-based formulations exhibiting the most consistent efficacy. Standardization, optimal dosing regimens, and long-term safety evaluations are necessary to fully integrate polyherbal remedies into clinical practice.

KEYWORDS: Polyherbal remedies, Hemorrhoid relief, Triphala, Haritaki, Neem, Pilex, Ayurveda.

INTRODUCTION

In adults, hemorrhoids, often known as piles, are a frequent condition. Throughout their lives, more than half of men and women 50 years of age and older will experience hemorrhoids. Although they are uncommon in children, hemorrhoids have been reported to occur in both older adults and youngsters in recent times. In the United States, 25% of people experience hemorrhoids at some point in their lives. Of those over 50, about half needed treatment, while just 4% of people sought medical attention for the ailment. 86% of patients in hospital-based proctoscopy studies had hemorrhoids that were symptomatic. Hemorrhoids are defined as “varicosities of the veins of the hemorrhoidal plexus, often complicated by inflammation, thrombosis, and bleeding” in The Merck Manual. However, “vascular cushions, consisting of thick submucosa containing both venous and arterial blood vessels,” is a more contemporary definition of hemorrhoids.^[1] It is believed that hemorrhoids help maintain stool continence by giving the anal canal more volume. There are three positions where hemorrhoids usually appear: left lateral, right anterior, and right posterior. The superior, middle, and inferior hemorrhoidal arteries give blood to hemorrhoids. The inferior and middle hemorrhoidal veins are the conduits for venous drainage that ends up in the iliac veins. Four categories exist for hemorrhoids: grade I hemorrhoids are those that prolapse into the anal

canal but do not require manual reduction; grade II hemorrhoids prolapse after defecation and spontaneously diminish; grade III hemorrhoids prolapse and necessitate manual reduction; grade IV hemorrhoids prolapse and are irreducible.^[2] Hemorrhoidal development has been attributed to a number of causes, including prolonged straining and constipation. One crucial finding of hemorrhoidal illness is the aberrant dilatation and distortion of the vascular channel, along with damaging changes in the supportive connective tissue within the anal cushion. Hemorrhoids may show signs of vascular hyperplasia and an inflammatory response.^[3] Hemorrhoids can cause bleeding, perianal itching, anal pain, anal discharge, and discomfort. Patients with hemorrhoids may find their quality of life greatly compromised by these symptoms, which are frequently highly distressing. The chance of relapse is increased and the illness is only made worse by ignorance about the ailment and disregard for medical advice.^[4]

Types of hemorrhoids

1) Internal hemorrhoids

The reason internal hemorrhoids get their name is because they form inside the anus. Since they are not extensively supplied by nerves, they are typically painless. The anal orifice may or may not be penetrated by internal hemorrhoids. Such hemorrhoids may

resemble a bunch of grapes when they protrude outside. The internal hemorrhoids can be classified into two categories based on the extent of protrusion:

- a) First degree hemorrhoids: Hemorrhoids in which the dilated veins do not protrude out of the anal aperture but instead stay completely inside the anal canal.
- b) Second degree hemorrhoids: Later on, the hemorrhoids may protrude when passing stool, but they will eventually spontaneously regress (draw back) into the anal orifice.

- c) Third degree hemorrhoids: As the illness worsens, the hemorrhoids may emerge when passing stool, but they will not go away on their own and will need to be manually replaced.
- d) Fourth degree hemorrhoids: In cases that are still advanced, the hemorrhoids may protrude at any time of day (i.e., even when no stool is passed), particularly if the patient is fatigued or overexert themselves, and they may remain permanently protruded or prolapsed.

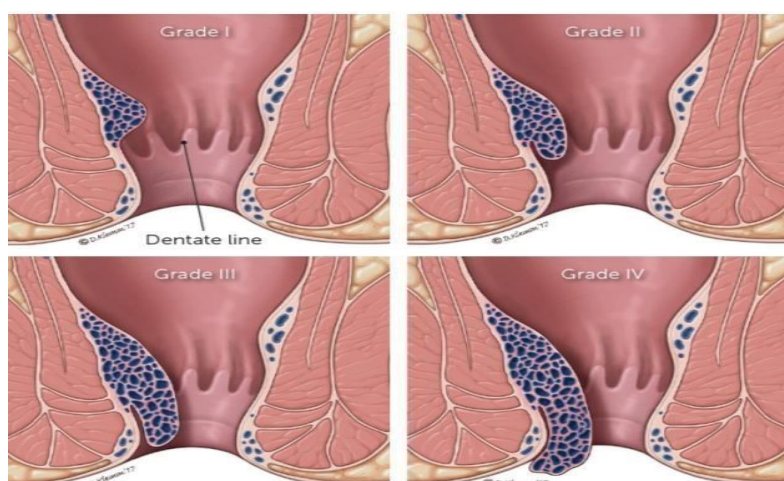


Fig. 1: Classification of internal hemorrhoids.^[5]

2) External hemorrhoids

External hemorrhoids, also called external piles, are visible outside and form at the edges of the anal hole. Due to the rich nerve supply, these are typically painful.

Intero external hemorrhoids is the term used to describe the condition where both the external and internal varieties coexist.^[4]



Fig. 2: Schematic presentation of types of hemorrhoids.^[1]

Etiology

Hemorrhoids are a common occurrence that can affect anyone. Since the anal canal does not completely close even with complete closure of the sphincter complex, they help in fecal continence. Squeezing, straining, or exercise enlarges these vascular cushions, which closes the anus completely and stops feces from leaking. When straining is finished, the vascular cushions revert to their original dimensions.^[2]

Increased straining

During bowel movements caused by constipation or diarrhea may lead to hemorrhoids. It is thus a common condition due to constipation caused by water retention

in women experiencing premenstrual syndrome or menstruation.

Hypertension

Because of the portocaval anastomoses—connections between the portal vein and vena cava—that occur in the rectal wall, hypertension, in particular portal hypertension, can also result in hemorrhoids.

Obesity

Increased rectal vein pressure is one way that obesity may play a role. An excessive amount of strain on the rectal veins may be caused by weak muscles or bad posture.

Pregnancy

Pregnancy is frequently linked to hemorrhoids because it can cause hypertonia and increase strain during bowel movements.^[6]

Pathophysiology

Theoretically, hemorrhoids are a normal component of the anal canal and are essentially a highly vascular cushion including smooth muscle, veins, arterioles, and elastic and connective tissue found inside the submucosal space.^[5] Three primary cushions make up the anal canal, which are located in the left lateral, right anterior, and right posterior regions.^[6] This group of diverse tissues maintains the anal canal's structural integrity and provides 15%–20% of the canal's resting pressure. The arteriovenous connections between the terminal branches of the superior and middle rectal arteries and the superior, medium, and inferior rectal veins are encircled by each cushion. Furthermore, hemorrhoidal cushions play a number of important functions in the anal canal. By engorging with blood and closing the anal canal, it primarily maintains anal continence and stops stool leaks during episodes of elevated intra-abdominal pressure (such as straining, coughing, and sneezing).^[8] Hemorrhoidal cushions also serve to shield the anal sphincters underneath during defecation. Additionally, it has a sensory function that allows it to distinguish between liquid, solid, and gas and then decide when to evacuate. Pathologic changes within the hemorrhoidal cushions can be caused by a number of factors, including prolonged straining, constipation, exercise, a low-fiber diet, pregnancy, irregular bowel habits (diarrhea or constipation), genetics, and the absence of a valve within the hemorrhoidal veins.^[9] All of these elements contribute to an increase in pressure inside the submucosal arteriovenous plexus, which in turn causes the cushions to enlarge, the supporting connective tissue to become more labile, and hemorrhoids to protrude across the anal canal.^[5]

Sign and Symptoms

Painless bleeding, itching or irritation in the anal area

- 1) Discomfort, pain, or soreness in the same area
- 2) Lumps and swelling in the anal region, Leaking

feces.^[7]

The main signs and symptoms are bleeding per rectum, a mass that resembles a protrusion coming out of the anal canal, painful defecation, and itching at the anal region. The associated prodromal features include indigestion, low digestive fire, Agnimandya, constipation, obstructive syndrome, anal fissure, rectal prolapse, Grahani, irritable bowel syndrome, and Yakrut vikar, among other conditions.^[8]

Diagnosis

Internal and external hemorrhoids are diagnosed based on the patient's medical history, physical examination, digital imaging, and direct visualization using a proctoscope. Any time bleeding from the return or blood in the stool persists for more than a few days, a comprehensive assessment is necessary.

History of complaints

Hemorrhoids may be indicated by recent bleeding (bright red blood) per rectum, such as a splash in the pan, anal discomfort, anal discharge, perianal itching, etc.

Digital examination

To determine the tone of the external sphincters, any pain or tenderness, and any thickening of the anal canal wall, a digital examination of the anal canal is performed.

Proctoscopy

A proctoscope is a tool used to examine within the rectum and anal canal. It can also be used to see internal hemorrhoids, the anal fissure, and any growths that may be present.

Sigmoidoscopy/Colonoscopy

Visualization of anal canal, rectum and sigmoid colon (lower part of large intestine) through sigmoidoscope and entire colon (Large intestine) through colonoscope is done to rule out other significant causes of bleeding per rectum (like cancer of rectum and colon, ulcerative colitis, crohn's disease).^[4]

Table 1: Differential diagnosis of hemorrhoids.^[9]

Diagnosis	Historical feature	Physical examination finding
Anal Cancer	Pain around anus; weight loss in advanced cases	Ulcerating lesion of anus
Anal condylomata	Anal mass without bleeding; history of anal intercourse	Cauliflower-like lesions
Anal fissure	Tearing pain and bleeding with bowel movement	Painful rectal examination with fissure
Colorectal cancer	Blood in stool, weight loss, abdominal pain, change in bowel habit, family history	Abdominal mass or tenderness
Inflammatory bowel disease	Constitutional symptoms, abdominal pain, diarrhea, family history	Normal external rectal examination; rarely, fistula; colitis on anoscopy
Perianal abscess	Gradual onset of pain	Tender mass covered with skin

		as opposed to rectal mucosa
skin tags	No bleeding; history of resolved hemorrhoids	Tags visualized around anus covered with normal skin, not mucosa

Prevention

- A. **Eat high-fiber foods:** Consume more whole grains, fruits, and veggies. By doing this, the stool will become softer and more substantial, preventing the straining that can lead to hemorrhoids. Gradually incorporate more fiber into your diet to prevent gas issues.
- B. **Drink plenty of fluids:** To help keep stools soft, drink six to eight glasses of water and other liquids (not alcohol) per day.
- C. **Consider fiber supplements:** The majority of people's diets fall short of providing the 20 to 30 grams of fiber per day that is advised. Research has demonstrated that over-the-counter fiber supplements, such as methylcellulose (Citrucel) or psyllium (Metamucil), reduce hemorrhoidal bleeding and other symptoms. Make sure you get at least eight glasses of water or other fluids each day if you take fiber supplements. If not, the supplements may induce or exacerbate constipation.
- D. **Don't strain:** When attempting to pass a stool, straining and holding your breath increases the pressure in the lower rectum veins.
- E. **Go as soon as you feel the urge:** Your stool may dry out and become more difficult to pass if you put off having a bowel movement and the desire disappears.
- F. **Exercise:** Keep yourself moving to help avoid constipation and to lessen the strain that prolonged standing or sitting might have on your veins. You can reduce extra weight that may be causing your hemorrhoids by exercising.
- G. **Avoid long periods of sitting:** Prolonged sitting, especially while using the restroom, can cause the veins in the anus to become more compressed.^[13]

Dietary regimen

1. Gruel combined with milk or ghrut, Apamarga mula made with rice, buttermilk, jaggery with haritaki, and Shatavari mula kalka.
2. It is recommended to use Takra (Buttermilk) and Suran (Only for dry piles).
3. Take 30 to 40 black resins a day in place of Suran if you have heavy bleeding.
4. For piles, try using old rice, wheat, Takra, Padaval (Snake gourd), Shunth (Dry ginger powder), etc.
5. Avoid dairy goods, including yogurt, cheese, paneer, maida (White flour) and its products, mature red potatoes, carrots, and cucumbers, among others, if you have Agnimandya (Poor digestive fire) and Pitta prakop (Vitiated Pitta) conditions. These foods are heavy to digest.
6. Shatavari powder and Sariva powder can be used in milk or water to soothe an irritated Pitta.
7. Drinking water infused with Ushir roots greatly alleviates Pitta-Rakta. Amalaki juice and Garcinia

drink (Kokum) are also recommended.

8. Papaya and other sour-tasting fruits should be avoided, with the exception of lemon.
9. Additionally, some unhealthy lifestyle choices should be made, such as traveling, riding a bike, sitting in one place for extended periods of time, traveling on hard surfaces, drinking alcohol, smoking, or forcing oneself to urinate. Additionally, local anorectal cleanliness should be maintained.

Herbal plant for treatment of hemorrhoids

- 1) **Rui Care Oil (Rutagraveolens):** Rue Care Oil is a clinically tested, particularly formulated topical medication that can relieve hemorrhoids. All varieties of hemorrhoids, including internal, external, bleeding, fissures, thrombosed piles, and prolapsed hemorrhoids, can be effectively treated with Rue Care Oil. Rue Care Oil is made entirely of the finest natural oils—olive, sesame, and ruda—and is based on ancient herbal knowledge for the treatment of hemorrhoids.
- 2) **Sesame Seed Oil (Sesamum indicum):** Sesame seed oil has been used as healing oil for thousands of years. It is an Antibacterial, anti-viral and natural anti-inflammatory agent. Sesame seed oil absorbs quickly and penetrates fast in the tissues, bone marrow. So it can be used as carrier oil. Sesame seed oil is rich in Vitamin E, used also for treatment of hemorrhoids.
- 3) **Olive Oil (Olea europaea):** Olive oil gives skin a youthful glow. It contains a lot of omega-3 fatty acids. It improves arterial elasticity, lowers the risk of coronary heart disease, has anti-inflammatory and antioxidant qualities, and has positive effects on LDL cholesterol oxidation and cholesterol management.
- 4) **White Lupine (Lupinus albus):** Studies have demonstrated that the essential oil extract derived from lupin (α -Lupaline) is 10,000 times more effective than vitamin E and 5000 times more potent than vitamin C. In order to promote the action of the skin repair enzyme and facilitate skin healing and recovery, this is employed.
- 5) **White dammar (Vateria indica):** For ages, Indians have employed a bitter resin derived from pine trees to treat hemorrhoids. It speeds up healing and has anti-inflammatory properties.
- 6) **Mint (Mentha Piperita):** Often referred to as peppermint, this herb produces a strong oil that is used as a flavoring. It has downy leaves and tiny purple-white blooms. Use to lessen itching and relieve hemorrhoids' pain.
- 7) **Ruscus aculeatus (Butcher's Broom):** Plant has been used clinically for a long time to treat hemorrhoids, and the German Commission E94 has approved it. Usually taken as a pill, butcher's

broom is commonly combined with ascorbic acids and trimethyl hesperidin chalcone, a flavonoid complex. Tea, and in the form of alcoholic extracts. Ruscogenin⁹⁵, a saponin glycoside, is thought to be the active biochemical constituent. Plants are well known for their pharmacological qualities, such as their astringent and anti-inflammatory qualities, which raise venous tone and are beneficial for treating hemorrhoids.

- 8) **Collinsonia canadensis (Stone root):** The eclectic doctors discovered that in patients experiencing congestion, stone root is helpful. Stone root, according to Kathyl A. & Eric Y, can frequently quickly alleviate the symptoms of hemorrhoids, and they recommend using it for these people. Studies on the phytochemistry of stone root have revealed that it contains flavonoids and saponin; patients with hemorrhoids have been found to benefit from isolated flavonoids.
- 9) **Hamamelis virginiana (Witch hazel):** This plant, which is native to North America, has long been used to heal hemorrhoids. Flavonoids, tannins, and

volatile oils are included in witch hazel extract. Witch Hazel, *Hamamelis virginiana*, With its long history of use in medicine, witch hazel is mostly utilized for its astringent, anti-inflammatory, and local hemostatic properties. Plant bark is applied topically to treat localized skin irritation, minor skin injuries, varicose veins, and hemorrhoids.

- 10) **Mimosa Pudica (Touch me not):** The leaves and root of the *Mimosa pudica* plant have been used traditionally to treat hemorrhoids.

Leaves: The juice from fresh leaves is used internally and externally to treat piles. A paste from the leaves is applied to piles, skin wounds, ulcers, and fissures.

Root: The root is used to treat piles, dysentery with blood or mucus, and urinary calculi. The root powder is also applied as a paste to vaginal prolapse.^[10]

Table 2: Plants reported for antihemorrhoidal properties.^[1]

Sr. No.	Plant Name	Part and Plant Use	Family	Chemical Constitute
1	Centella asiatica	Whole plant	Apiaceae	Triterpen, saponin
2	Aesculus Hippocastanum L.	Seeds	Hippocastanaceae	Triterpen saponin,
3	Ruscus Aculeatus	Rhizomes	Liliaceae	Saponin glycoside ruscogenin.
4	HamamelisVirginiana	Bark	Hamamelidaceae	Tannins and volatileoils
5	Gingko biloba	Leaves	Ginkgoaceae.	Bioflavonoid, Hesperidin
6	Rosa canina	Fruits	Rosaceae	Vitamin C
7	Silybum marianum	Fruits, Seeds	Asteraceae	Flavonolignans silydisnin, silychristine,
8	Commiphora mukul	Gum-resin	Burseraceae	
9	Azadirachta indica	Seeds	Meliaceae	and Silymarin
10	Embllica officinalis	Fruits	Euphorbiaceae	Diterpenoids
11	Terminalia chebula	Fruits	Combretaceae	Sulphur containing bitter principle
12	Cassia fistula	Pod	Caesalpinaceae	Vitamin C Tannin
13	Calendula officinalis L.	Essential oil	Asteraceae	Tannin
14	Mimosa pudica L.	Whole plant	Fabaceae	Tannin
15	Vitex negundo	Whole plant	Verbenaceae	Salicyclic acid
16	Eclipta alba	Whole plant	Asteraceae	
17	Plantago ovate	Seeds	Plantaginaceae	Tannin
18	Collinsonia canadensis L.		Lamiaceae	Alkaloids
19	Matricaria recutita L.	Dried flower	Astreaceae	Mucilage
20	Lupinus albus		Fabaceae	Flavonoids Saponins.
21	Vateria indica		Dipterocarpaceae	
22	Mentha piperita	Leaves	Labiatae	Vitamin C, vitamin E
23	Aloe vera	Dried juice of leaves	Liliaceae	Bitter resin
24	Cupressus sempervirens	Needles andtwigs of	Cupressaceae	Pungent oil
25	Pelargoniumgraveolens		Geraniaceae	Anthraquinoneglycoside
26	Juniperus communis L.	Young branches	Cupressaceae	

A combination of well-known herbal anti-inflammatory, anti-infective, wound-healing, and other natural components are included in the Piles relief capsule. These compounds are displayed in figure 3 and are further explained below for their clinical efficacy, potential mechanism of action, and traditional use.

A. *Azadirachta indica* (Neem): Neem aids in the removal of waste and prevents constipation, which helps to prevent hemorrhoids. By delivering antihemorrhagic activity, it stops bleeding and hence aids in the treatment of bleeding piles. The plant *Azadirachta indica* has potent antibacterial and antiseptic qualities. The antibacterial activity of Neem also extends to resistant bacterial strains responsible for secondary infections associated with hemorrhoids thus promotes faster healing of the infected tissues exhibiting astringent property. Neem has antioxidant property which plays an important role in disease prevention.



Azadirachta indica

B. *Terminalia chebula* (Haritaki): One of the most adaptable plants, *Terminalia chebula*, exhibits a broad range of pharmacological and medicinal properties, including analgesic, anti-inflammatory, antibacterial, and wound-healing effects. For these reasons, the plant is highly valued for its ability to treat bleeding piles. Its laxative qualities make it great for digestion. The plant's fruit has been proven to have mild laxative and stomachic properties, making it beneficial for hemorrhoids.



Terminalia chebula

C. *Symplocos racemosa* (Lodhra): The plant's bark contains stomachic and anti-inflammatory qualities that aid in the treatment of hemorrhoids. Symploside, an antifibrinolytic glycoside, aids in reducing pile-related bleeding. Because of its laxative qualities, it aids in digestion, which reduces straining and, as a

result, the hemorrhoidal plexus's growth.



Symplocos racemosa

D. *Curcuma longa* (Turmeric): Due to its antibacterial activity against a broad range of germs, including even resistant types linked to secondary infections related to hemorrhoids, curcumin helps treat hemorrhoids. By inhibiting prostaglandin synthesis, a peripheral mode of pain inhibition, *Curcuma longa* demonstrates analgesic action. Prostaglandins, which are mediators of pain and fever, are among the mediators that it affects. Thus, by lessening the pain related to piles, it aids in the management of hemorrhoids.



Curcuma longa

E. *Aegle marmelos* (Bael): The unripe fruit is helpful in the treatment of piles because it is stomachic, astringent, digestive, and has a laxative effect that relieves constipation. The fiber of Bael cleans the intestine and its regular use thus helps in the management of piles.



Aegle marmelos

F. Glycyrrhiza glabra (Licorice): Globally, glycyrrhiza glabra is used as an anti-inflammatory, antacid, laxative, tonic, antioxidant, antibacterial, and wound-healing medication. Each of these characteristics aids in the treatment of hemorrhoids.



Glycyrrhiza glabra

a quality necessary for the treatment of hemorrhoids.^[11]



Foeniculum vulgare

G. Foeniculum vulgare (Fennel): F. vulgare is used worldwide to treat a variety of ailments, including constipation, demonstrating its laxative properties—

Traditional/Ayurvedic formulation to cure hemorrhoids

Table 3: Traditional/ Ayurvedic formulation to cure hemorrhoid.^[12]

Sr. No.	Formulation	Plant	Mode of Use
	Kutajghanvati	Holarrhena antidysenterica, Aconitum	Tablet
1		napellus, Aconitum heterophyllum	
2	Kshara karma	Achyranthes aspera, Plumbago zeylanica, Gloriosa superba, Acorus calamus	Paste
3	Triphalaguggulu	Emblica officinalis, Terminalia chebula, Terminalia bellerica, Piper longum, Commiphora mukul	Tablet
4	Kutajarishta	Madhuca longifolia, Holarrhena antidysenterica, Gmelina arborea, Woodfordia fruticosa, Vitis vinifera	Syrup
5	Navayasa churna	Cyperus rotundus, Plumbago zeylanica, Phyllanthus emblica, Terminalia chebula, Zingiber officinale, Terminalia bellerica, Piper nigrum, Piper longum	Churna
6	Divya Arshkalp Vati	Azadirachta indica, Aloe vera, Berberis aristata, Cinnamomum camphora, Daemonorops draco, Solanum nigrum, Terminalia chebula	Tablet
7	Himalaya Pilex	Berberis aristata, Bauhinia variegata, Cassia fistula, Emblica officinalis, Mesua ferrea, Melia azadirachta, Terminalia bellirica, T. chebula	Tablet and ointment

CONCLUSION

From above discussion we can conclude that the Dilated veins in connection to anus are referred to as hemorrhoids. A low-fiber diet, constipation, inherited temperament, and aberrant bowel habits are all major contributors to the pathogenesis of hemorrhoids. The primary symptoms are pain and discomfort in the anus, as well as mucosal slippage and shearing during stools. The clinical grade of internal hemorrhoids should be determined after a comprehensive evaluation of the symptoms and indicators. Internal hemorrhoids can be managed in a variety of ways, and the best course of

action should be determined by the clinical circumstances and reasoning of each case. Hemorrhoids can also be decreased by dietary changes, lifestyle modifications, and the proper dosage of corresponding botanicals, which can also interfere in the pathogenesis to reduce vascular integrity. Prevention is always the best form of treatment when it comes to diseases. The anti-haemorrhoidal action of numerous herbal plants has been covered in the current review. Hapéloo Piles Relief Capsule is a polyherbal heaped relief capsule made of herbs with a range of therapeutic qualities that help reduce the size of the pile mass and manage bleeding,

prolapse, pain, and mucus discharge. The herbs' natural anti-inflammatory and anti-infective qualities help to lessen the infection. Hemorrhoids can be managed in a variety of ways, and the best course of action depends on the unique needs of each patient as well as clinical considerations. Depending on the extent and intensity of symptoms, therapeutic therapy for hemorrhoids might include anything from drastic surgery to dietary and lifestyle changes. Thus, new and creative approaches to the treatment of hemorrhoids must be inspired by advances in our knowledge of the pathophysiology of hemorrhoids.

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