



## CONCEPT OF HAEMORRHOIDS (BAWASEER). MANAGEMENT IN UNANI SYSTEM OF MEDICINE (A REVIEW)

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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. The word "haemorrhoids" is derived from the greek "heama"= 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 haemorrhoid 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 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<sup>(1,2,3,4)</sup>. The word haemorrhoids is derived from the Greek word haema =blood and rhoos= flowing and was originally used by Hippocrates to describe the flow of blood, from the veins of the 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<sup>(5,4)</sup>.

In unani literature, haemorrhoids are known as 'Bawaseer'. Bawaseer is the plural of basoor, which means wart or polyp like swelling. According to Hippocrates (Buqrat), bawaseer is the varicosities of the internal mucosa 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<sup>(6,7,8)</sup>.

### 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% required treatment and much smaller percentage approximately 4% seek medical treatment for the condition. Haemorrhoids are the most common cause of lower gastro intestinal bleeding, its frequency in India is 30–40%.<sup>(1,9,10)</sup>

### CLASSIFICATION

Piles can be broadly classified into two categories:

**Internal piles:** Internal piles are located in the anal canal and internal to the anal orifice. It is covered with mucous membrane and it is bright red or purple in colour. It usually commences at the Ano- rectal ring and ends at the dentate line. Internal haemorrhoids are covered by columnar or transitional epithelium. Because this overlying tissue is visceraally innervated, it is not sensitive to touch, pain or temperature. Internal piles can be classified into 4 grades:

**Grade1:** These are tiny haemorrhoids within the lining of the anus,  
**Grade2:** These haemorrhoids also lie within the anus and are slightly

larger than grade first haemorrhoids. These haemorrhoids may get pushed out while passing stool but return to the original position on their own.

**Grade 3:** These are also known as prolapsed haemorrhoids. They appear outside the anus. The Patient can push them back in by pressing against them with his finger.

**Grade 4:** These haemorrhoids cannot be pushed back and stay outside the anus at all time External haemorrhoids are situated outside the anal orifice and is covered by skin.

External haemorrhoids are located in the distal 1/3 of the anal canal, distal to the dentate line.

Interno-external: Both varieties together also called mixed or combined.<sup>(1,2,11,13)</sup>

### Classification Of Haemorrhoids According To Unani System Of Medicines:

#### 1. 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 (Bawaseer reehi)
- Damiya - Haemorrhoids with bleeding (bawaseeri khooni)

#### 3. According to site of appearance:

- Nabita - External haemorrhoids
- Ghaira - Internal haemorrhoids (7)

### CAUSES OF HAEMORRHOIDS

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 weakness 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.
6. Portal hypertension – uncommon cause of rectal varices (Alcoholic cirrhosis).
7. other factors that are believed to increase the risk include
  - Obesity
  - Prolonged sitting
  - Pelvic floor dysfunction
  - Chronic cough<sup>(1,2,12,13,15)</sup>

## Causes Of Haemorrhoids According To Unani System Of Medicines.

Common cause of haemorrhoids is Khlit-e-Sauda (Black humour)

- Due to safra, and when blood gets burnt
- Due to certain drugs which are hot in temperament.
- Consumption of excessive saudawi substances leads to ghaleez dam (viscous blood).
- Persons who consume protein rich diet.
- Persons living in the area where the air is rataf (moist and mutaaftin).
- 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 bowl.

### 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. (1,2,15)

## Clinical features according to Unani medicine:-

- Heaviness 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 (1,2,15,19)

## Investigations

1. Per rectum examination in left lateral or knee elbow or Sims position
2. Proctoscopy:- As the obturator is removed, piles prolapse into the lumen of proctoscope as cherry red masses. (2,3)

## 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, reduce hypermeability and have anti-inflammatory effects. (2,3,16,17)

## Treatment

- Non operative treatment :- It is indicated in grade 1 and grade 2 piles.
- Injection of sclerosant :- It is indicated in grade 1 piles
- Barrons band application :- It is indicated in 2 and 3 grade piles
- Operative treatment :- Haemorrhoidectomy, open method and closed method (5,9)

## Management of haemorrhoids (bawaseer) in Unani

Unani medicines are very beneficial in treating haemorrhoids. Both

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 -e- Ilaj (Principles Of Treatment)

- Islaah – e – ghiza (Dietary regulations) is the key to cure it.
- Talyin (laxation) is very effective in curing constipation.
- Taskeen – e – dard (Analgesia) in cases of pain
- Tanqi – e – dam-e-fasid 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
- Indimaal (healing) to heal up the affected area (6,7,8,15,18)

## Ilaj bil dawa (pharmacotherapy)

- If veins are protruding wash with cold water and then push inside manually. Use locally marham musakin-e-dard and merham habis-u-dam with ingredients like kafoor, Afyon, Ajwain khurasani, Post khash khash, laoabi ispagul, Rougan-e-bung, Burg-e-bung, Aab-e-burg maqo sabiz, Aab-e-burg kakronda subiz, Safeeda kashgari, 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 inflammation, with ingredients like nakhoona, 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 (Abzan) with the decoction of Althaea officinalis (Khatmi), Malva sylvestris Linn. (Khubazi) 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). (18,8,7,20,14,12)

## Ilaj Bil Tadbeer (Regimental Therapy)

- Fasad-e-ba 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 expels out from the affected area. (8,18,7)

## Compound Unani Drugs

- Habb-e-Rasoot
- Itreef-e-Mulayyin
- Gulkund
- Habb-e-Muqil
- Roghan-e-Zard
- Qurs-e-Kahruba (7,9,18,20)

## Dietary Restrictions

- Diet should be light and laxative
- Avoid spices (Masala jaat)
- Avoid fish and meat (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 (7,18,19,20)
- Exercise regularly

## Conclusion

Prevention is better than cure in case of every disease. Most patients can 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

drugs are very effective in symptomatic haemorrhoids.

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