

Piles: Rural North Indians' Perspective-a Qualitative Study

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Abstract

Hemorrhoids are natural tissues found in the anal canal, and essentially are swollen veins. Hemorrhoidal disease results when the anal tissue and veins enlarge and descend downward into the anal canal. The condition can result from several factors, including constipation with prolonged straining, diet, heredity and pregnancy. There is no established relationship between hemorrhoids and cancer. However, people often mistake signs of colorectal cancer for hemorrhoids. There are many myths and misconception attached with the causation and it's treatment part which can be conventional, traditional and modern. "Single injection-guaranteed treatment" is also one of the popularly broadcast treatments through radio and televisions by the quacks by way of regular advertisements claiming treatment of piles.

Key words: Constipation; Rural folks; Piles; Myths and misconceptions; Single injection treatment.

Introduction

People across the world have their own set of beliefs regarding the genesis, presentation and treatment of the diseases which affects their treatment seeking behavior also.[1] The diseases of urogenital region are diverse in their etiology and are usually chronic in nature. They are one of the common self reported morbidities in women. Besides uterine prolapse, incontinence of urine, menstrual problem, low backache and vaginal discharge hemorrhoids are also reported.[2] Hemorrhoids (piles) is reported to be a high disease burden in western countries, with

some studies reporting a prevalence of above 40% in people aged over 60 years.[3] In India also, this appears to be a common problem, If we go by the plethora of roadside piles advertisements which lure patients towards supposed "cures". In fact, there is hardly any village or town in the north India, which is not full of posters and wall-writing claiming 100% cure of piles. Newspapers and magazines also publish advertisements regarding treatment of piles. Regular advertisements claiming treatment of piles with "single injection" "guaranteed treatment" are also broadcast through radio and televisions especially on local cable networks where many of doctors conduct special camps for treatment of piles in various cities on monthly basis. Numerous regimes for the treatment of piles are also available with the chemists over the counter. Against this background, the present study was planned with the objectives to estimate the prevalence of piles in the study areas and to investigate the lay people's perception of piles; its causes, progression, treatment options, complications and prognosis.

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Material and Methods

It was decided to use both quantitative and

qualitative methods of study because of the sensitive nature of the problem. This was necessitated by the feasibility problem anticipated in the doing of a per-rectal examination in a population based quantitative survey. The expected yield of cases was also likely to be low from a population survey. Before initiating the fieldwork, the researcher interacted with surgeons possessing experience in managing cases of piles in the study area. A literature review was conducted. Information on newer methods was referenced using the internet. These were used in constructing a conceptual framework, highlighting the key concepts. This framework was periodically revised during the survey as per the feedback received.

Data collection and analysis proceeded simultaneously, allowing the researcher to continually formulate, test and modify concepts and assumptions using the newly obtained field data. The data was collected by a series of in-depth interviews of routine patients attending outdoor patient department (OPD), qualified medical doctors (MBBS doctors), government ayurvedic practitioners, pharmacists, multi-purpose health workers, trained dais and native villagers. Information was collected till a saturation point was reached and new interviews ceased to provide new information. Re-interviews were conducted in selected subjects where clarifications were needed during coding of the data.

Two focus group discussions were conducted among traditional birth attendants (TBAs) to triangulate the findings in the data collection. Two sittings were organized with the group; one during the phase of collection of field data and the second at the completion of field work. A house to house quantitative survey was also conducted to yield an estimate of the self reported burden of the disease in the three villages purposively selected from the field practice area of the patient department of investigators. Field notes were prepared immediately after the field visit. These were coded manually. Thematic analysis was undertaken and preliminary sorting file was

prepared immediately after the in-depth interview.

Recurrent behaviors, objects, explanations and concepts were highlighted and interpreted accordingly. Successive approximation and cultural analysis were undertaken. These were supplemented by context analysis. Consents of participants were duly obtained before the interviews.

Results

Overall 814 respondents were interviewed in 189 households in 3 villages. Total number of piles cases detected were 28. Seventeen patients were females and 11 were males. Prevalence rate of piles thus 3%. More than half of the cases (16/28) were aged above 35 years.

As per the views of a key informant, an Ayurveda practitioner there was a high prevalence rate of the cases of piles “...piles ke kaafi jayada cases hote hain...” (Too many cases of piles report to OPD) “...females mein jyada piles ki takleef hoti hai...” (It is more common in women) “... aurat mein jyada hoti hai...kyonki menses unme hote hain... unmein tension jyada hoti hai...isiliye khana nahin legi aur bhooki rahegi...usse kabaj rahega aur bavassir bhi hogi...” (because they get menses, they remain tense. They eat less and develop constipation which leads to piles) Respondents from study villages also reported more prevalence of piles in aged people, “age jinki jyada ho, unko bhi bimari ke chances jyada hain...” (It is more in aged) Seasonal variation is also reported by the respondents, “...sardiyon mein thoda jyada hoti hai.....” (It is more in winters) The lay people ruled out any role of black magic in the etiology of the disease, “...yeh bimari jaadu tone se nahin judi hai.. log iske liye koi jhaad foonk nahin karte...” (People don't ascribe it to magic).

The perceived etiology of the piles was reported to be “hot” medicines or foods (fried food, garlic, non vegetarian foods, jaggery etc.) “.....Garam cheez jaise gud, achar, khatta khaane se hoti hai..... Garmiyon mein galat khaane khaane

Fig 1: Lay People's Conceptual Framework of Piles

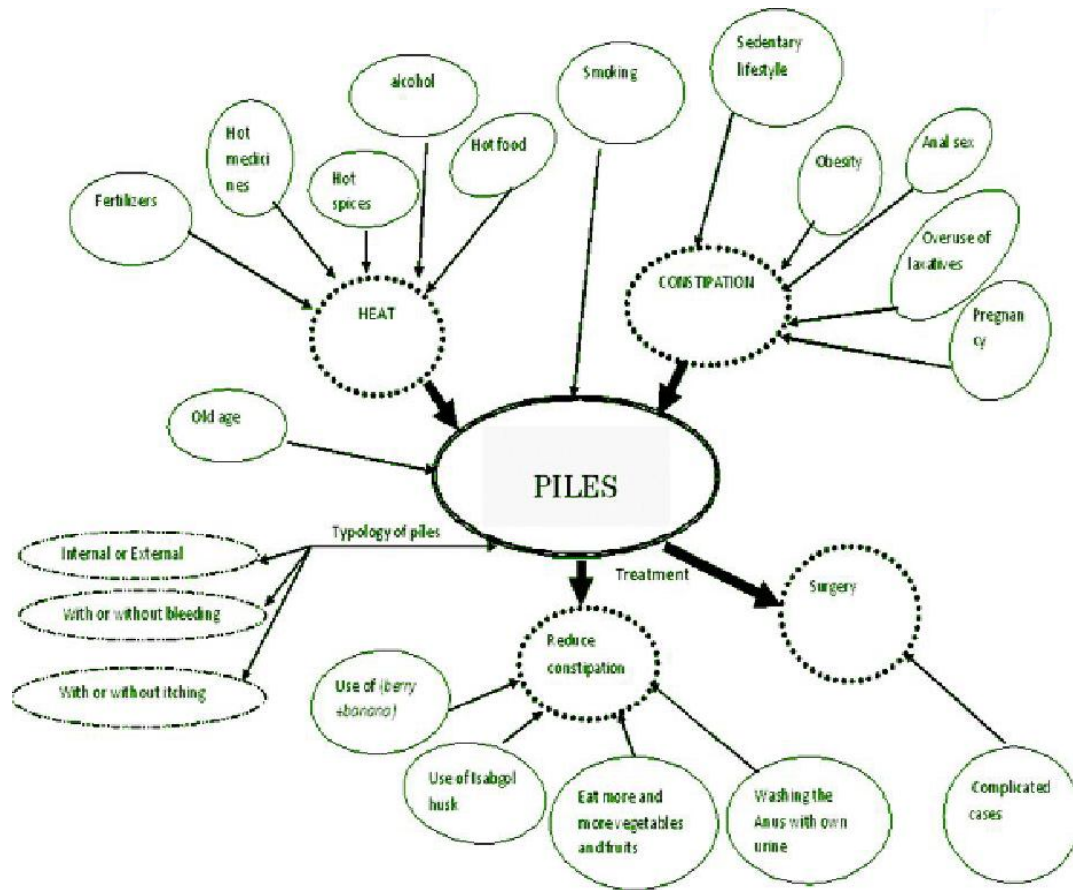


Fig 2: Piles to Smiles-one Injection Treatment by the Quack



se jyada hogi...” (Hot food like pickles, jaggery, sour food, garlic, non vegetarian food leads to piles) Constipation was also told as a causative factor, “.....Kabaj (constipation) se bavaasir hoti hai. “ constipation se pressure badhta hai, iss se piles hoti hai...”(Constipation leads to increase in pressure which leads to piles). Use of chemical fertilizers was told as other etiological factor “.....angreji khaad ki vajah se bhi hoti hai.....”,

..... Khaad ki vajah se bavaasir hoti hai. 1 acre jameen mein kareeb 50 kg beej aur 3.5 – 4.5 quintal urea padta hai. ghaas davai se jalta hai. Khaad aur urea se garmi banti hai.....woh jameen mein chali jaati hai. usse fasal badhti hai....”(50 kg seed and 3.5-4.5 quintal urea is put in one acre of land. It is so hot that grass is burnt. Manure/urea leads to heat which goes to earth and then to crop) “..... is gaarmi se piles hote hain...” (This heat leads to piles).

Alcohol consumption was also told as causative factor for piles. “.... Sharab se bhi ho sakti hai.”(alcohol can also cause it) Pregnancy increases the chances of piles in the mothers “.....Baccha hone ke baad bavaasir ki bimaari hoti hai..... baccha hone ke baad maa 3 – 4 din ke liye bhokhee rahney se kabaj hota hai.... ussi se bavaasir hoti hai”(after delivery piles occur...after delivery mother stays empty stomach for 3-4 days which leads to constipation and which inturn causes piles) and anal sex, “.....piles anal sex se bhi ho sakti hai....homo mein hoti

hai,.....”(Anal sex leads to piles. It is more common in homosexuals)

The typology of piles as told by the respondent was -with or without bleeding, with or without itching, external or internal. *“.....Bavaasir teen tarah ke hote hai.....Khoon vali, baadi vaali jisko masse vali bolte hain, aur teesri khujli vaali bhi hoti hai...”* (piles are of three types with bleeding, large size piles and third is with itching) *“Ander aur bahar vali bhi hoti hai...dono khatarnaak hoti hain....kharish karne se who fatt jayegi...latrine jaate samay jor lagana padta hai, us kaaran se bhi fatt sakti hai.....”* (piles are of internal and external types. Both are painful. If it itches, the itching may burst the piles. When one has to exert during defecation, piles result)

Respondents considered the bursted and unexpelled part of piles as the cause of recurrence of piles, *“.....puri cheez nahin niklegi...uska chhota hissa bach jaata hai, aur yeh fir se badhega...”* (The whole thing does not come out. the remnants of it grow again to form piles).

Severity of piles is reported to be more in males as compared to females because of lesser control of men over their habits. *“...agar males mein hui,to uski taqleef jyada hoti hai,kyounki unka diet aur habit mein control nahin hota hai....”* (If it occurs in males then its symptoms are worse as they don't have control on their diets and habit)

It was reported that few additional problems may be associated with the piles such as skin eruption around the anus, abscesses, and hypertension etc. *“....Piles ke saath kuch aur bhi lakshan bhi ho sakte hain,jaise skin eruption, abscess aur hypertension. Hypertension patients mein bhi piles jyada ho sakta hai....”* (piles can be accompanied by other symptoms such as skin eruption, abscess and hypertension. Hypertensive patients have more risk of piles)

The respondents considered anemia as one of the complication of the piles, *“....Piles mein bleeding hone se khoon ki kami ho sakte hain...”* (Bleeding during piles can lead to anemia). Few respondents reported decline in interest to do sex, *“...Sex se bhi dil nahein karega...”* (there shall be decline in interest in sex). Regarding treatment of piles, respondent reported that piles is not incurable. *“....Piles mushkil bimari*

nahin hai... yeh theek ho sakti hai...” (piles is not an incurable disease..it can be cured). Respondents suggested correction of constipation, *“...kabaj ke liye desi ilaaj hai....isabgol ka istmaal kiya ja saktaa hai.....”* (There are various local remedies for constipation. ..we can use husk..) *“...Kabj nahin rahegi toh bawasir nahin rahegi.....”* (If there is no constipation there are no piles). Correction in the dietary habits was recommended by the respondents, *“....diet mein garmi ko kam karna chahiye.....jaise mirch , spicy foods...hari mirch ko hi band karna hai..”* *“...Gobhi, ande, chai, chaaval, urad daal, makki ki roti, machli aur meat khan mana hai.....Garam aur talli chizen nahin khani chahiye..”* (The hot foodlike chillies, spicy food should be avoided. Cauliflower, eggs, tea, rice, maize, fish and meat should not be taken... fried should be avoided). Respondents gave equal weightage to indigenous and herbal remedies.

One of the respondent reported a peculiar remedy for the piles especially for prolapsed piles which was tried and trusted by herself i.e washing the anus with own urine. *“..... latrine ki jagah pishaab se saaf karne se bavaasir theek ho jaayegi....is tarah ke ilaj ko maine kitab mein padha tha ...aur khud istemaal kiya tha.....”* (If you clean your anus with your own urine piles are cured. I have read it somewhere and experienced myself) Medical practitioners in government service reported that medicines are available for treatment of piles in the government supply. They also opined that difficult cases need surgery. Respondents reported the glorification of the treatment provided by the registered medical practitioners (RMPs) and words of mouth publicities, *Ek case aaya tha Ferozpur gaon se...sardar ji tha...,usko piles ki shikayat thi...usne Yamunanagar se kuch davai li thi....uske baad use aaram aa gaya tha....”* (A case had come from Ferozpur...he was a sikh....he had complaint of piles...he had taken medicines from Yamunanagar...he was given some medicines after which he was relived of symptoms). *“ mere padosi hain Narayan garh mein,uske board par piles specialist likha hua hai... MD/MS to kiya nahin hai....”* (My neighbour in Naraingarh has written piles specialist_but he has not done any MD/MS) (even near every bus stand there are wall

hoardings claiming single injective cure for piles. "... Ek hi teeke mein jad se piles khatam..." (One injection will cure piles)

Discussion

Our study revealed that piles were more common in females and in higher age group people. Some aspects of lay persons' conceptual framework agreed with the medical concept of piles. For example, people did know that constipation was an etiological factor for piles and that use of Isabgol and vegetable would help in getting relief. They also knew typology of piles which agreed with the medical and anatomical knowledge. Simultaneously they held a belief that piles are manifestation of body "heat". This agreed with the Ayurvedic concept of 'hot' and 'cold' food. In another study by the principal author on women's health similar findings were obtained where 'body heat' was told as a cause of many disorders of women viz. vaginal discharge and other menstrual problems.[8]

People also knew that surgical treatment may be needed for complicated cases. Lay persons' conceptual framework of etiology and treatment as elicited in this study (Fig 1), should be used to enhance the efficacy of the communication strategies for prevention and control of piles in the community. All the cases of piles necessarily do not require expensive medical treatment. There are many popular home remedies for this ailment. In many cases, relief can be obtained by conservative measures.[4] Constipation is the most important precipitating factor for piles and this relationship between constipation and piles has been recognized for centuries.[5] Hence the high fiber diet is suitable for constipation and therefore piles.[6] Whole grains, fresh fruits and vegetables, and the ever popular beans are the richest and easily available sources of fibres. Isabgol (Indian husk) is a very

useful source of fiber especially for constipation.[7] This is very popular in India. Indian type of latrines should be used by people having piles. It helps in prevention of piles as well. Exercise and yoga can be equally helpful to treat and prevent the piles by retaining the muscle tone needed to support anorectal veins. Matsya Asana, Sheersha Aasana, Surya Namaskara, Tada Asana and Sarvanga Asana are the most useful yoga asans for control of piles.

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