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ABSTRACT

These are dilated veins with in the anal canal in the sub epithelial region formed by radicles of the superior, middle and inferior rectal veins. Internal haemorrhoids are symptomatic anal cushions and characteristically lie the 3 o clock, 7 o clock and 11 o clock positions (with the patient in the lithotomy position) occasionally, patients with portal hypertension develop rectal varices, but these should not be confused with haemorrhoids as the consequences may be disastrous. Haemorrhoids are cushions of specialised highly vascular tissue found with in the anal canal in the sub mucosal space. These cushions of thickened submucosa contain blood vessels, elastic tissue, connective tissue and smooth muscles. The word haemorrhoids is derived from the Greek word haema = blood and rhoos = flowing, and was originally used Hippocrates to describe the flow of blood from the veins of anus. Commonly in society it is known as piles. In Unani literature haemorrhoids are known as “bawaseer”. According to Hippocrates (Buqrat) bawaseer is the varicosities of the internal mucous membrane of rectum in which the veins get swollen similarly to the veins of the lower limb. It has been stated that the 50% of the population will experience symptomatic haemorrhoidal disease in at some point in their lives, the peak incidence of symptomatic disease seems to be between the age of 45—65 years. According to the Unani system of medicine it is advised to treat the disease with mushily-e-Sauda, Mohalll awram, Musakkin, Habis-e-Dam, Mudamil-e-zakhim, and Mulaiyyan Adviya. There are many mufrad and murakkab drugs described in Unani literature to manage bawaseer. In this paper there is an insight of causes, symptoms and management of bawaseer along with single and compound drugs being used in treatment of haemorrhoids.

KEYWORDS : Bawaseer (haemorrhoids), Varicosities, Murakkab And Mufrad.

Definition:

Haemorrhoids are dilated plexus of superior haemorrhoidal veins in relation to rectal canal. These are dilated veins with in the anal canal in the sub epithelial region formed by radicles of the superior, middle and inferior rectal veins. Internal haemorrhoids are symptomatic anal cushions and characteristically lie the 3 o clock, 7 o clock and 11 o clock positions (with the patient in the lithotomy position) occasionally, patients with portal hypertension develop rectal varices, but these should not be confused with haemorrhoids as the consequences may be disastrous. Haemorrhoids are cushions of specialised highly vascular tissue found in the anal canal in the sub mucosal space. These cushions of thickened submucosa contain blood vessels, elastic tissue, connective tissue and smooth muscles. The word haemorrhoids is derived from the Greek word haema = blood and rhoos = flowing, and was originally used by By Hippocrates to describe the flow of blood from the veins of anus. Commonly in society it is known as pile, the word piles is derived from Latin word meaning a ball or a mass as this condition may not always be associated with bleeding. The word piles is better used for this condition.

In unani literature, haemorrhoids are known as ‘Bawaseer’. Bawaseer is the is the plural of basoor, which means wart or polyp like swelling. According to Hippocrates (Buqrat), bawaseer is the varicosities of the internal mucous membrane of rectum in which the veins get swollen similar to the veins of the lower limb. According to Mjoosi, bawaseer is an excessive growth at mouth of vessels present in anus.

Prevalence:

More than half of men and women aged 50 years and older will develop haemorrhoidal symptoms during their life time. Haemorrhoids are rare in children but now days, several reports state the occurrence of haemorrhoids in children and in elderly people. In united states three-quarter of individuals have haemorrhoids at some point in their lives, and about half of them over age 50%’s required treatment and much smaller percentage approximately 4% seek medical treatment for the condition. Haemorrhoids are the most common cause of lower gastrointestinal bleeding, its frequency in India is 30 — 40%. Haemorrhoids are known as “bawaseer”. According to bleeding:

According to shape of mass:

- Saloli - like small warts.
- Unabi - like grapes, they are oval shaped and tips are green like grape colour.
- Tooti - like mulberry, they are loose green in colour and with mulberry appearance.

2. According to bleeding:

- Umiya - haemorrhoids without bleeding (Bawaseere reehi)
- Damiya - Haemorrhoids with bleeding (bawaseeri khooni)

3. According to site of appearance:

- Nabita - External haemorrhoids
- Ghaira - Internal haemorrhoids

Classification Of Haemorrhoids According To Unani System Of Medicines:

1. According to shape of mass:
   - Saloli - like small warts.
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CAUSES OF HAEMORRHHOIDS:

According to conventional system of medicines:

1. Upright posture and absence of valve in the portal system with other factors precipitate development of haemorrhoids.
2. Absence of valves, or congenital weekness of the vessel wall are few other factors contributing for the haemorrhoids.
3. A diet deficient in fibers result in constipation and hard stools compress veins and result in haemorrhoids.
4. Carcinoma of the rectum.
5. Pregnancy-compresses superior rectal vein can cause haemorrhoids.
7. Other factors that are believed to increase the risk include:
   - Obesity
   - Prolonged sitting
   - Pelvic floor dysfunction
   - Chronic cough...
Causes Of Haemorrhoids According To Unani System Of Medicines.

- Common cause of haemorrhoids is Khilt-e-Sauda (Black humour)
  - Due to sahra
  - When blood gets burnt
  - Due to certain drugs which are hot in temperament.
  - Consumption of excessive saudawi substances leads to ghalez
  - dam (viscous blood)
  - Persons who consume protein rich diet.
  - Persons living in the area where the air is ratab (moist and
  - mutaaffin).
  - Frequent use of purgatives, sedentary life style, long hour sitting,
  - avoidance of exercise.
  - Intake of excessive alcohol, non vegetarian foods and spicy oily
  - foods. (7, 8, 14, 18)

Clinical Features Of Haemorrhoids

1. Bleeding
   - Bright red, painless and occurs along with defecation.
   - Splash in the pan: this causes chronic haemorrhoids.
   - The blood typically covers the stool, a condition known as
   - hematochezia, is on the toilet paper or drips into the toilet bowel.

2. Prolapse
   In the beginning the prolapse is minimal. According to prolapse
   haemorrhoids can be divided into four degrees. When completely
   prolapsed may cause itching, mucous discharge and fecal
   incontinence. Internal haemorrhoids are painful only when they
   become thrombosed.
   - First degree: only bleed no prolapse
   - Second degree: prolapse but reduce spontaneously
   - Third degree: prolapse and have to be manually reduced
   - Fourth degree: permanently prolapsed, during fourth degree
   prolapsed piles cannot be seen in 3,7 and 11 o clock

3. Mucous discharge: The mucous discharge is due to engorged
   mucous membrane

4. Anaemia: Anaemia is often seen in long standing cases of
   haemorrhoids due to Persistent bleeding.

Clinical features according to Unani medicine:-

- Haemorrines in rectum
- Itching
- Burning pain during defecation
- Bleeding per rectum in bawaseer khoni
- Anaemia

Complications of haemorrhoids

- Strangulation and Thrombosis
- Ulceration
- Gangrene
- Portal Pyaemia
- Fibrosis

Investigations

1. Per rectum examination in left lateral or knee elbow or sim's
   position
2. Proctoscopy: As the obturator is removed, piles prolapse into the
   lumen of proctoscope as cherry red masses.

Management

Conservative treatment:

- High fibre supplements improve symptoms in early stage.
- Sitz baths and increase in fluid intake relieves constipation.
- Topical preparations of local anaesthetics, corticosteroids,
  astringents and antiseptics are available.
- A dietary supplement as flavonoids have been used in the
  treatment of haemorrhoids. They improve venous tone, reduces
  hypermeability and have anti-inflammatory effects.

Treatment

- Non operative treatment: It is indicated in grade 1 and grade 2
  piles.
- Injection of sclerosant: It is indicated in grade 1 piles
- Barron's band application: It is indicated in 2 and 3 grade piles
- Operative treatment: Haemorrhoidectomy, open method and closed
  method.

Management of haemorrhoids (bawaseer) in Unani

Unani single drugs and compound formulations are very much
effective and are easily available in market. Some home remedies for
piles can be easily prepared at home.

Usooli -Ilaaj (Principles Of Treatment)

- Islaah –e– ghiza (Dietary regulations) is the key to cure it.
- Talinyin (laxation) is very effective in curing constipation.
- Taskeen – e – dard (Analgesia) in cases of pain
- Tanqi – e – dam-e-fusud wa khilt-e-saudaw (Evacuation of impure
  sanguine and black bile)
- Ilaj bil yad (surgery) if needed
- Haabis –e – dam (haemostasis) in case of excessive bleeding
- Indimala (healing) to heal up the affected area

Ilaj bil dawa (pharmacotherapy)

- If veins are protruding wash with cold water and then push inside
  manually. Use locally marhame musakin-e-dard and merhame
  habis-u-dam with ingredients like kafoor, Ayoon, Ajwain
  khrusani, Post khash khash, Laabi ispagul, Rougan-e-bung,
  Burz-e-bung, Aab-e-burg maqo sabiz, Aab-e-burg kakronda subiz,
  Safiidea kasghari, mazoo, Rasoot, Kath.
- When piles are not bleeding and are very painful it is better to use
  those drugs which can open the mouth of the veins eg use of
  suppositories made of abi piyaz, but remember in this case patient
  should not be anaemic.
- When piles are bleeding and are painful apply zimad to reduce pain
  and infiltration, with ingredients like nakhona, khutmi, affiyon,
  zafran, als, gugul and onion with gee.
- Use haemostatic drugs single as well as compound.
- Local application of paste containing egg yolk, barley flour and
  roughan-e-gul is very effective in bawaseer daamiya (bleeding
  piles)
- Sitz bath (Abzam) with the decoction of Althaea
  officinalis, Khattmi, Malva syavestris Linn, Khubhazi and viola
  odorata Linn (Banafsha).
- Sitz bath (Abzan) with the decoction of lens esculenta Moench
  (Masoor), fruit rind of Punica GRANATUM Linn. (Post-e-
  anaar), Quercus infectoria Olive (Mazu) and stamens of Rosa
  damascene Mill. (zar-e-ward).

Ilaaj Bil Tadbeer (Regimental Therapy)

- Fasad-e-ha saleek (bloodletting through cephalic vein)
- Hijama (Cupping): Cups are applied on the hips to expel the
  Saudavi matter.
- Ta’ leeq (Leeching) Leeches are directly applied over the
  haemorrhoidal swellings or adjacent to them due to which the
  morbid matter lodged in the haemorrhoidal plexus directly expel
  out from the affected area.

Compound Unani Drugs

- Habb-e-Rasoot
- Iteef-e-Mulayyan
- Gulkund
- Habb-e-Maqil
- Roghan-e-Zard
- Qurs-e-Kahruba

Dietary Restrictions

- Diet should be light and laxative
- Avoid spices (Masala jat)
- Avoid fish and meet (Aghziya Muwallid–e-sauda)
- Avoid intake of alcohol.

Prevention

- Avoid constipation
- Eat high fibre - food and fibre supplements
- Increase ur fluid intake
- Avoid straining while defecation
- Always go to toilet when feel the urge
- Exercise regularly

Conclusion

Prevention is better than cure in case of every disease. Most patients
may be effectively treated with diet and life style modifications only.
Avoidance of constipation is important in treating haemorrhoids. Non
surgical techniques in Unani system of medicine which includes
fasad, Hijama and Taleeq are so beneficial in treating the haemorrhoids
and may prove to be best and cheap alternative. Mufrad and murakkab

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drugs are very effective in symptomatic haemorrhoids.

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