Botanical Treatments for Hemorrhoids

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Abstract

Hemorrhoids are a very common condition. Hospital-based proctoscopy studies show prevalence rates of hemorrhoids in up to 86 percent of patients studied with many in an asymptomatic state. Botanicals used internally and topically can treat early stages of hemorrhoids effectively and can be used as adjuncts in more advanced stages when surgical treatments may be necessary.

The roles of butcher’s broom (Ruscus aculeatus), horse chestnut (Aesculus hippocastanum), stone root (Collinsonia canadensis), witch hazel (Hamamelis virginiana), arnica (Arnica spp.), oak (Quercus spp.), chamomile (Matricaria recutita), gotu kola (Centella asiatica), calendula (Calendula officinalis), and psyllium (Plantago ovata) in hemorrhoid treatment are discussed.

Introduction

Hemorrhoids are understudied and most likely undertreated. It is estimated that about one half of all Americans have some discomfort from hemorrhoids by the time they are 50 but only a much smaller percentage (approximately 4 percent) seek medical treatment for the condition. Hospital-based proctoscopy studies show prevalence rates of up to 86 percent with many patients in an asymptomatic state. Clinical experience suggests that botanical treatments and lifestyle changes can relieve hemorrhoid symptoms in the early stages and can provide significant benefit as adjunct treatment in the later stages of the ailment. Unfortunately, science has barely begun investigating these fairly ancient treatments.

Hemorrhoidal tissues, cushions of tissue within the anal canal that contain blood vessels and supporting tissue made up of muscle and elastic tissue, are present in all individuals. There are usually three major hemorrhoidal cushions oriented to the right posterior, right anterior, and left lateral positions.

There is a rich network of arteries around the anal canal, providing a ready supply of arterial blood to hemorrhoidal blood vessels. It is only when these cushions enlarge causing negative symptoms that “hemorrhoids” in the vernacular sense are present. Negative symptoms typically include the passage of bright red blood that can occasionally be severe and result in anemia.

If the hemorrhoid originates at the top of the anal canal, it is referred to as an internal hemorrhoid. If it originates at the lower end of the canal, near the anus, it is referred to as an external hemorrhoid. Internal hemorrhoids are usually painless (because this area of the body lacks pain receptors) but they may bleed when they are irritated and, if large enough, may protrude from the rectum and cause discomfort. Untreated internal hemorrhoids can lead to prolapse, in which the distended internal hemorrhoids are pushed outside of the anus. If the sphincter spasms, the blood supply to the prolapsed hemorrhoid can be cut off, leading to a strangulated hemorrhoid.

External hemorrhoids occur outside the anal verge. They can be painful, swollen, and irritated. Itching can result from external hemorrhoids although, typically, itching is most commonly caused by skin irritation.

The stages of internal hemorrhoids are shown in Table 1. Obviously, pain, bleeding, and problems with passing stool can be caused by conditions other than hemorrhoids. This article presupposes that such conditions have been ruled out before any treatment for hemorrhoids is undertaken.

The actual cause of hemorrhoids is not known. Genetic predisposition, straining during bowel movements, obesity, a sedentary lifestyle, pressure on the rectal veins caused by poor posture and/or muscle tone, and pregnancy are believed to be causes. Hemorrhoids are common in patients with spinal-cord injuries. Constipation, chronic diarrhea, poor bathroom habits (such as overzealous cleaning and wiping), postponing bowel movements, and a fiber-poor diet are also considered to be contributing causes. Alcoholic cirrhosis or other causes of portal obstruction can cause severe hemorrhoids.

Internal Botanical Treatments

Botanical treatments for hemorrhoids have been poorly researched. Butcher’s broom and horse chestnut are two herbs that have some scientific validation of benefit in hemorrhoids but have both been better studied in chronic vascular insufficiency (CVI) where they have more substantial evidence of benefit.
Butcher’s Broom

Butcher’s broom is a prickly, small berry–producing shrub in the Liliaceae family. Its Latin name (Ruscus) is believed to come from the Anglo Saxon word for holly or box because the plant has a pointed leaf shape similar to holly leaves. The herb’s common name derives from its use by butchers to clean meat stalls and keep flies away.

The whole plant contains steroidal saponins and ruscinogens—the compounds deemed to be most active—but only the dried rhizomes are used medicinally. Butcher’s broom is typically administered in capsule form, and is frequently paired with trimethylhesperidin chalcone (a flavonoid complex) and ascorbic acid.* However, the plant is also available as an alcoholic extract and a tea. There are also numerous topical preparations often combining butcher’s broom with sweet clover (Melilotus spp.).

Butcher’s broom has a long history of clinical use as a treatment for hemorrhoids, and its use for treating this condition has been approved by the German Commission E.4 In one open-label multicenter study of 124 patients, 69 percent of the patients rated butcher’s broom as having good or excellent efficacy.5 Seventy-five (75) percent of the treating physicians rated this herb’s efficacy similarly. In addition, 92 percent of the physicians rated butcher’s broom as safe and well-tolerated.

For this study, patients took 6 capsules per day of a product containing 150 mg of butcher’s broom for 3 days and then reduced their dose to 4 capsules per day. Statistically significant improvement in a variety of symptoms (such as pain, local signs, overall severity, etc.) was seen after 7 days of treatment. While a single study does not prove efficacy, the very favorable observations of treating physicians combined with a long history of clinical use are reasons to recommend that patients consider using butcher’s broom as an internal treatment for hemorrhoids.

Butcher’s broom has been studied for use in pregnancy-related varicosities. Two studies on pregnancy-related venous insufficiency both showed improvement in maternal symptoms without any negative effects on the fetus.6,7 Two additional European studies, one a multicenter study of 124 patients, showed a similar reduction of symptoms in pregnant women.8,9 These studies do not establish the safety of ruscus in pregnancy conclusively but both animal and human studies indicate that ruscus has a high degree of safety. Based on these studies, we favor butcher’s broom when an internal remedy is needed for treating hemorrhoids in pregnant women (when surgical treatments are often contraindicated).

In most clinical studies using this herb, the researchers gave the subjects 150 mg of butcher’s broom, 3 times per day with meals; the typical alcoholic tincture dose is 30–60 drops (1.5–3.0 mL) 3 times per day.10

Horse Chestnut

Horse chestnut is a beautiful deciduous tree that produces large chestnut-like seeds that are dried for medicinal use. The seeds contain a complex mixture of triterpene saponins collectively referred to as escins (or as aescins).11 It also contains flavonoids and tannins.12 The German Commission E has approved the use of a standardized horse chestnut extract (containing 16–20 percent anhydrous escin) for treating chronic venous insufficiency (CVI).

Horse chestnut is the most widely prescribed oral remedy for venous edema in Germany. Although widely used in Europe, the herb’s popularity as a remedy in the United States is fairly recent.

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*Many of the studies on butcher’s broom combine it with various flavonoids. There are, however, studies showing that butcher’s broom has an action independent of these additional compounds. Some studies hint that butcher’s broom used alone may actually have a stronger effect while other studies indicate that the combinations may have a positive synergistic effect. Thus, clinical results might be improved by the addition of compounds such as trichalcone, ascorbic acid, and other flavonoids.

It should not be surprising to practitioners that patients suffering from venous congestion problems may benefit from an overall treatment plan that includes a variety of flavonoids and other compounds to reduce capillary fragility and enhance healing.

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**Table 1. Staging of Internal Hemorrhoids**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td>I</td>
<td>Occasional discomfort and/or bleeding but no obvious external abnormality</td>
</tr>
<tr>
<td>II</td>
<td>Hemorrhoids protrude with defecation but reduce spontaneously</td>
</tr>
<tr>
<td>III</td>
<td>Hemorrhoids protrude and require digital reduction</td>
</tr>
<tr>
<td>IV</td>
<td>Hemorrhoids protrude and cannot be reduced</td>
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There are some 20 clinical trials on horse chestnut and CVI, all of which demonstrated a positive effect. In these studies, the herb’s adverse effects were mild and infrequent and it was found to be as effective as rutoside, another common treatment for CVI in Europe.

There are European publications from the late 1800s and early 1900s reporting that horse chestnut benefits patients who have hemorrhoids but there are no recent studies on the use of the whole botanical medicine for treating hemorrhoids. One double-blinded placebo-controlled study on 80 patients suffering from acute symptomatic hemorrhoids showed that 40 mg of aescin administered three times per day, for up to 2 months, reduced symptoms in 81 percent of the subjects (compared to 11 percent in the placebo group) and a notable reduction in bleeding (95 percent versus 62 percent) and swelling (87 percent versus 38 percent) as shown via endoscopic examination.

Symptom reduction typically was reported after 6 days of treatment and improvement in the condition was shown via endoscopy after 2 weeks. Herbalist Michael Moore, director of the Southwest School of Botanical Medicine, considers horse chestnut to be the preferred remedy for hemorrhoids in individuals who are highly active physically (Michael Moore, personal communication).

High levels of physical activity move more blood to the skeletal muscles, reducing the flow of blood to the gastrointestinal tract. Mr. Moore says that this can lead to malabsorption, constipation, and hemorrhoids, and he has found horse chestnut combined with increased dietary flavonoids to be particularly helpful in these cases. A typical dose of horse chestnut is 250 mg (corresponding to 100 mg of escin) 2 times per day with meals.

**Stone Root**

Many American herbalists favor stone root, a nonaromatic mint family plant, as a treatment for symptomatic hemorrhoids. The Eclectic physicians found this herb particularly useful in patients with signs of congestion (dark red or purple tissue) and hemorrhoids. Overweight, physically inactive individuals who eat a diet high in fats and sugars and low in fruits, vegetables, and grains tend to develop this state of congestion. In our experience, stone root will often rapidly resolve hemorrhoid symptoms and we favor its use in these types of individuals.

There is virtually no research on stone root, except for constituent studies showing that it contains flavonoids and saponins. Of course, isolated flavonoids have been shown to be of benefit for patients with hemorrhoids, and both butcher’s broom and horse chestnut also contain flavonoids and saponins. These data lend some very vague support for the use of stone root. The Eclectics used a fairly low dose of stone root (1–30 drops); presently a typical dose of stone root tincture is 2–4 mL, 3 times per day.

**Witch Hazel**

Witch hazel also has a long history of use as a hemorrhoid treatment. Witch hazel is a shrub or small tree indigenous to North America. The plant’s yellow flowers appear in the Fall, and the leaves and bark are harvested for medicinal use. Both the leaves and the bark contain tannins, primarily hamamelitannins, and also contain catechins. The leaves contain more flavonoids than the roots, and both contain a small amount of volatile oil.

Today, many people think of witch hazel primarily as a topical treatment (see below). However, both European and American herbalists typically use witch hazel both as an internal and topical remedy for hemorrhoids. Thus, both the European Scientific Cooperative on Phytotherapy and France have approved the herb’s combined use for treating hemorrhoids.

Witch hazel is frequently prescribed as a decoction or as an alcohol-preserved decoction. This makes sense as tannins are highly soluble in hot water. Witch hazel extract has produced anti-inflammatory, astringent, and vasoconstrictive properties in pharmacologic studies. Its astringency is of help for patients with bleeding hemorrhoids, and the Eclectics favored it for such hemorrhoids as well as for any type of passive bleeding.
repositories also work well. Occasionally sitz bath with regular applications of ointment. Supp-effectively by a shorter time for compress application and an amount of time to treatment. Milder cases may be dealt with, only a client with severe symptoms is likely to dedicate that treatment and after every bowel movement. As a practical mat-

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A hemorrhoid ointment should then be applied after each treatment and after every bowel movement. As a practical mat-

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Dr. Weiss favored arnica (Arnica spp.) compresses, which he considered to be one of the fastest remedies for acute hemorrhoid inflammation. He recommended using 1–2 teaspoons of arnica tincture per half-liter of water for compresses. Alternatively, he recommended the use of an oak bark decoction or a chamomile infusion. He typically followed the application of compresses with a witch hazel ointment.18

Topical application of witch hazel alone will often suffice to soothe minor symptoms of acute inflammation. No doubt its effectiveness explains why witch hazel remains a common ingredient in over-the-counter hemorrhoidal preparations. Preparation H® Hemorrhoidal Cooling Gel (Wyeth, Madison, New Jersey) for instance, contains 50 percent witch hazel. It is witch hazel’s tannins that provide many aspects of its healing power, and the clear witch hazel distillate so readily available over the counter is not the medicine of choice because it is almost completely devoid of tannins.12 Instead, a more colorful tea or tincture should be used.

We tend to prefer combining several herbs in the compresses, sitz baths, or ointments to provide a broader range of actions. Any of the herbs used internally (stone root, butcher’s broom, horse chestnut, and witch hazel) can be combined effectively for topical application. We also like to include herbs that are noted for their wound-healing properties, such as gotu kola, chamomile, or calendula. If needed, tinctures of these herbs can be worked into a cream base for topical application.

Topical Treatments

Topical treatments to assist locally in calming inflammation and for stopping bleeding and swelling are highly useful in hemorrhoid treatment. According to the late Rudolf Fritz Weiss, M.D. (a German phytotherapist and medical doctor), acute hemorrhoidal inflammation is best treated with wet compresses.18 In addition, ointments can be applied but he did not consider them to be sufficient if used alone. He recommended that the compresses be cool, below room temperature, but not cold because cold compresses can induce rectal spasming. Dr. Weiss recommended that the wet compresses be applied for at least 1 hour, morning and night, or that a sitz bath be used.

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The Broader View of Hemorrhoid Treatment

Addressing hemorrhoids should go beyond simply prescribing the botanicals discussed above. Dietary issues, while beyond the scope of this article, are of great importance. Surprisingly little research has been done on the connection between diet and hemorrhoids given the prevalence of the disorder and the fact that isolated flavonoids have shown substantial benefit in the treatment of hemorrhoids.17 Studies on fiber and hemorrhoids have focused on the effect of soluble fiber; adding soluble fiber has shown benefit in hemorrhoid treatment, at least when constipation is an aggravating factor.19

As a general rule, we consistently recommend that our clients increase their intake of fruits and vegetables, with an emphasis on foods containing soluble fiber. When constipation is an issue, we often recommend psyllium seed husks. Lifestyle changes that include increasing water intake and exercise to increase muscle tone also help effect a long-term reduction of hemorrhoid symp-

toms.

As mentioned above, using botanicals both internally and topically will speed healing. Botanicals such as gotu kola or ginkgo (Ginkgo biloba), used to increase peripheral circulation, can act synergistically with herbs used specifically for treating hemorrhoids.20 For instance, gotu kola and its isolated triterpenic fraction improve microcirculation, decrease capillary permeability, and reduce symptoms of CVI.21,22 The herb also has been shown to increase tensile strength, collagen content, and epithelialization in many types of wounds when used internally or topically.23–25

Dr. Weiss commented that it is important to address adequately the constipation and pain that accompanies many hemorrhoids as well.18 He typically prescribed a tea that combined laxative, anti-inflammatory, and antispasmodic herbs with a bit-
ter herb to tone the *plexus hemorrhoidalis* and an astringent to relieve bleeding. One of his tea formulas is in the box entitled Dr. Rudolf Fritz Weiss’ Hemorrhoid Tea.

A comprehensive treatment plan will work effectively on hemorrhoids in the early stages. More complicated or advanced hemorrhoids are likely to require allopathic intervention. Nonetheless, botanicals as an adjunct to ligation and surgery will be helpful for healing and preventing recurrences.

References


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