HEMORRHOIDS: A COMMON PROBLEM IN MODERN SOCIETY

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Abstract
Hemorrhoids is a common disease of the rectum, analyzing data on the etiology, pathogenesis, clinical presentation, treatment and prevention of the disease to accelerate the development of new and innovative methods of treatment of hemorrhoids. we need to expand our thinking.

How to Cite

Introduction: One of the prevalent diseases of the rectum is hemorrhoids, which manifest as inflammation and enlargement of the venous vessels of the anus, as well as pain and rectal bleeding. Hemorrhoid originates from the Greek words "haema" meaning blood and "rhoe" meaning flow. Although the condition can cause unpleasant symptoms and discomfort, modern medicine offers effective methods of treatment and prevention [1, 2, 3, 4].

Epidemiology: Hemorrhoids are one of the most common reasons for consulting a colorectal surgeon. The prevalence of the disease averages between 130-145 per 1000 inhabitants, accounting for 34% to 41% of colorectal diseases [5, 6, 7]. Men are affected by this condition 3-4 times more often than women [8].

This condition has the highest incidence rates in developed countries such as the USA, Germany, Sweden, and Japan. In Russia, residents of large cities and industrially developed areas are often affected by hemorrhoids. Among rural populations, hemorrhoids are less common due to their active lifestyle and dietary habits [9].

In 2013, hemorrhoids accounted for 41.9% of all visits to colorectal surgeons in Russia. In 2015, it was 35.0%, and in 2017, it was 39.9%. The number of hospitalized patients was 42.9% in 2013, 36.8% in 2015, and 41.3% in 2017 [10].

Etiology: This condition is prevalent among individuals aged 35 to 55 years, sedentary lifestyle, prolonged standing or sitting, heavy physical work leading to increased abdominal pressure, pregnancy and childbirth, constipation and diarrhea, congenital venous insufficiency (weakness of venous valves of vessels and rectum), chronic heart failure, insufficient systemic circulation, chronic inflammation of the pelvic organs, bacterial salpingo-oophoritis, prostatitis or cystitis, alcoholism, dietary errors (consumption of spicy food, inadequate fluid intake, overeating), which can lead to
various poisonings, including with anabolic steroids, contraceptives, chemotherapy, and long-term use of psychotropic drugs [11, 8].

Clinic: A feeling of discomfort around the anus may appear, which in many cases is the primary indicator of hemorrhoid development. Later, other symptoms of the disease begin to manifest.

Symptoms of a foreign body sensation, pain, and inflammation are observed around the anus. These signs can be among the first symptoms of hemorrhoids. The symptoms of the disease do not bother patients constantly [12].

Initially, patients feel discomfort in the area around the anus. These phenomena worsen with improper diet, constipation, and diarrhea. Then bleeding and prolapsed nodes appear. Bleeding is the main symptom of hemorrhoids. Stool does not mix with blood. Bleeding can be severe and cause anemia in patients [8]. Pain occurs with inflammation, thrombosis of the nodes, or their rupture, cracks in the anus, during defecation, and persists for some time afterward [13].

External and internal hemorrhoids are distinguished. With external hemorrhoids, the vessels of the external rectal node, located under the skin around the anus, expand. As a result, hemorrhoidal nodes, protruding beyond the edge of the anal ring, form in the form of skin folds (fimbriae). Such nodes can become large and take on the shape of large petals. Swelling, they cause discomfort when walking, can scratch the skin around the anus, and cause itching. With internal hemorrhoids, varicose veins of the rectal nodes appear, which are located above the anal-dermal line under the mucous membrane of the lower part of the rectum [12, 15].

In the modern classification, there are four stages of hemorrhoids [3].

<table>
<thead>
<tr>
<th>Stage I</th>
<th>is characterized by bleeding</th>
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<tbody>
<tr>
<td>Stage II</td>
<td>Itching is added</td>
</tr>
<tr>
<td>Stage III</td>
<td>is characterized by prolapsed nodes</td>
</tr>
<tr>
<td>Stage IV</td>
<td>is accompanied by pain</td>
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Treatment: For chronic hemorrhoids, strict adherence to diet, prevention of constipation, local therapy (application of Aurubin, Ultraproct, Procto-Glivenol, Hepatrombin suppositories; baths are prohibited; milk diet, spicy food, and alcohol are contraindicated. After defecation, manganese baths and suppositories are applied). Used in the initial stages of chronic hemorrhoids and acute course of the disease - indications for conservative treatment. Local treatment should be aimed at relieving pain associated with thrombosis or inflammation and bleeding [13]. Phlebotropic drugs (Detralex, Antistax, Venoruton, Glivenol) are suitable for this purpose. They are used to improve vascular tone and microcirculation.

For thrombosis of hemorrhoidal nodes - heparin, for inflammation around the anus - good effect in all types of hemorrhoids are such ointments as Levosin, Levomekol, as well as the drug Detralex and the drug Relief [3, 16]. To alleviate unpleasant symptoms, Ultraproct, Intendis suppositories with local analgesic and anti-inflammatory effects can be used. In the case of hemorrhoidal thrombosis, local anticoagulants are prescribed: Hepatrombin G, Nigepan, Levosin, Levomekol. Hepatrombin G, consisting of heparin, prednisolone, and the anesthetic polydocanol [13].

Surgical treatment is carried out in the 2nd and 3rd stages of the disease.

Currently, in Russia, America, and most European countries, radical hemorrhoidectomy is performed only on 17-21% of patients. The remaining group of patients uses less invasive treatment methods [6, 17].

Diagnostics: Diagnosing hemorrhoids requires patient interviews, anus examination, rectal palpation, anoscopy, rectal endoscopy, rectomonoscopy, and rectosigmoidoscopy [1, 11].

Prevention: Diet is crucial for preventing hemorrhoids and its complications. Alcohol and spicy food should be excluded from the diet. Important components of hemorrhoid prevention include preventing constipation by consuming hydrophilic colloids and an adequate amount of fluid, reducing
fat intake, regular physical exercise, maintaining anal hygiene, avoiding prolonged sitting on the toilet, and regularly adhering to rules such as avoiding medications that cause constipation or diarrhea [3, 18, 19]. To prevent the disease in patients with hemorrhoids of any degree, lifestyle changes and therapeutic and preventive measures should be recommended.

**Complications:** Paraproctitis, anal fissures, protrusion of hemorrhoidal nodes, etc [11].

**Differential diagnosis:** Hemorrhoids should be differentiated from rectal cancer, polyps, anal fissures, and paraproctitis [7].

**Conclusions**

Therapeutic treatment of hemorrhoids ranges from dietary and lifestyle changes to radical surgical intervention, depending on the degree and severity of symptoms. Analyzing data on the etiology, pathogenesis, clinical picture, treatment, and prevention of this disease, although the surgical method is effective in treating hemorrhoids, non-operative treatment methods also exist, particularly local or pharmacological approaches. If hemorrhoids cause severe discomfort, it is necessary to observe preventive measures, pay attention to a healthy lifestyle, proper nutrition, and, of course, timely treatment.

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