



**TO STUDY THE EFFICACY OF NITRIC ACID, RATAHNA, AESCULUS, HAMAMELIS,  
SULPHUR & NUX VOMICA IN MANAGEMENT OF HAEMORRHOIDS**

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**Abstract: Background:** Hemorrhoids are very common. Nearly three out of four adults will have haemorrhoids from time to time. Sometimes they don't cause symptoms but at other times they cause itching, discomfort and bleeding. Occasionally, a clot may form in a hemorrhoid (thrombosed hemorrhoid). These are not dangerous but can be extremely painful and sometimes need to be lanced and drained. Fortunately, many effective options are available to treat hemorrhoids. Many people can get relief from symptoms with homoeopathic treatment and lifestyle changes.

**Methods:** 30 cases of haemorrhoids were studied satisfying the case definition. Inclusion and exclusion criteria were laid down. Assessment Criteria was laid down. **Results:** Observations with respect to age, sex, occupation, remedies was done and efficacy of Homoeopathy was analysed in these cases. **Conclusion:** Homoeopathy is useful in treating cases of haemorrhoids.

**Keywords:** Haemorrhoids, Bleeding, Thrombosed.

**Introduction:** Hemorrhoids (HEM-uh-roids), also called piles, are swollen veins in your anus and lower rectum, similar to varicose veins. Hemorrhoids have a number of causes, although often the cause is unknown. They may result from straining during bowel movements or from

the increased pressure on these veins during pregnancy. Hemorrhoids may be located inside the rectum (internal hemorrhoids), or they may develop under the skin around the anus (external hemorrhoids).

Hemorrhoids are very common. Nearly three out of four adults will have hemorrhoids from time to time. Sometimes they don't cause symptoms but at other times they cause itching, discomfort and bleeding.

Occasionally, a clot may form in a hemorrhoid (thrombosed hemorrhoid). These are not dangerous but can be extremely painful and sometimes need to be lanced and drained.

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Fortunately, many effective options are available to treat hemorrhoids. Many people can get relief from symptoms with home treatments and lifestyle changes.

### Symptoms

**Hemorrhoids:** Signs and symptoms of hemorrhoids may include:

- Painless bleeding during bowel movements — you might notice small amounts of bright red blood on your toilet tissue or in the toilet
- Itching or irritation in your anal region
- Pain or discomfort
- Swelling around your anus
- A lump near your anus, which may be sensitive or painful (may be a thrombosed hemorrhoid)

Hemorrhoid symptoms usually depend on the location.

**Internal hemorrhoids.** These lie inside the rectum. You usually can't see or feel these hemorrhoids, and they rarely cause discomfort. But straining or irritation when passing stool can damage a hemorrhoid's surface and cause it to bleed.

Occasionally, straining can push an internal hemorrhoid through the anal opening. This is known as a protruding or prolapsed hemorrhoid and can cause pain and irritation.

**External hemorrhoids.** These are under the skin around your anus. When irritated, external hemorrhoids can itch or bleed.

**Thrombosed hemorrhoids.** Sometimes blood may pool in an external hemorrhoid and form a clot (thrombus) that can result in severe pain, swelling, inflammation and a hard lump near your anus.

### When to see a doctor

- Chronic diarrhea or constipation
- Obesity
- Pregnancy
- Anal intercourse
- Low-fiber diet

Hemorrhoids are more likely with aging because the tissues that support the veins in your rectum and anus can weaken and stretch.

### Complications

Complications of hemorrhoids are very rare but include:

- **Anemia.** Rarely, chronic blood loss from hemorrhoids may cause anemia, in which you don't have enough healthy red blood cells to carry oxygen to your cells.
- **Strangulated hemorrhoid.** If the blood supply to an internal hemorrhoid is cut off, the hemorrhoid may be "strangulated," another cause of extreme pain. [1,2]

### Diagnosis:

- **Digital examination.** During a digital rectal exam, your doctor inserts a gloved, lubricated finger into your rectum. He or she feels for anything unusual, such as growths. The exam can suggest to your doctor whether further testing is needed.
- **Visual inspection.** Because internal hemorrhoids are often too soft to be felt during a rectal exam, your doctor may also examine the lower portion of your colon and rectum with an anoscope, proctoscope or sigmoidoscope.

### Grading of hemorrhoids

Grade I – hemorrhoids project into the anal canal and often bleed but do not prolapse.

Grade II – hemorrhoids may protrude beyond the anal verge with straining or defecating but reduce spontaneously when straining ceases.

Grade III – hemorrhoids protrude spontaneously or with straining and require manual reduction.

Grade IV – hemorrhoids chronically prolapsed and cannot be reduced. They usually contain both internal and external components and may present malignancy. [3]

### Treatment:

**Home remedies:** You can often relieve the mild pain, swelling and inflammation of hemorrhoids with home treatments. Often these are the only treatments needed.

- **Eat high-fiber foods.** Eat more fruits, vegetables and whole grains. Doing so softens the stool and increases its bulk, which will help you avoid the straining that can worsen symptoms from existing

hemorrhoids. Add fiber to your diet slowly to avoid problems with gas.

- **Use topical treatments.** Apply an over-the-counter hemorrhoid cream or suppository containing hydrocortisone, or use pads containing witch hazel or a numbing agent.
- **Soak regularly in a warm bath or sitz bath.** Soak your anal area in plain warm water 10 to 15 minutes two to three times a day. A sitz bath fits over the toilet.
- **Keep the anal area clean.** Bathe (preferably) or shower daily to cleanse the skin around your anus gently with warm water. Avoid alcohol-based or perfumed wipes. Gently pat the area dry or use a hair dryer.
- **Don't use dry toilet paper.** To help keep the anal area clean after a bowel movement, use moist towelettes or wet toilet paper that doesn't contain perfume or alcohol.
- **Apply cold.** Apply ice packs or cold compresses on your anus to relieve swelling.
- **Take oral pain relievers.** You can use acetaminophen (Tylenol, others), aspirin or ibuprofen (Advil, Motrin IB, others) temporarily to help relieve your discomfort.

With these treatments, hemorrhoid symptoms often go away within a week. See your doctor if you don't get relief in a week, or sooner if you have severe pain or bleeding.

#### Medications

If your hemorrhoids produce only mild discomfort, your doctor may suggest over-the-counter creams, ointments, suppositories or pads. These products contain ingredients, such as witch hazel, or hydrocortisone and lidocaine that can relieve pain and itching, at least temporarily.

Don't use an over-the-counter steroid cream for more than a week unless directed by your doctor because it may cause your skin to thin.

#### External hemorrhoid thrombectomy

If a painful blood clot (thrombosis) has formed within an external hemorrhoid, your doctor can remove the clot with a simple incision and drainage, which may provide prompt relief.

This procedure is most effective if done within 72 hours of developing a clot. [3,4]

#### Minimally invasive procedures

##### Rubber band ligation of hemorrhoid

For persistent bleeding or painful hemorrhoids, your doctor may recommend one of the other minimally invasive procedures available. These treatments can be done in your doctor's office or other outpatient setting and do not usually require anesthesia.

- **Rubber band ligation.** Your doctor places one or two tiny rubber bands around the base of an internal hemorrhoid to cut off its circulation. The hemorrhoid withers and falls off within a week. This procedure is effective for many people.

Hemorrhoid banding can be uncomfortable and may cause bleeding, which might begin two to four days after the procedure but is rarely severe. Occasionally, more-serious complications can occur.

- **Injection (sclerotherapy).** In this procedure, your doctor injects a chemical solution into the hemorrhoid tissue to shrink it. While the injection causes little or no pain, it may be less effective than rubber band ligation.
- **Coagulation (infrared, laser or bipolar).** Coagulation techniques use laser or infrared light or heat. They cause small, bleeding, internal hemorrhoids to harden and shrivel.

While coagulation has few side effects and may cause little immediate discomfort, it's associated with a higher rate of hemorrhoids coming back (recurrence) than is the rubber band treatment.

#### Surgical procedures

If other procedures haven't been successful or you have large hemorrhoids, your doctor may recommend a surgical procedure. Your surgery may be done as an outpatient or may require an overnight hospital stay.

- **Hemorrhoid removal.** In this procedure, called hemorrhoidectomy, your surgeon removes excessive tissue that causes bleeding. Various techniques may be used.

The surgery may be done with a local anesthetic combined with sedation, a spinal anesthetic or a general anesthetic.

Hemorrhoidectomy is the most effective and complete way to treat severe or recurring hemorrhoids. Complications may include temporary difficulty emptying your bladder and resulting urinary tract infections.

Most people experience some pain after the procedure. Medications can relieve your pain. Soaking in a warm bath also may help.

- **Hemorrhoid stapling.** This procedure, called stapled hemorrhoidectomy or stapled hemorrhoidopexy, blocks blood flow to hemorrhoidal tissue. It is typically used only for internal hemorrhoids.

Stapling generally involves less pain than hemorrhoidectomy and allows for earlier return to regular activities. Compared with hemorrhoidectomy, however, stapling has been associated with a greater risk of recurrence and rectal prolapse, in which part of the rectum protrudes from the anus. Complications can also include bleeding, urinary retention and pain, as well as, rarely, a life-threatening blood infection (sepsis). Talk with your doctor about the best option for you. [4]

#### **Homeopathic Remedies [5]**

**Aesculushippocastanum** – Painful, blind or protruding piles of purplish color which is very sore with aching, burning and itching and a sensation of sticks or splinters in the rectum, rarely bleeding. Hard dry stool passed with difficulty and followed by a feeling of prolapse of rectum. Bleeding gives relief. This remedy is especially suitable to the form of hemorrhoids arising from portal congestion, abdominal plethora. They may or may not bleed, but there is a feeling in the rectum as of splinters or sticks. This remedy actually produced many liver symptoms and hemorrhoids in the provers. Other indicating symptoms are aching in the lumbar region, protruding purple piles with severe pains in the sacrum and small of the back and fullness in the region of the liver. Dryness, burning and itching are good indications.

Hughes prefers Nux vomica and Sulphur in hemorrhoids dependent on congestion of the portal system. Pulsatilla is one of the best remedies in hemorrhoids after Aesculus. Passive congestion and dyspeptic troubles are the keynotes; blind hemorrhoids, hemorrhoids that bleed easily. It acts best in the higher potencies (Dewey). Hemorrhoids from chronic constipation may be cured with Aesculus.

**Aloe socotrina** – When the blood passes like water from hydrant, piles protrude like bunch of grapes. Better by cold water, flatus with faeces. Violent itching and burning in anus. Constantly putting finger in anus. Constant bearing down in anus; bleeding, soreness which gets relieved by cold water. Sense of insecurity in rectum when passing flatus. Lumpy, watery, jelly like stool. Hemorrhoids protruding, very sore and tender. This is also a most useful haemorrhoidal remedy. It is indicated where the piles protrude like a bunch of grapes, bleeding often and profusely, and are greatly relieved by the application of cold water. There is a very marked burning in the anus the bowels feel as if scraped. There is a tendency to diarrhea, with the well-known uncertain feeling in the lower bowel. This tendency to diarrhea will distinguish from Collinsonia, which has the tendency to constipation. Ratanhia has burning in the anus, and protrusion of varices after a hard stool. The characteristics of this remedy are burning and fissure of the anus, great painfulness and sensitiveness of rectum (Capsicum).

**Collinsonia** – hemorrhoids with backache and obstinate constipation. Prolapse of rectum. Piles bleeding or blind and protruding. There may be obstinate constipation and diarrhea. But says that no remedy can equal Collinsonia in obstinate cases of hemorrhoids, which bleed almost incessantly, he recommends the tincture. It is of special use in females with inertia of the rectum and a congestive tendency to the pelvic organs. It suits pregnant women who suffer from piles, and pruritus may be a marked symptom. The indicating symptoms are chiefly

a sensation of sticks in the rectum, with constipation from inertia of the lower bowel. It is especially applicable to heart pains resulting from a suppression of a habitual hemorrhoid flow. It is somewhat similar to Nux, but is a far more useful remedy.

**Hammamelis** – Painless bleeding followed by prostration which is out of all proportion to the blood lost. The blood is of dark color. There is anemia, breathlessness and weakness notwithstanding good appetite. Venous congestion and venous stasis are characteristics. Bruised soreness of affected parts. Passive hemorrhage from any part as piles.

**Nitric acid** – hemorrhoids that have ceased to bleed, but very painful and hanging down loosely with sharp pricking pains in rectum. Great straining while passing stool and hemorrhoids that bleeds easily. Haemorrhages from bowels and violent cutting pains after stools lasting for an hour after stool. Severe burning and stinging. Rectum feels torn and severe fissures in rectum. Severe exhaustion and irritability after stools.

**Nux-vomica** – One of the main remedy for bleeding or non-bleeding piles to be given when there is burning pain and constipation with ineffectual desire. If the hemorrhoids be **large and blind, with a burning, stinging and constricted feeling** in the rectum and a bruised pain in the small of the back, and especially if excited by sedentary habits or abuse of stimulants, then Nux may be prescribed with confidence. Itching hemorrhoids keeping the sufferer awake at night, relieved by cold water, or bleeding piles with constant urging to stool, and a feeling as if the bowel would not empty itself are further indications. Great sensitiveness of the anus cannot make use of the softest toilet paper; the piles are so **sore and sensitive that the slightest touch is unbreakable**.

**Paenonia** – hemorrhoids with ulceration, the anus and surrounding parts are purple and covered with crusts, ulcers within the anus are

very painful. The whole mucus membrane studded with ulcers and cracks. Biting, itching in anus that provokes scratching. Anal orifice swollen and burning in anus after stool then internal chilliness. Fistula ani with painful ulcers. Purple hemorrhoids covered with crusts and severe atrocious pains with and after each stool.

**Ratanhia** – The rectal symptoms are most important. Aching in rectum as if full of broken glass. Anus burns for hours after stool and feels constricted. Dry heat at anus with sudden knife like stitches. Stools must be forced with great effort and thus hemorrhoids too protrude out. Fissures of anus with great constriction and burning like fire. hemorrhoids too burn and get relieved by cold water.

**Sulphur** – This remedy corresponds to ailments producing hemorrhoids and to the troubles resulting from piles which have stopped bleeding, and as a result fullness in the head and uneasiness in the liver; constipation is present; a desire for stool and itching of the anus. Itching and burning of anus and piles dependent upon abdominal plethora. Frequent unsuccessful desire to go to closet. Stool hard, knotty and insufficient. Redness around anus with hemorrhoids oozing and belching. [5]

**Aim:** To assess the efficacy of Homoeopathic Medicines in cases of Haemorrhoids.

**Objective:** To study utility of Homoeopathy in Haemorrhoids. To reduce the

- Pain
- Intensity
- Bleeding
- Recurrence of cases of Haemorrhoids.

**Materials and Methods:** This study was conducted on patients coming to Author's OPD. A sample of 30 cases was taken. Diagnosis was mostly done clinically. Patients from all ages and both the sexes were studied. The data has been collected by a structured interview session.

**Case definition:** Hemorrhoids: Dilated (enlarged) veins in the walls of the anus and sometimes around the rectum, usually caused by untreated constipation but occasionally



associated with chronic diarrhea. Symptoms start with bleeding after defecation. If untreated, hemorrhoids can worsen, protruding from the anus.

**Inclusion Criteria:** All cases which fit into case definition.

**Exclusion Criteria:** Fistula, Fissure, Strangulated Haemorrhoids

**Material:** All the data was recorded in case format attached in appendix. Cases were analyzed and evaluated.

Follow up chart was maintained to evaluate improvement in each case and is thus data of all cases is maintained.

**Administration of Drug:** The potency and repetition were strictly individualistic Medicines were administered orally

**Criteria for Assessment**

- Relief of symptoms
- Patient in general
- Reduction in duration of attack
- Relief from reoccurrence

For an effective evaluation and assessment, disease intensity was graded in every patient based on their presentation observed during case taking. After completion of the study, the post treatment disease scores were compared with the pre treatment disease intensity scores and statistically evaluated

Before treatment scoring is done as follows

<b>Observable characters of stool</b> (type, character, colour and Bleeding)	<b>3</b>
<b>Symptoms</b> (sensation of incomplete evacuation, pain as regards stools)	<b>2</b>
<b>Degree of Haemorrhoids</b> (if directly available and prominent)	<b>4</b>

After treatment scoring is done as follows

<b>Amelioration in Observable characters of stool</b> (type, character, colour and consistency)	<b>2</b>
<b>Amelioration of Symptoms</b> (sensation of incomplete evacuation, pain as regards stools)	<b>1</b>
<b>Amelioration in degree of Haemorrhoids</b> (if directly available and prominent)	<b>3</b>

The evaluation of cases of Haemorrhoids is based on the disease intensity scores before treatment and after treatment. The cases with intensity scores 0 (after treatment) are considered as IMPROVED and the cases with 'Same' or 'Increased' intensity scores after treatment are considered as NOT IMPROVED

**Observation and Statistical Analysis:**

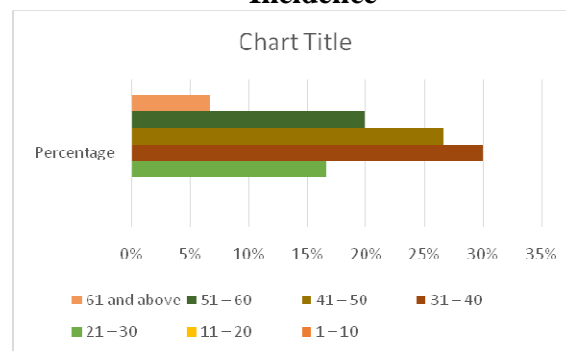
A sample of thirty cases from patients from the author's OPD was taken for this study. All the thirty cases were followed up for a period of six months. These cases were subjected to statistical study. The following tables reveal the observation and result of this study.

**Distribution of cases according to their age**

Age (in years)	Number of cases	Percentage
1 – 10	0	0%
11 – 20	0	0%
21 – 30	5	16.66%
31 – 40	9	30%
41 – 50	8	26.66%
51 – 60	6	20%
61 and above	2	6.66%
Total	30	100%

The age of the sample varies from 21 – 65 years. Among this maximum number of cases 9 patients (30%) were noted in the age group of 31-40 years. In the age group of 41-50 and 51 – 60 years 8 & 6 (26 & 20%) cases respectively. The next incidence of age group is in 21-30 years with 5 patients (16.66%). This is followed by the age group 61 years and above with 2 patients (6.66%)

**Diagrammatic representation of Age Incidence**

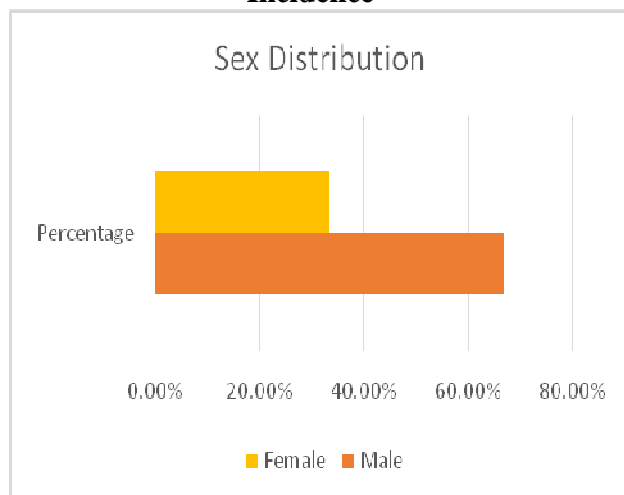


**Distribution of cases according to their Sex**

Sex	Number of cases	Percentage
Male	20	66.67%
Female	10	33.33%
Total	30	100%

In these thirty cases 10 patients were females with a percentage of 33.33% and 20 patients were males with a percentage of 66.67%. The male and female ratio is 2:1. This again shows the male predominance in cases of Haemorrhoids.

**Diagrammatic representation of Sex Incidence**



**Distribution of cases according to predominant stool type**

Haemorrhoids With	No. of Cases
Diarrhea	16
Constipation	10
Alternate diarrhea and constipation	4

Out of 30 patients 16 (54%) showed predominant diarrhea, 10 (33%) showed predominant constipation and remaining 4 (13%) showed alternate diarrhea and constipation

To assess the utility of Homoeopathy scoring was done for the symptoms shown before and after treatment. Paired 'T' test was applied.

**Comparison of scoring before and after treatment**

Case No.	Before score (X)	After score (Y)
1	6	0
2	18	0
3	17	0
4	12	8
5	12	0
6	12	3
7	14	0
8	11	4
9	15	2
10	15	0
11	18	0
12	8	0
13	11	3
14	16	0
15	13	3
16	8	1
17	12	0
18	13	8
19	15	3
20	15	0
21	12	0
22	15	0
23	15	10
24	11	7
25	8	5
26	12	0
27	8	0
28	9	2
29	6	0
30	15	10

**List of remedies indicated is as follows**

Name of Remedy	No. Of cases
Nitric Acid	10
Sulphur	8
Nux – V	4
Ratahnia	6
Hamamelis	1
Aesculus	1

**Bleeding vs Non-Bleeding Piles**

Type	No. of Cases
Bleeding	12
Non-Bleeding	18

**Gradation of Haemorrhoids**

Grade	No. of Cases
I	22
II	8
III	-
IV	-

**Scores before and after Homoeopathic treatment**

Case No.	X score	Y score	Z = X - Y	Z - z	(Z - z) <sup>2</sup>
1	6	0	6	-4.1	16.81
2	18	0	18	7.9	62.41
3	17	0	17	6.9	47.61
4	12	8	4	-6.1	37.21
5	12	0	12	1.9	3.61
6	12	3	9	-1.1	1.21
7	14	0	14	3.9	15.21
8	11	4	7	-3.1	9.61
9	15	2	13	2.9	8.41
10	15	0	15	4.9	24.01
11	18	0	18	7.9	62.41
12	8	0	8	-2.1	4.41
13	11	3	8	-2.1	4.41
14	16	0	16	5.9	34.81
15	13	3	10	-0.1	0.01
16	8	1	7	-3.1	9.61
17	12	0	12	1.9	3.61
18	13	8	5	-5.1	26.01
19	15	3	12	1.9	3.61
20	15	0	15	4.9	24.01
21	12	0	12	1.9	3.61
22	15	0	15	4.9	24.01
23	15	10	5	-5.1	26.01
24	11	7	4	-6.1	37.21
25	8	5	3	-7.1	50.41
26	12	0	12	1.9	3.61
27	8	0	8	-2.1	4.41
28	9	2	7	-3.1	9.61
29	6	0	6	-4.1	16.81
30	15	10	5	-5.1	26.01
Total	372	69	303		600.7

X = Score before treatment

Y = Score after treatment

$\frac{\sum Z^2}{n}$  = Standard error of the mean difference



Now the question is, 'Is there any difference between scoring before and after treatment?'

**Null hypothesis:** It appears that there is no difference in score in these cases after treatment  
Standard error of mean differences –

$$\bar{Z} = \frac{\sum d}{n} = 303 / 30 = 10.1$$

$$S_z = \frac{\sqrt{\frac{\sum d^2 - 4J^2}{n-1}}}{n-1} = 24.5092 / 29 = 5.91$$

$$t = \frac{\bar{Z}}{S_z / \sqrt{n}} = 10.1 \times 5.4772 / 5.91 = 9.36$$

### Comparison with tabled value

This critical ratio, t, follows a distribution with n-1 degrees of freedom. The table value at 5% level is 2.00 for 29 degree of freedom and the 1% level 2.60. The calculated value is 9.36. It is greater than the table value at 5% and 1% level. This means the probability (P) is greater than the table value. Therefore, the null hypothesis is rejected in this study

**Discussion:** Cases of Haemorrhoids were studied for the effectiveness of Homoeopathy. It is really difficult for budding Homoeopaths to interpret mind or to find out the exact causative factor. Instead physicals seem easy to rely upon Physical generals & modalities are more dependable and easy to elicit. These symptoms seem to form the symptom complex of patients with Haemorrhoids.

### During this study following things are prominently noticed

Considering the age, in this 30 cases, youngest was 29 years and oldest was 65 years. As proved many times middle age group showed maximum number of patients.

Remedy indicated first time improved patients in 80% of cases proving the utility of Homoeopathy.

Nitric acid, Ratahnia and Sulphur proved to be most useful in managing cases of piles.

Exclusion of certain diet food was advised to all patients for few days but after treatment they

could eat those food articles which actually used to precipitate the complaints.

These things play an adjuvant role and help treat patient in a better way.

Thus cases of haemorrhoids can be managed by administering a well selected Homoeopathic medicine based on symptom similarity.

**Summary and Conclusion:** Total 30 cases were studied and followed for a minimum of 6 months. Data collected was subjected to statistical analysis. 't' test is applied for statistical analysis as n was less than 30.

The statistical analysis proves that Homoeopathy is significantly useful in these 30 cases of Haemorrhoids. Out of 30 cases 24 cases i.e. 80% showed marked improvement in symptoms as well as reduction in duration and frequency of attack.

Along with medicine counseling and certain dietary regulations played an adjuvant and efficient role in management of patients.

Ultimate aim of all physicians should always be to help patient get rid of his suffering as early as possible in a gentle and permanent way. This aim can be achieved in different ways and which approach to chose is an individual choice.

For all beginners, Homoeopathy is easy as it is based on observable facts and not the interpretation. Interpretation can differ from person to person but modalities or observable concomitant of tongue or stool can't be changed. This builds up confidence in budding Homoeopaths to produce good results and treating even the chronic disorders in easy way.

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