RESEARCH PAPER

NITRICUM ACIDUM FOR ANAL FISSURE: A NARRATIVE REVIEW OF HOMOEOPATHIC LITERATURE

DR. MOHAMMED NIZAMUDDIN KALIMODDIN SHAIKH[1*], DR. PARTH APHALE[2]

[1]PhD Scholar, Dr. D.Y Patil Homoeopathic Medical College & Research Center, Pimpri, Pune, Dr. D.Y Patil Vidyapeeth (Deemed to be University), Pune, Email: drnizamuddinshaikh84@gmail.com
[2]M.D Hom., PhD Hom. PhD Guide, H.O.D & Professor Dept. Of Homoeopathic Pharmacy, Dr. D.Y Patil Homoeopathic Medical College & Research Center, Pimpri, Pune, Dr. D.Y Patil Vidyapeeth (Deemed to be University), Pune, Email: parth.aphale@dpu.edu.in
***Corresponding Author**
Email: drnizamuddinshaikh84@gmail.com
Received: 25th May, 2026; **Revised:** 6th June, 2026; **Accepted:** 8th June, 2026; **Available Online:** 09th June, 2026

ABSTRACT
Anal fissure is a common benign anorectal condition that involves a linear tear in the anoderm, which usually occurs below the dentate line. This disease manifests with severe pain during and following defecation, bleeding through the rectum, and sphincter spasm, and it considerably affects the quality of life of patients. Management at an early stage involves changing diet, laxatives, sitz bath, and vasodilators, but for refractory cases, surgery becomes the choice of treatment.[1] Homeopathy provides a Individualized mode of treatment based on symptom analysis, with one of the remedies being Nitricum Acidum for anal fissure with sharp stabbing pain, bleeding, constipation, and delayed healing after defecation.[2]
The present narrative review focuses on the classical homoeopathic literature, repertorization references, and existing evidence on the use of Nitricum Acidum in the treatment of anal fissure. The classical Materia Medica refers to this remedy as especially indicated in cases of painful fissures in the area of mucocutaneous junctions, whereas existing clinical data indicate certain symptom relief among selected patients. Nevertheless, high-quality clinical evidence of today is lacking; the existing data on the use of the drug are mostly represented by case reports and observational studies. The review presents the indications according to the classical homoeopathic Materia Medica and existing evidence on Nitricum, Acidum.
KEYWORDS – Anal fissure, Nitricum Acidum, Homoeopathy, Homoeopathic Materia Medica, Narrative review, Defecation
How to cite this article: Shaikh MNK, Aphale P. Nitricum Acidum for Anal Fissure: A Narrative Review of Homoeopathic Literature. Int J Drug Deliv Technol. 2026;16(72s): 1020-1022. DOI: 10.25258/ijddt.16.72s.112
Source of support: Nil.
Conflict of interest: Nil

INTRODUCTION

Anal fissures are benign anorectal condition wherein there is a longitudinal split or tear in the anoderm below the dentate line. They can often be accompanied by excruciating pain during and after defecation, bleeding from the rectum, and increased internal anal sphincter tension, thus adversely affecting the quality of life of the patient.[1] While acute anal fissures can be managed through conservative methods, chronic fissures can become unresponsive to such measures due to sphincter spasms, reduced perfusion, and slow wound healing.[3] The traditional methods used to manage anal fissures include changes in diet, increased fiber, laxatives, sitz baths, nitrates, calcium channel antagonists, botulinum toxin, and lateral sphincterotomy.[3,4] Despite being effective in certain individuals, these methods come with risks of side effects and recurrence, as well as the risk of fecal incontinence after surgery.[4]
Homoeopathy is a method of treating people individually. This means the doctor chooses medicines based on all of the patients symptoms, not the disease they have.[5]
For individuals with fissure, there are certain remedies suggested by homoeopathy. These include Nitricum Acidum. The remedy has been described in the homoeopathy textbook Boericke W. Pocket Manual of Homoeopathic Materia Medica for individuals suffering from sharp pain, bleeding, and tears in the skin surrounding the anus and persistent pain following the defecation process.[2]
Nitricum Acidum is commonly used in Homoeopathy in cases of anal fissure. So this review of the literature is trying to sum up what the old homoeopathy books say and what research there is about using Nitricum Acidum to treat fissure.

EPIDEMIOLOGY

Anal fissure is among the most frequently encountered benign conditions of the anorectal region, found in people of all age groups with the highest prevalence in

younger and middle-aged people. The overall life time risk of developing this condition is approximately 11%. The disease affects men and women equally. Almost 90% of fissures occur at the posterior midline of the anal canal.[1, 7]

ETIOLOGY

Anal fissures are generally caused by injury to the anal canal due to passing of hard feces, chronic constipation, prolonged diarrhea, childbirth, or anal sex. Secondary anal fissures can occur in conjunction with Crohn's disease, tuberculosis, HIV infection, sexually transmitted diseases, anorectal cancer, or any prior anorectal surgery.[3, 7]

PATHOPHYSIOLOGY

The pathogenesis of the chronic anal fissure is related to the cycle that begins from injury to the anodermis, followed by hypertonia of the internal anal sphincter, decreased blood flow in the anodermis, and ischemia of this area.[1, 3]

CLINICAL FEATURES

The usual complaints include the occurrence of severe cutting or burning pain on passing stools, lasting from a few minutes to several hours. The symptoms include bright red bleeding from the rectum, constipation because of fear of passing stools, anal sphincter spasm, and tenderness. Chronic fissures can have a sentinel skin tag and enlarged anal papilla.[1, 7]

DIAGNOSIS OF ANAL FISSURE

Diagnosis of anal fissure is clinical, involving comprehensive medical history-taking and physical examination. Clinically, a patient suffers from severe sharp or burning pain during defecation, as well as after the process, which lasts for several minutes up to several hours. Other symptoms include bright red blood passing through the anus. In addition, patients have constipation, since they are scared of pain associated with defecation.[6, 7]

The inspection of perianal area is the most critical part of physical examination. The typical sign of a fissure is longitudinal tear of anoderm distal to the dentate line. Fissure is most often found at posterior midline (approximately 90%), rarely – at anterior midline. In case of chronic fissure, one may observe sentinel skin tag (sentinel pile), hypertrophied anal papilla, induration of the fissure edges and visible internal anal sphincter fibers.[6, 7]

Digital rectal examination and anoscopy should be avoided in acute conditions due to pain and sphincter spasm. These diagnostic methods can be used carefully after proper pain relief or anesthesia if there is suspicion about secondary causes of the condition, such as Crohn's disease, tuberculosis, malignancy, HIV-induced lesions, and sexually-transmitted infections.[7, 8]

Proctoscopy is not recommended for patients suffering from acute anal fissures owing to the chances of making the situation painful and causing muscle spasm. But proctoscopy becomes extremely useful when there is no pain or in an anesthetized patient having unusual fissures, recurrent fissure, occult bleeding, and other diseases associated with the anus. It is useful for visualizing the anal canal and distal rectum and determining the site, depth, and length of the fissure along with any other feature present like skin tags, internal hemorrhoids, or polyps.[7, 8]

CONVENTIONAL MANAGEMENT

The conservative treatment of anal fissure includes dietary fiber, proper hydration, softening of stools, sitz baths, and application of topical anesthetics. Chronic fissures are usually managed with topical glyceryl trinitrate or calcium-channel blockers like diltiazem, which help relax the internal anal sphincter. Refractory cases can be treated with botulinum toxin injections, while the definitive surgical procedure for the management of chronic fissures is lateral internal sphincterotomy.[1, 3]

HOMOEOPATHIC MATERIA MEDICA EVIDENCE SUPPORTING THE USE OF NITRICUM ACIDUM IN ANAL FISSURE

Materia Medica by William Boericke:

- Rectum feels torn.[2]
- Bowels constipated, with fissures in rectum.[2]
- Tearing pains during stools.[2]
- Violent cutting pains after stools, lasting for hours.[2]
- Haemorrhages from bowels, profuse, bright.[2]

Materia Medica Keynotes by Henry C. Allen:

- pain as if rectum or anus were torn or fissured.[9]
- Fissures in rectum; Tearing, spasmodic pains during stools; lancinating, even after soft stools.[9]

Materia Medica by John Henry Clarke:

- Pains in rectum (with ineffectual urging); burning; tearing.[10]
- general uneasiness; anus sore, raw; cutting, straining, shooting in rectum, continuing for hours.[10]
- Constipation with fissure symptoms: bleeding, pain, distending stool.[10]
- Burning pain, and itching in anus and rectum; with Prolapse. -Sticking in rectum, and spasmodic contraction in anus during stool; fissures.-Oozing excoriation at anus.[10]

PRESCRIBING CONSIDERATIONS FOR NITRICUM ACIDUM

Homoeopathic medicinal system with Nitricum Acidum follows the law of individualization, which means that the remedy is prescribed in accordance with the characteristic symptom totality, matching the therapeutic profile of the substance, especially in case of presence of splinter pains, cracks of the mucocutaneous borders, bleeding, and high sensitivity in the affected area.[5,11] Selection of the potency level in classical homoeopathy relies on the patient's susceptibility, nature and duration of the disease, vitality, and response to prior therapy instead of a diagnosis per se.

The low to medium potencies (like 6C, 30C, 200C) have been used by practitioners for treatment of acute

painful fissures in the anus according to individual clinical situation, whereas high potencies can be used in some cases of constitutional prescriptions. Repetitions of the dose should depend on the patient's clinical picture. According to Hahnemann, a correctly selected homoeopathic remedy should not be taken repetitively in an arbitrary manner; only during ongoing improvement, repetitions should be continued.

DISCUSSION

An anal fissure is a debilitating condition that has an adverse impact on the quality of life of the patient because of the pain during evacuation, rectal bleeding, and spasticity of the sphincter. Despite the success of the conventional management, the possibility of recurrence, side effects of the topical treatment, and the risk of developing fecal incontinence post-surgery pose a problem. It is for this reason that other methods of treatment have been tried.[1]

Among the various homoeopathic remedies used for the treatment of anal fissure, Nitricum Acidum has always been regarded as one of the main remedies. According to the literature of classical Materia Medica, there is a special symptom complex including intense splinter like pain during and after defecation, bright bleeding, severe tenderness in the anus, and fissures in the mucocutaneous junction, making it a good remedy whenever these symptoms are observed.[2] The consistent occurrence of the symptoms in authoritative literature regarding homoeopathy makes the use of this remedy highly justified in individualized practice. In homoeopathy, prescribing is done according to the totality of characteristic symptoms rather than the disease diagnosis alone, which makes individualization possible. Though more clinical studies are desirable, literature serves well as a basis for treatment with this remedy in homoeopathy.

CONCLUSION

The Nitricum Acidum is established as an important remedy in classical homoeopathic literature for treating anal fissures in individuals who have splintering pain while passing stools and after passing stools, bleeding that is bright red in color, tenderness of the anus, and fissures at the mucocutaneous junctions. The descriptions found in reliable books of Materia Medica and repertories justify its use in individual cases on the homoeopathic principle. While there is no scientific evidence in favor of its use, it can still be considered a clinically relevant remedy for appropriate cases of anal fissure.

REFERENCES

1. Gilani A, Tierney G. Chronic anal fissure in adults. BMJ. 2022;376:e066834. https://www.bmj.com/content/376/bmj-2021-066834
2. Boericke W. Pocket Manual of Homoeopathic Materia Medica. New Delhi: B. Jain Publishers; Latest edition.
3. Binda GA, et al. The Italian Unitary Society of Colon-Proctology (SIUCP) guidelines for the management of anal fissure. Tech Coloproctol. 2023;27:891–912. https://pubmed.ncbi.nlm.nih.gov/37833715/
4. Stewart DB, et al. Clinical Practice Guideline for the Management of Anal Fissures. Dis Colon Rectum. 2017;60(1):7–14. https://pubmed.ncbi.nlm.nih.gov/27926552/
5. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers.
6. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's Short Practice of Surgery. 28th ed. Boca Raton: CRC Press; 2023.
7. Beck DE, Roberts PL, Saclarides TJ, Senagore AJ, Stamos MJ, Wexner SD, editors. The ASCRS Textbook of Colon and Rectal Surgery. 4th ed. Cham: Springer; 2022.
8. Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, editors. Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice. 21st ed. Philadelphia: Elsevier; 2022.
9. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica. New Delhi: B. Jain Publishers (P) Ltd.; 1999
10. Clarke JH. Dictionary of Practical Materia Medica. Reprint ed. New Delhi: B. Jain Publishers (P) Ltd.; 1995.
11. Close S. The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy. New Delhi: B. Jain Publishers.