

INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558
P-ISSN: 2616-454X
IJUIM 2018; 2(2): 132-135
Received: 05-02-2018
Accepted: 18-03-2018

Minhaj Ahmad
School of Unani Medical
Education and Research,
Jamia Hamdard, Hamdard
Nagar, New Delhi, Delhi,
India

Management of piles with Unani formulation Habb-e-Bawaseer Khooni and Saboos-E-Asabghol: Case study

Minhaj Ahmad

Abstract

Hemorrhoids are very common anorectal problem in human being. In Unani system of medicine. Haemorrhoids are known as Bawasir. It is specialized highly vascular cushions of thick sub mucosa, containing blood vessels, smooth muscles, elastic and connective tissue which may slide down due to weakness of collagen and anchoring supporting connective. During current scenario the peoples are so much busy in their routine life and having no time for making healthy food or to go to the suitable place to get healthy food. This changing food style and day today increasing mental stress may lead to hemorrhoids. Bawasir (Hemorrhoids) are known since very beginning, it is mentioned in very detail in ancient books of medicine. The present study was conducted to see the efficacy of Unani drug *habb-e-bawasir khooni and Saboos-e-Asapghol* in the management of Bawasir (Hemorrhoids).

Patients with 1st and 2nd degree hemorrhoid, without complication in age group 18-70 years, attending Jarahiyat OPD, Majeedia Unani Hospital were included. Exclusion criteria was haemorroide with other diseases of anal canal such as complicated Hemorrhoid, mentally retarded patient and pregnant women. The study revealed that that Unani pharmacopeia drug *Habb-e-Bawasir Khooni in association of saboos-e-asapghol* is very effective, safe and cost-effective drug for the treatment of uncomplicated, 1st and 2nd degree internal hemorrhoids.

Keywords: *Bawasir, Haemorrhoids, Anorectal disorder, Saboos-e-asapghol, Habb-e-bawasir khooni*

Introduction

Hemorrhoids are very common anorectal problem in human being. It is specialized highly vascular cushions of thick sub mucosa, containing blood vessels, smooth muscles, elastic and connective tissue which may slide down due to weakness of collagen and anchoring supporting connective. During current scenario the peoples are so much busy in their routine life and having no time for making healthy food or to go to the suitable place to get healthy food, therefore they change themselves and started getting fast food from the market, which is easy but lighter than meal. This changing food style and day today increasing mental stress may lead to hemorrhoids^[1].

Bawasir (Hemorrhoids) are not declared as a disease, unless they become symptomatic. At least 50% population at some time became symptomatic in their lives. Bawasir (Hemorrhoids) have several treatments but the best treatment is always prevention with medication. The etiological factors of hemorrhoids are still hypothesized and many factors are seeming to be responsible for this disease such as chronic constipation, straining on defecation, driving for long defecation, low fibers diet, spicy food and sometime hereditary, weight lifting, pregnancy etc. In Unani system of medicine haemorroide is known as bawasir, which means wart or polyp like swelling, and it is defined and discussed by Unani physicians. The causes of bawasir are saudawi and viscous blood which is the cause constipation.

According to Buqrat (460-377BC) Haemorroide (Bawasir) is the variety of the mucus membrane of the rectum in which the veins dilatated same as veins of the lower limb 10

According to Ibn-e-Zuhar (1091-1162AD) Bawasir is the swelling at the end of the vessels of rectum. (38) According to Samarqandi (1222 AD) Bawasir is warty swelling at the end of rectal vein due to saudawi blood. Ali Ibn Abbas Majoosi (930-994, AD) said that Bawasir is a growth or swelling at the end of rectal vessels. Unani Physicians described in their books that Bawasir develop due to saudawi and viscous blood which is the cause of constipation, 8, 9, 10, 11, 12, 13.

It has been estimated that 50% people around the world have the problem of hemorrhoid 6, 14, 16.

As per NIH data about 1, million cases are reported in US at the prevalence rate of 4.4% 15,

Correspondence

Minhaj Ahmad
School of Unani Medical
Education and Research,
Jamia Hamdard, Hamdard
Nagar, New Delhi, Delhi,
India

and according to several studies carried out in high risk group, the prevalence rate of hemorrhoid was found to be very high. Hemorrhoids are very big problem all over the world which disturbs the usual life of the patient. Hemorrhoids are rarely very serious but untreated can cause serious medical problem such as strangulation, infection, ulceration, fibrosis, thrombosis, gangrene and portal pyemia. Looking into the complication of hemorrhoid it was very necessary to give more attention on the management of hemorrhoid.

Classification

1. *Internal hemorrhoids*: Internal haemorrhoids are symptomatic, originate proximal to the dentate line, arising from the superior haemorrhoidal plexus, and covered with mucosa.
2. *External hemorrhoids*: External haemorrhoids originate distal to the dentate line, arising from the inferior haemorrhoidal plexus. They are sometimes painful as they are lined with modified squamous epithelium because they are richly innervated.
3. *Interno-external hemorrhoids*

Are those with elements of internal and external haemorrhoids i.e. arising from the inferior and superior haemorrhoidal plexus and their anastomotic connections and are covered by mucosa in the superior part and skin in the inferior part [13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24].

Pathological classification

1. *Primary Haemorrhoid*: Located at 3, 7 and 11 O' clock position related to the branches of superior haemorrhoidal vessel which divides on the right side into two, left side it continues as one.
2. *Secondary Haemorrhoid*: One which occurs between the primary sites.

Degree of Haemorrhoids [15, 16, 18, 25, 12, 64, 20, 27, 28]

1st degree: The pile mass does not come out of anal canal, there may be painless bleeding.

2nd degree: The pile mass prolapses at the time of defecation but return back spontaneously.

3rd degree: The pile mass prolapses at the time of defecation but not return back spontaneously it requires manual reduction.

4th degree: The pile mass permanently prolapsed and irreducible despite attempts at manual reduction.

Unani classification [4, 5, 6, 7, 8, 9, 22, 23]

1. *Saulooli* (Adasiya or Hamasiya): This variety of the piles masses is like lentil or gram in its size and texture.
2. *Inabi*: In this variety pile masses are like grapes. They are either round or flat in shape and red or purple in colour.
3. *Tooti*: These Bawasir are like Mulberry. They are soft in consistency and long in shape. They are round and red in colour at their tops whereas their roots are thin and green in colour.
4. *Nifakhi*: Bawasir are like bubble and white in colour, they do not produce any pain.
5. *Nakhli*: Bawasir resemble to the root of the date tree, which contain multiple branches and fibers.
6. *Teeni*: These pile masses are round and flat and look like figs. It is painful variety of Bawasir.
7. *Tamri*: In this type pile masses are rough and hard like

dry dates. It is painful.

Classification depending on bleeding.

1. *Bawasir Khooni* (*Bawasir Munfaitha*). In this type there is bleeding.
2. *Bawasir Umaiya*: This is also known as Bawasir-e-Reehi. In this type there is no bleeding.

As per Unani literature most of the times Bawasir are due to saudavi madda and rarely it is due to balghami madda. Sauda is the main cause of Bawasir. Common symptom of piles is complaints of fresh bleeding on defecation, prolapse of mass, Mucous discharge, pruritus and anaemia.

Treatment of Haemorrhoids (nium)

Conservative/non operative Treatment is based on the following

1. Bulking agents; can be achieved by increasing fluid and fibre in the diet.
2. Sitz baths/warm compresses at least for 10 minutes daily.
3. Local applications; corticosteroids or anesthetic agents [12, 22]
4. To avoid spicy, fried, non-veg food items, long sitting, more straining duration defecation. More use of cow milk, butter, buttermilk, wheat, ghee, green vegetable etc [18].

Parasurgical procedures

Beside conventional method of treatment there are some minor/ Para surgical procedures used to treat the haemorrhoids such as *sclerotherapy*: mostly used for 1st and 2nd degree haemorrhoids injection of 5 ml of 5% phenol in oil, at the base of haemorrhoid in submucous layer produces thrombosis of vessels, sclerosis and fibrosis of connective tissues. *Rubber band ligation*: usually used for 2nd degree internal haemorrhoids. It causes cut off the blood supply to the pile mass, and the mass sloughs off in 5–7 days [23]. *Cryotherapy*; Nowadays not used because the procedure is time taken and associated with profuse discharge, irritation, and pain after procedure, Infrared coagulation (IRC), Laser therapy, Doppler-guided haemorrhoidal artery ligation (DGHAL).

Surgical Procedures

Open haemorrhoidectomy, closed haemorrhoidectomy, stapled haemorrhoidectomy and anal stretching.

post-operative complication with varied frequency occur in hemorrhoidectomy such as Pain due to spasm, nerve irritation, muscle injury, retention of urine, reactionary or secondary haemorrhage Anal stricture, anal fissure, recurrence anal discharge for some time, incontinence for feces or gas, ectropion.

Due to serious complication of operative procedures of haemorrhoid it became a thrust area of research in medical science to treat haemorrhoids by non-operative procedures. The researchers are looking for a safe and effective medicine for the treatment of hemorrhoid. As for as the Unani system of medicine is concerned, hemorrhoid is treated since very beginning by Unani physicians and they claim in their literature for safe and effective drug for the management of hemorrhoid. There are so many anti haemorrhoidal single and compound Unani drugs mentioned in standard Unani pharmacopeia (Qarabadin). This is an effort to explore some specific and most effective drug for

the treatment of hemorrhoid. For this purpose, Unani pharmacopeial drug *Habb-e-Bawasir Khooni* was used for the treatment internal haemorrhoid. The composition of HBK is given as under Table 1.

The composition of Habb-e-Bawasir Khooni

Rasaut, Sang-e-Jarahat, Kateera Safaid, Geru, Mazu Sabz. (Anonymous, 2011; National formulatory of Unani Medicine, Part VI. Published by department of AYUSH, Ministry of health & family welfare, Govt of India, New Delhi, pp-16-17) and Saboos-e-asapghol.

To Be Added

Case-01

A 38-year-old male visited to Majeedia Unani Hospital with the complaint of painless bleeding per rectum, mucus discharge and itching in anal region for one month. The patient was taking modern medicine regularly but there was no relief in bleeding, mucus discharge and itching in anal region. After proper interrogation and per rectal examination it was provisionally diagnosed as case of internal haemorrhoid at 7, O'clock position. Before starting the treatment, routine investigations were done. Blood examination showed Hb 10.2 gm%, RBS- 111 mg/dl, BT- 3 min, CT 5.8 min, HIV 1& 11 nonreactive, HCV and HbsAg negative. Ultrasonography of abdomen showed no abnormality. There was no h/o Urinary retention, Diabetes Mellitus, Hypertension, Tuberculosis, Hypothyroidism, Coagulating disorders and similar illness among family members. Modern medication replaced by Unani medication and. During this period patient experienced 95% improvement. Per rectal bleeding stopped after one week of treatment. The patient got complete relief in 4 weeks.

Case- 02

A 55-year-old male patient visited to Surgery OPD, Majeedia Unani Hospital, Jamia Hamdard, New Delhi, with the complaint of painless bleeding per rectum, mucus discharge and itching in anal region for 2 months. The patient was taking modern medicine regularly but there was no relief in bleeding, mucus discharge and itching in anal region. After proper interrogation and per rectal examination it was provisionally diagnosed as case of internal haemorrhoid at 3 and 7, O'clock position. Initial routine examinations were normal. Blood examination showed Hb 8.8 gm%, RBS- 124mg/dl, BT- 3.3 min, CT 4.1 min, HIV 1& 11 nonreactive, HCV and HbsAg negative. Ultrasonography of abdomen showed fatty liver grade 2nd. There was no h/o Urinary retention, Diabetes Mellitus, Hypertension, Tuberculosis, hypothyroidism, coagulation disorders and similar illness among family members. Modern medication replaced by Unani Pharmacopeial compound formulation *Habb-e-Bawasir Khooni*. Patient experienced 96% improvement in symptoms and signs of haemorrhoid i.e. Per rectal bleeding, mucous discharge and itching, stopped after one week of treatment. The patient got complete relief in 4 weeks of treatment.

Treatment method

Oral Medication

- Habb-e-bawasir khooni 2 tab. Twice a day with warm water
- Saboose-e-Asapghol 5gm. At bed time with warm water

Prevention

-To avoid spicy, fried, non-veg food items, long sitting, more straining during defecation.

Diet

-More use of cow milk, butter, buttermilk, wheat, ghee, green vegetable etc.

Local treatment

Sitz bath twice a day

Follow-up

Weekly in OPD

Table 2: Observation of Prognosis in Haemorrhoid

Sign and Symptoms	Before Treatment	After treatment			
	Day1	1 weeks	2 weeks	3 weeks	4 weeks
Bleeding	+++	+++	++	++	-
Prolapse	++	++	-	-	-
Mucous discharge	++	++	+	+	-
Itching	++	++	+	+	-
Anaemia	++	++	+	-	-
Proctoscopy findings	+++	++	++	+	+

Discussion and Result

Bawasir (Hemorrhoids) are very big problem all over the world which disturbs the usual life of the patient. It is rarely very serious problem, but the untreated cases can cause serious complications such as thrombosed pile, strangulation, infection, ulceration, portal pyaemia. In this study a 56-year-old woman and 45 years old man with thrombosed external haemorrhoids were studied for 28 days. Both patients were provided Unani medicines orally and leech application locally. There was significant improvement in symptoms and signs e.g. pain, bleeding, itching and swelling. It may be due to the elimination of morbid humors present locally in the haemorrhoidal mass as described by Zkariya Razi, Ibn-e-Sina, Majoosi and Jurjani. [5, 8]

Conclusion

In Unani system of medicine there are four modes of treatment of the diseases. *Ilaj bi' l 'alaq* (Leech Therapy) is one of the most popular method of treatment as described by ancient Unani physicians. In this study it was observed that, *Ilaj bi' l 'alaq* (Leech Therapy) is very effective in the management of thrombosed piles. It is suggested that further study may be carried out on larger sample size to see the leeching effect on thrombosed pile.

References

1. CCRUM. Standard Unani Medical Terminology, Central Council for Research in Unani Medicine, Department of AYUSH, 61-65, Institution area, Janakpuri, New Delhi 2012, 236
2. Ibn Zuhar Abu Marwan AM. Kitabul Taiseer fil Madawat Tadbee, New Delhi: CCRUM 1989, 152.
3. Kirmani NBA, Shareh Asbab (Tarjuma Kabir). Eijaz publishing house. New Delhi 2, 634-638.
4. Azam KM. Ikseer-e-Azam (Urdu Translation by Mohammad Kabiruddin) 2010, 661-673.

5. Majoosi AIA, Kamil al sinaa'at (Urdu Translation Kantoori). New Delhi: Idara Kitab-ul-Shifa 2010, 516-518.
6. Razi AB, Kitabul Hawi. New Delhi: CCRUM 2004;11:28-43
7. Jurjani AH, Zakheera Khawarazam Shahi, (Urdu Translation by Hadi Hussain). New Delhi: Idara Kitab-ul- Shifa 2010, 461-463.
8. Ibn Sina. Al Qanoon-fil-Tibb (Translation by Kantoori). New Delhi: Eijaz publishing house 2010;3:985-986.
9. Khubchandani I, Paonessa N, Khawaja A. Surgical treatment of Haemorrhoids, London: Springer 2009;(2):1.
10. Gupta RL. Textbook of Surgery. New Delhi: Jaypee Brothers Medical Publication 1996, 511-512, 523-525.
11. Statistics by Country for Haemorrhoids (Internet) cited on 24 June 2014. Available from <http://www.rightdiagnosis.com/h/hemorrhoids/statecountry.htm>.
12. Johnson JF, Sonnenberg A. The Prevalence of haemorrhoids and chronic constipation, an epidemiologic study. Gastroenterology 1990;98(2):380-6.
13. Das Soman. A concise Textbook of Surgery, Kolkata: Published by S. Das 2010;(6):959-962
14. Sriram Bhatt M. SRB's Manual of Surgery, New Delhi: Jaypee Brothers Medical Publisher 2010;(3):905-907.
15. Goldman Ausiello. Cecil Medicine. Gopsons Paper Ltd 2008;1(23):1078.
16. Shenoy KR, Nileshwar A. Manipal Manual of Surgery. CBS Publishers & Distributers Pvt. Ltd 2010;(3):643-647.
17. Das Soman. A Practical Guide to Operative Surgery, Kolkata Published by Dr. S. Das: 2014;(6):959-962.
18. Anwar Ali SH. Ilmu Jarahat Part 2, New Delhi: Afif Office printer 2001;(5):580-584.
19. Ansari K. Jarahat-e-Nizami, Ejaz Publishing House, New Delhi: 2011;2:254.
20. Qureshi MH. Jam-ul-Hikmat. Idara Kitab-ul-Shifa, New Delhi 2011, 786-793.
21. Khan MS. Rahbar Moalejat. Idara Kitab-ul-Shifa, New Delhi 2009, 117-118.
22. Khan RM, *et al.* A Comprehensive Review of Haemorrhoids with Unani (Greco-Arabic) and Modern Description. International Journal of basic Medicine and Clinical Research 2004;1(3):52-65.
23. Anonymous. Dorland's illustrated Medical Dictionary. (29th). Philadelphia: W.B Saunders Company 1389.