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Unani

HAEMORRHOIDS AND ITS UNANI MANAGEMENT

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ABSTRACT Haemorrhoids or piles are the varicosities of the haemorroidal veins. The word haemorrhoid is derived from the Greek Haema-blood and Rhoos-flowing and was originally used by the anus. Commonly it is known as piles, the pile is derived from Latin meaning a ball or a mass. In Unani literaturecauses of haemorrhoids are still unknown, but some predisposing factors may aid the disease. Haemorrhoids can be managed by different procedures such as conservative treatment, non operative or operative measures depending upon the condition and severity. Nowadays in unani practice there are so many procedures in curing piles. Therefore, it is necessary to correlate the concepts of Bawaseer in unani and conventional system of medicineare known as "Bawaseer". It is the plural of baasoor, which means wart or polyp like swelling. Haemorrohids or piles are commonly known to plagued humankind since ancient times. On the day of the decisive battle at waterloo, Napolean Bonaparte was in pain because of a severe case of thrombosed haemorrhoids which impaired his battlefield conduct. Although it has been stated that 50% of the population will experience symptomatic haemorrhoid disease at some point in their lives, the peak incidence of symptomatic disease seems to be between the ages of 45-65 years exact.

KEYWORDS :

INTRODUCTION:

Haemorrhoid is composed of two Greek words;Haema means blood and Rhoose means flowing. The people of developed countries are more prone than developing countries. Males are more affected than females, but some recent researchers have been carried out which shows equal frequency in males and females. According to NIH data, nearly one million cases are reported annually in U.S at the prevalence rate of 4.4%. In the age group of 45-60, it is estimated that 50-86% of people around the world have haemorrhoids. Haemorrhoids are the most common cause of lower G.I bleed. Its frequency in India is 32-40%. Some studies suggest that about 75% of the population will have symptomatic haemorrhoids at some point in their life. Development of haemorrhoids before the age of 20 is unusual, and the risk is higher for whites than for black. Haemorrhoids are common lesions in elderly and pregnant women. They commonly results from increase venous pressure.Many unani physicians thought that humours (Akhlat) play an important role in the development of haemorrhoids. They stated that large quantity of melancholic blood produced in the liver may lead to haemorrhoids. It has also been revealed from various unani texts that haemorrhoids (Bawaseer) are mainly caused by accumulation of excess Khilt-e-Balgham rarely. Sedentary life style, avoidance of exercise and long hour sitting professions can be the causes of haemorrhoids. Taking excessive red chilies, non-vegetarian foods and spicy/oily foods, excessive alcohol intake, frequent use of purgatives is also considered to be the causes of haemorrhoids. [1,2,3,4,5,6,7].

INCIDENCE OF HAEMORRHOIDS:-

According to different survey methods the prevalence of haemorrhoids can be anywhere from 4-55% of the population with no significant difference between males and females, haemorrhoids are much more prevalent in ages 45-60.

Looking at the prevalence of haemorrhoids based on American domestic data from a large scale epidemiological survey, it can be assumed that the disorder affects 4.4% of the population. However a random sampling from an epidemiological survey in London puts occurrence rates at 13.3%. A study using hospital visit data bases looking at 100,000 patients a year reported 1,777patients,(1.2%) in the U.S and 1,123 patients (1.1%) in the U.K newly diagnosed with haemorrhoids. In both cases, a tendency towards a decrease in the number of reported haemorrhoids cases be seen year by year.

Gender: The Hd treatment center has also found that among people older than 45 years, 25% of people who develop haemorrhoids are female and 15% are men.

Race: There is an insufficient data on the incidence of haemorrhoids by race, although it has been shown that individuals seeking treatment compared with other races.

Genetics: Some individuals are more genetically predisposed to haemorrhoids than others. These people should take measures to decrease the likelihood of them developing the problem.

Age: Age is known to influence haemorrhoid risk with the likelihood of haemorrhoids increasing as a person age. In most cases haemorrhoides develop in individuals who are over 30 years old, although they can develop at any age.

Locationandsocio-economicstatus: People who live in rural area and those with a higher socio-economic background appear to be more likely to be affected by haemorrhoids.[8,9,10]

PATHOPHYSIOLOGY OF HAEMORRHOIDS:

The muscular fibers of the anal canal and sphincters lie within the connective muscles ratio changes with age, showing an increase in connective tissue with age. This leads to a loss of elasticity, allowing the anchoring muscle fibers that give support to the anal cushions and sphincter complex to fragment resulting in prolapse of haemorrhoidal tissue other than risk factors are constipation, straining and also diaherrioa. Straining while sitting for long in toilet with an unsupported and relaxed perineum leads to engagement of the anal cushions and increase the downward shearing force upon them. Along with a loss of supporting muscle fibers the venous plexus distends causing the haemorrhoides to bulge.

Haemorrhoides are common in the later stages of pregnancy and may be due to the gravid uterus causing compression on the pelvic venous system. External haemorrhoides are those that originates from varicosities of veins (external venous plexus) draining the territory of the inferior rectal artery and they occur distal to the dental line.

As per Unani philosophy it is caused by accumulation of melancholic sanguine (Dam-e-Saudavi) in the anal vessels resulting in their engorgement and subsequent ulceration. Sometimes a person can experience intolerable pain, especially at the time of the passing of stool due to piles[11].

CAUSES OF HAEMORRHOIDS:

The exact cause of symptomatic haemorrhoids are unknown. But some predisposing factors are believed to playan important role including:

1. Erect posture of mankind.
2. Irregular bowel habits.
3. A low fibre diet.
4. Increased intra-abdominal pressure (prolonged straining, an intra-abdominal mass, and pregnancy.
5. Absence of valves within the haemorrhoidal veins.
6. Aging.
7. Alcoholic cirrhosis.
8. Other factors that are believed to increase the risk includes:

a) Obesity
b) Prolonged sitting
c) Chronic cough
d) Pelvic floor dysfunction

CAUSES OF HAEMORRHOIDS ACCORDING TO UNANI MEDICAL SCIENCE:

1. According to unani physician's most common cause of

haemorrhoids is Khilt-e-Sauda (Black humour).
2. Due to consumption of drugs which are hot in temperament and due to Safra (when it mixes with the blood) blood becomes Sokhta (Burnt) and Ghaleez (Viscous).
3. Ghaleez Dam (Viscous Blood) that develops due to excessive consumption of Saudavi substances.
4. Persons living in the areas where the air is Ratab (Moist) and Mutaaffin (putrified) and in those persons who consume more dates, milk and fish.
5. Persons having Saudavi temperament.
6. Accumulation of excess Khilt-e-Balgham rarely.
7. Sedentary life style, avoidance of exercise.
8. Long hour sitting professions.
9. Taking excessive red chillies.
10. Non vegetatian foods and spicy/oily foods.
11. Excessive alcohol intake.
12. Frequent use of purgatives.

Clinical features of haemorrhoids: According to conventional medicines. The symptoms of pathology haemorrhoids depend on the type present.

1. EXTERNAL HAEMORRHOIDS:

a) If not thrombosed external haemorrhoids are symptomless.
b) If a blood clot (thrombosis) develops in an external haemorrhoid it becomes a painful hard lump and may bleed if it ruptures.
c) The swelling may take a few weeks to disappear and after healing a skin tag may remain present.
d) If they are large and causing issues with hygiene they may produce irritation of the surrounding skin and thus causes itching around the anus.

2. INTERNAL HAEMORRHOIDS:

a) Internal haemorrrhoidusually present with pain less bright red, rectal bleeding during or following-defecation.
b) The blood typically covers the stool, a condition known as haematochezia, is on the toilet paper, or drips into the toilet bowl.
c) When completely prolapsed may cause itching mucus discharge and faucal incontinence. Internal haemorrhoids are usually only painful if they become thrombased or necrotic.

Clinical features of haemorrhoids according to unani system of medicines:

1. Bleeding per rectum in Bawaseer khooni which results due to perforation of rectal veins. Some patients may complain of epistaxis also which is considered beneficial for patients.
2. Burning pain during defecation (if present may be due to safravi madda).
3. Sometimes itching may also be present.
4. In Bawaseer Reehi patient may experience Joint pain indigestion and acidity.
5. When bleeding is continuous patient may become anemic.

Management of haemorrhoids according to unani system of medicine:

According to unani system of medicines, first and foremost thing is the Izala-e-Sabab (elimination of cause) i.e., whatever the cause it should be promptly eliminated. Since the main cause for the development of haemorrhoids is Saudavi or Ghaleez Khoon (morbid matter). So Tanqiya (expelling) of this morbid matter from the body with the help of different procedures is done and its formation in the body should also be avoided.

For the Tanqiya (expelling of morbid matter form the body the procedure may be done):

1. **Fasd(venesection):**Fasd of Rag-e-basaleeq (Basilic vein) is done. In severe conditions Fasd of Rag-e-saphin (saphenous vein) along with Rag-e-Basleeq is done.
2. **Hijama (cupping)**:- Cups are applied on the hips to expel the Saudavi matter.
3. **Taleeq (leeching):-**Leeches are directly applied over the haemorrhoids swelling or adjacent to them due to which the morbid matter lodged in the haemorrhoidal plexus directly expel out from the affected area.
4. **Ishaal (Purgation):-**It is done with the help of Mushilaat-e-Sauda drugs (Aftimoon, Kharbaq, Halela Siyah etc.) to expel out the saudavi and ghaleez madda.

In bleeding piles: - Following combinations of drugs may be used.
1. Geru (Red Chalk) 1gm.
2. Kehruba shamie (Vaterica Indiaca) 1 gm.
3. Busd Ahmar (Corallium Rubrum) 1 gm.

Powder of these drugs is used with sharbat anar 20 ml.

FOR LOCAL SOOTHING EFFECT.

Marham (Oint) is applied which is prepared from following single drugs.
1. Safeda (Lead Carbonate)
2. Kalai (Tin)
3. Mom safed (Bees Wax)
4. Roghan Gul (Oil of Rosa damascene)

ANAL DASTAKARI (SURGICAL TECHNIQUES)

1. Excision of pile mass and then cautery.
2. Excision of pile mass and then suturing of raw area.
3. Ligation of Base of pile mass, following which the mass sheds off.
4. Application of Akkal (Corrosive)
5. Medicines over pile mass[22,23].

Management of Haemorrhoids according to Modern point of view of Dietary Changes and Self-Care:-

If constipation is thought to be the cause of haemorrhoids you need to keep your stool soft and regular so you don't strain when going to the toilet. You can do this by increasing the amount of fibre in your diet. Good sources of fibre- include whole grain bread, cereal, fruit and vegetables. You should also drink plenty of water and avoid caffeine when going to the toilet, you should

1. Avoid straining to pass stools, as it may make your- haemorrhoids worse.
2. Use baby wipes or moist toilet paper, rather than dry toilet paper to clean your bottom rather than rubbing it.
3. Pat the area around your bottom rather than rubbing it.

Medication: Various creams, ointments and suppositories are available from pharmacies without a prescription. They can be used to relieve any swelling and discomfort.

Painkillers: Common painkillers are available to relieve the pain such as paracetomal. We should also avoid using codeine, painkillers as they cause constipation.

Laxatives: If you are constipate, your general practitioner may prescribe a laxative. Laxatives are a type of medicine that can help you to lax your abdomen and empty your bowels.

Non-surgical treatments: If dietary changes and medication don't improve your symptoms, your G.P may refer you to a specialist. If you have haemorrhoids in the upper part of your anal canal, non-surgical procedures such as schlerotherapy, rubber band ligation, cryotherapy, trans haemorrhidal De-Arterialization, infra-red photo coagulation, bipolar diathermy, operative treatments.

Surgery: Although most harmorrhoids can be treated using the methods described above, around 1 in every 10 people will eventually need surgery.

CONCLUSION:

Haemorrhoids or piles are abnormally enlarged anal cushions containing aterio-venous anastomosis traditionallydescribed as occurring in the 3,7 and 11'o clock positions. Piles are a common anorectal disorder worldwide. As in case of every disease prevention is the best common treatment. Most patients can be effectively treated with diet and life style modifications only. Avoidance of constipations is a key in treating haemorrhoids. Non-operative treatment methods are used for the patients with the first, second and third degree piles. Surgery is indicated in patients with acute complications or those in whom conservative treatment has failed. The ideal surgical option for the treatment of haemorrhoids should be able to provide relief of symptoms less complications and have a low recurrence rate. With the new techniques THD (Trans and Haemorrhoidal De-Arterialization), IRC (Infra-Red Photocoagulation) and direct current electrotherapy although less post-operative pain is observed. There is a greater likelihood of recurrence. Many surgical and non-surgical treatments are also available in unani system of medicine. Non-surgical techniques which include Fasd, Hijama and Talaaq(leeching) are also beceficial in treating haemorrhoids and may prove to be best and cheap alternative.

The main aim of this review is to high light the contribution of unani physicians as well as surgery in treating this common ailment conservatively non surgically and surgically.

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