
HEMOCYL-TRIAL

COLLECTION OF EXPERIENCES AND FINDINGS IN TREATING HEMORRHOIDS WITH HEMOCYL

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Professor Zlatko Kelovic graduated from the Faculty of Medicine, University of Zagreb in 1977. He received his master's degree from the Centre for Postgraduate Studies, University of Zagreb in 1979. After presenting his thesis on "Development of neural connections internal cortex in humans" in 1981, he received the academic degree of Doctor of Medical Sciences in Medicine. After his habilitation lecture in 1983, he was appointed Assistant Professor of Anatomy in 1983. He was the chairman of the Department of Anatomy at the Faculty of Medicine, University of Zagreb. From 1986 till 1997 he was giving lectures from Anatomy to students of all educational programmes at the High Medical School of Zagreb during 1986 – 1997. In 1988 – 1989 period, he was also elected associate professor of Anatomy at the Medical Faculty in Zagreb and associate studies in Split and Osijek. From 1990 till 1996 he acts as the Deputy Head of the Department of Anatomy for Department affairs and participates in teaching subject "Organisation and functions of the central nervous system" for students of the Faculty of Medicine and associate studies in Osijek and Split. He has been lead lecturer of Functional Anatomy on Faculty of Education and Rehabilitation, University of Zagreb since 1997.

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INTRODUCTION

Our way of life and our habits, particularly the sedentary rhythm of continuous sitting and/or standing is adding greatly to the risk of developing haemorrhoids and that's why we consider the disease to be one of the "modern" diseases. The disease is very widespread, it is occurring almost equally frequent in both males and females, but a special note must be given to the fact that the risk of haemorrhoids and associated complications is greatly increased in pregnancy. It is also most common disease of anorectal area.

Though the haemorrhoid nodes are usually described as varicose veins of anus and rectum, they are in fact vascular sub-mucose structures. They are perfectly normal part of human anatomy, consisting of arterio-venous channels, connective and muscular tissues. The cushions are swollen if they lose their elasticity and – according to the degree of the swelling – more or less severe haemorrhoid disease can be diagnosed.

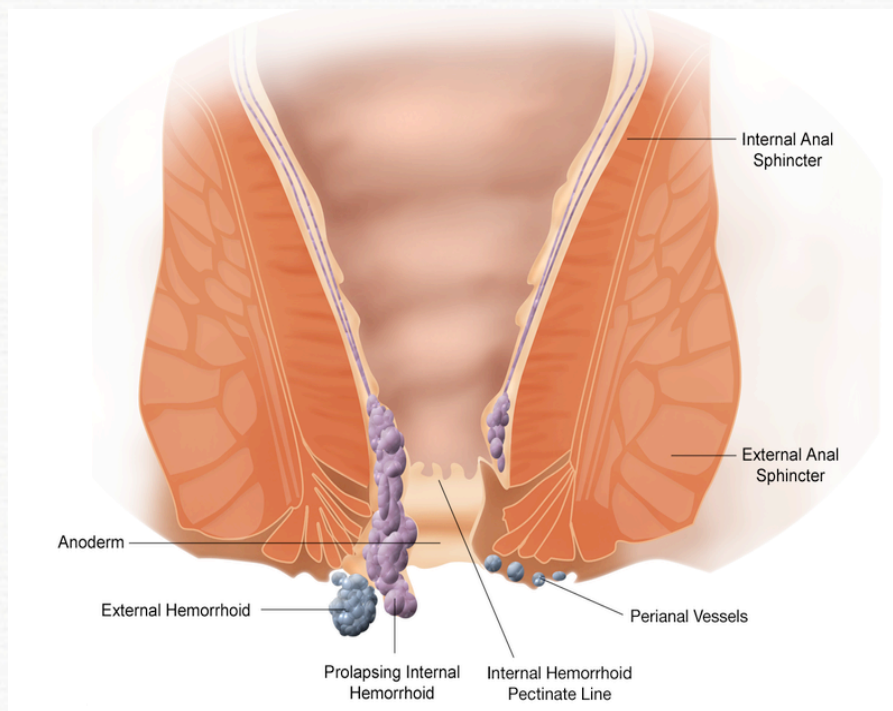
EPIDEMIOLOGY

Approximately $\frac{3}{4}$ of the adult population and more than half of the population older than 50 have enlarged haemorrhoids. These are also expected to develop in more than half of those older than 30.

The most common risk factors are: the genetic predisposition to somewhat weaker collagen structure, pregnancy, obesity, prolonged sitting and/or standing, irregular defecation, constant and repeated strain in defecation process (which is causing intra-abdominal pressure to increase), chronic constipation, frequent lifting of heavy loads, certain liver diseases, smoking, etc.

CLASSIFICATION OF HEMORRHOIDS

Haemorrhoids are classified as external, internal, and mixed type haemorrhoids. Internal haemorrhoids are submucous, arterio-vascular cushions located above the dentate line (about 4-5 cm from the line dividing skin and the mucosa tissue). According to the degree of prolapse they are further divided in four grades. External haemorrhoids are located in the anal canal below the dentate line and covered with epithelium. Mixed piles have the elements of internal and external haemorrhoids and are located above and below the dentate line.



Grade Signs and Symptoms

I grade	Haemorrhoid cushions are only swollen and remain within anal canal.
II grade	Haemorrhoids relapse during defecation, but they return without any intervention.
III grade	The prolapsed occurs during defecation, but the haemorrhoids can be returned manually.
IV grade	The prolapsed haemorrhoids remain constantly in such state.

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SYMPTOMS AND SIGNS OF DISEASE

Haemorrhoids are usually not dangerous and are not a life-threatening disease. The location is most influential factor to the clinical status. The most commonly occurring symptoms would be itching, stained underwear, signs of blood on the toilet paper, a stool covered in fresh blood, excessive moisture, or feeling of pressure on the anus. Diagnosis is set by clinical examination which includes inspection, palpation and digital rectal examination. It is sometimes recommended to perform anoscopy and proctoscopy in order to get detailed visual overview.

TREATMENT

Haemorrhoids can be treated conservatively by so called minimal interventions, and surgically. The widespread occurrence of the disease lead us to test the effect of Hemocyl capsules on the haemorrhoid related symptoms and pain. Hemocyl capsules alleviate haemorrhoid symptoms. This is an extremely effective natural product. Hemocyl treatment yields the best result and this is a fact confirmed not only by satisfied users, but also by a series of trials.



HOW DO MEDICINAL PLANTS' EXTRACTS CONTAINED IN HEMOCYL CAPSULES WORK?

Previous experimental studies confirm that the mentioned active substances have the following pharmacological effects:

- metabolism of various microorganisms inhibition (thus reducing the risk of secondary infection in wounded, inflamed and hemorrhagic haemorrhoids)
- prevention of bacterially induced enterointoxication
- inhibition of intestinal fluid accumulation and ion secretion
- inhibition of smooth muscle contraction
- inhibition of the inflammatory response of the mucosa tissue in the intestines
- reduction of the inflammatory substrate by blocking pro inflammatory mediators
- inhibition of platelet aggregation thus reducing likelihood of occurrence of thrombosis
- increased secretion of conjugated bilirubin and increased secretion of bile which provides a cholagogous effect (easing of congestion of the liver parenchyma)
- reduce congestion (stases) in the lower abdomen through an increase in blood flow to the liver and spleen
- vasodilatory effect

EFFECTS

Hemocyl reduces pain, bleeding, inflammation, itching, excessive mucus secretion, and the burning and discomfort in the end part of the colon quickly and effectively.

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APPLICATION

Two capsules daily. Best taken in the morning, 30 minutes before the breakfast, swallow with water or yoghurt.

RESULTS OF TRIAL

Our study was conducted on 252 respondents, 140 male and 112 female. The patients purchased Hemocyl capsules in pharmacies following doctors recommendation. The age distribution is shown in Table 1.



AGE (YEARS)	TOTAL
20-29	13 (5,2%)
30-39	43 (17,1%)
40-49	57 (22,6%)
50-59	75 (29,8%)
60-69	45 (17,8%)
70-79	19 (7,5%)

Table 1, Incidence of haemorrhoid disease by age group

Difficulties experienced by the respondents are shown in Table 2. They are divided into three groups, and their distribution is shown in Table 2.

Difficulties	Total
pain in the anal area	174 (72,2%)
itching in the anal area	156 (64,7%)
appearance of fresh blood in the stool	159 (66,0%)

Table 2, Signs and symptoms

After the examination, it has been detected that 175 respondents experience difficulties indicating grade I and grade II haemorrhoids disease. Grade III haemorrhoids disease is verified in 68 cases.

LEGEND	grade
Bar 1	I-II grade
Bar 2	III grade
Bar 3	fissure
Bar 4	fistula

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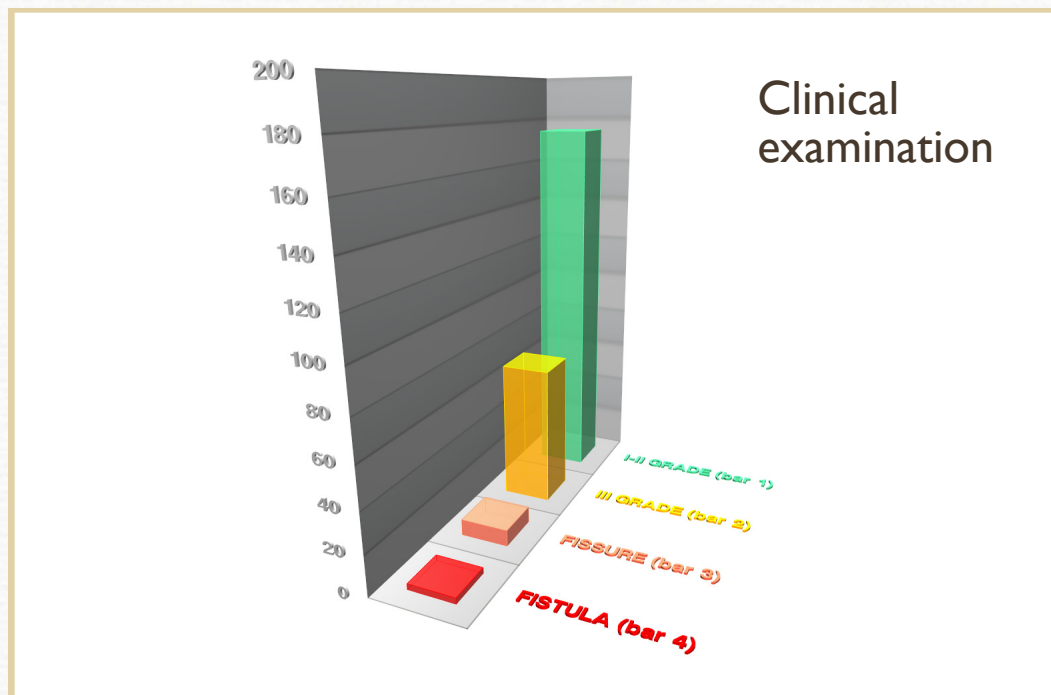


Figure 1, Clinical examination.

If we observe the duration of symptoms on Figure 2, it is evident that 53% of the respondents experienced problems over period of time longer than 5 years, while the period was between two and five years long for 31% of the respondents. Only 16% of the respondents reported that they had symptoms for less than two years. It is important to note that the respondents with shorter history of symptoms had enjoyed better results. But the overall response to the therapy was nevertheless excellent.

Symptoms occurrence period:	Number (ratio) of respondents:
1 – 2 years	40 (16%)
2 – 5 years	79 (31%)
> 5 years	133 (53%)

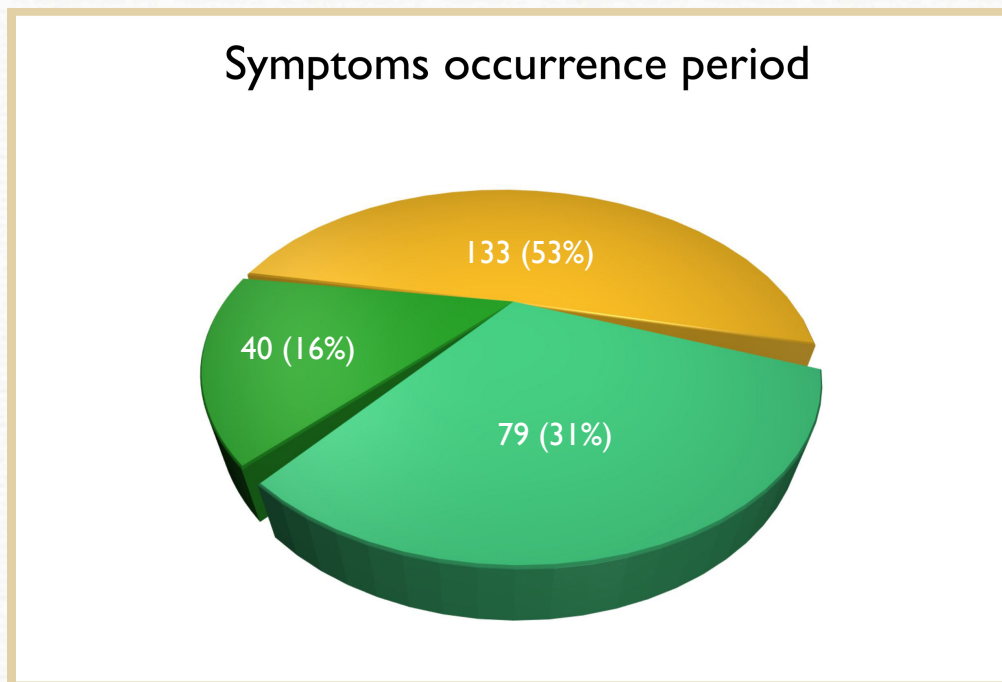


Figure 2, Symptoms occurrence period

In the testing phase, we also wanted to know if the respondents have been under any therapy prior to our research. The 52.5% of respondents have not had any earlier treatment been previously treated, while 47.5% previously used locally applied remedies (creams, gels and suppositories).

Recommended treatment for our respondents was 14 days. After Hemocyl capsules treatment, the clinical trial was repeated and full regression was detected in as much as 58,4%, while 32,9% respondents experienced lower level of hemorrhoid symptoms (See Figure 3).

Total:	symptoms
142 (58,4%)	disappeared
80 (32,9%)	declined
21 (8,6%)	unchanged intensity

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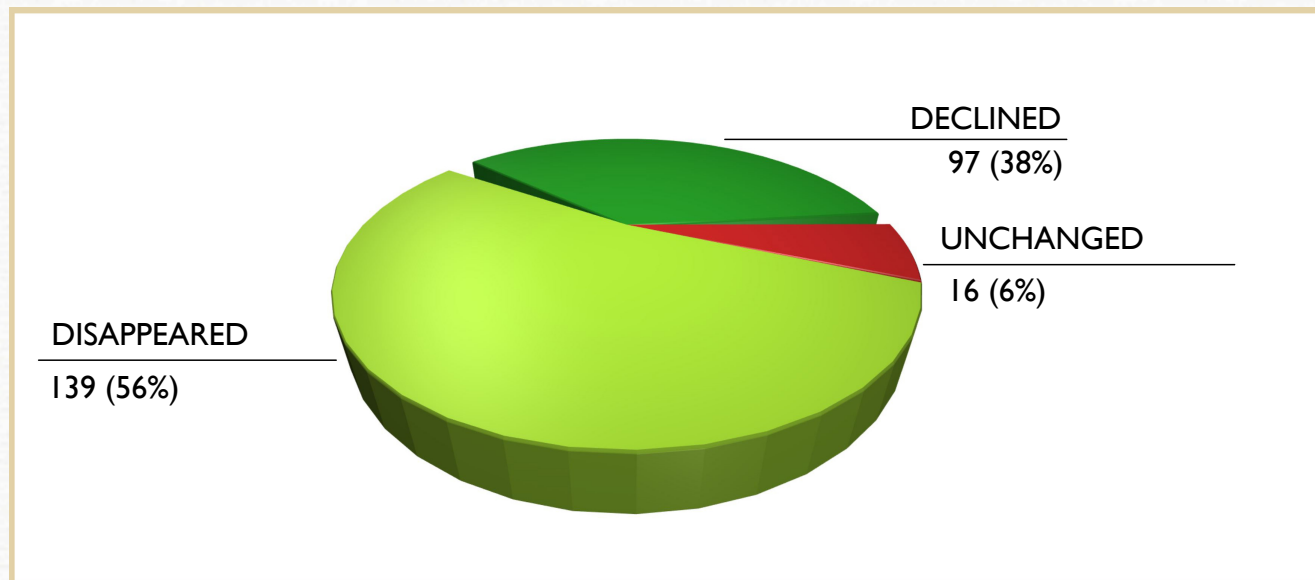


Figure 3 Results after treatment with Hemocyl capsules

Respond by grade:

I-II grade

- a) disappeared 118 (67,3%)
- b) declined 46 (26,2%)
- c) unchanged intensity 11 (6,5%)

III grade

- a) disappeared 24 (35,3%)
- b) declined 34 (50%)
- c) unchanged intensity 10 (14,7%)

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Figure 4 illustrates a fact that most patients may find very encouraging – a fact related to the occurrence of Hemocyl capsules side effects. In 90% of the examined cases, no side effects were recorded, while the rest – only 10% - of the patients reported mild and passing side effects such as softened stool, pain, itching or bleeding. The side effects disappeared after the treatment was completed.

Side effects:	Total:
NO	227 (90%)
YES	25 (10%)

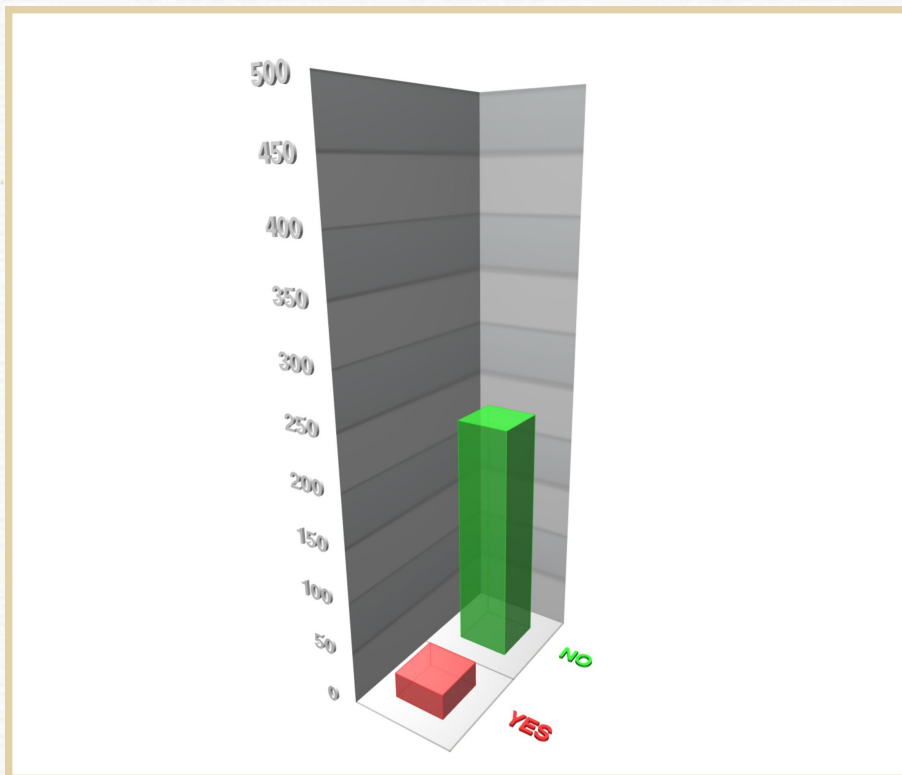


Figure 4 Side effects in patients

CONCLUSION

Since as high as 94% of patients felt improvement or complete regression of symptoms after Hemocyl treatment, most of the patients did not need any further treatment. A smaller group of patients (approximately 41) needed another two weeks of treatment before the symptoms regressed completely.

We conclude that Hemocyl capsules treatment is highly efficient and effective.

Patients take it with ease, long-term side effects have not been reported. Side effects occurred only in a small number of patients and those were rather minor and temporary difficulties such as: softer stool, pain, itching or bleeding. The side effects ceased after the completion of therapy. According to the duration of treatment and the achievement of results, this treatment is only stage-wise. The ease of use (it is consumed orally) makes it very convenient for use.

The results obtained show that most of the patients who experienced grades I and II of the disease also experienced its complete regression, which was particularly evident in grade I patients who enjoyed it in more than 95%.

Grade III patients reported significant reduction of symptoms occurrence (lower levels of pain and bleeding) and the decrease in size of the haemorrhoid nodes. Important remark: after Hemocyl treatment, the patients with grade III disease were able to postpone the surgical procedure.

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