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UNANI APPROACH IN THE MANAGEMENT OF NON-BLEEDING HAEMORRHOIDS: A CASE STUDY

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ABSTRACT Haemorrhoids are a common anorectal condition associated with symptoms such as pain, swelling, itching, and discomfort, often linked with chronic constipation. This case study presents a 58-year-old male patient suffering from non-bleeding haemorrhoids with a history of constipation for 8 years. The patient also complained of pain during defecation, lower abdominal discomfort, and inability to tolerate a normal diet. The patient was managed with Unani treatment, including Majoon Dabidulward, Arq Badiyan, and Habb-e-Bawaseer-e-Badi. The treatment aimed at improving bowel function, reducing inflammation, and relieving associated symptoms. The patient was already on a simple diet due to intolerance to normal food, which was continued during the treatment. Significant improvement was observed during the follow-up period of 6 weeks. Constipation improved initially, followed by reduction in pain, abdominal discomfort, itching, and haemorrhoidal swelling. The patient was eventually able to tolerate a normal diet without recurrence of symptoms. This case suggests the potential effectiveness of Unani therapy in the management of non-bleeding haemorrhoids and emphasizes the importance of addressing the underlying cause. Further studies are recommended to validate these findings.

KEYWORDS : Non-Bleeding Haemorrhoids, Unani Medicine, Constipation

INTRODUCTION

Haemorrhoids, commonly referred to as piles, are a frequently encountered anorectal condition characterized by the swelling and displacement of vascular structures in the anal canal. They are broadly classified into internal and external types and may present as bleeding or non-bleeding forms. Non-bleeding haemorrhoids are commonly associated with symptoms such as pain, discomfort, itching, and a feeling of heaviness in the anal region (1–3).

Several factors contribute to the development of haemorrhoids, including chronic constipation, prolonged straining during defecation, sedentary habits, and low dietary fiber intake. These factors lead to venous congestion and weakening of the supporting tissues of the anal cushions, resulting in haemorrhoidal enlargement (1, 2).

The management of haemorrhoids depends on the severity of the condition and includes both conservative and surgical approaches. Conservative measures primarily focus on lifestyle modification and pharmacological support to relieve symptoms and prevent further progression (2, 3). In recent years, traditional systems of medicine have gained attention due to their holistic approach and minimal side effects (4, 5).

Unani medicine provides a comprehensive approach for the management of haemorrhoids by addressing the underlying imbalance, improving bowel function, and reducing inflammation. This case highlights the potential effectiveness of Unani treatment in the management of non-bleeding haemorrhoids.

Case Report

A 58-year-old male patient presented to the OPD with complaints of constipation, pain during defecation, discomfort and swelling in the anal region, itching, and lower abdominal pain. The patient had a history of chronic constipation for the past 8 years. There was no history of bleeding per rectum.

The patient reported that his symptoms were aggravated after taking normal meals. Whenever he consumed regular food, he experienced abdominal pain, constipation, and increased pain and swelling in the anal region. Due to this, he had significantly restricted his diet and was consuming only simple food. The patient had taken various treatments, including modern and herbal medications, but did not achieve satisfactory relief.

On general examination, the patient was moderately built and conscious, cooperative, and well oriented. Vital parameters were recorded as follows: pulse rate 78 beats per minute, blood pressure 126/82 mmHg, respiratory rate 18 breaths per minute, and temperature 98.6°F.

On local inspection, haemorrhoidal swelling was noted without active bleeding. The diagnosis of non-bleeding haemorrhoids was made based on clinical features and history, as proctoscopic examination was not performed due to patient non-consent.

The patient was managed with Unani treatment. Majoon Dabidulward was prescribed in a dose of 10 g twice daily, along with Arq Badiyan 60 ml twice daily and Habb-e-Bawaseer-e-Badi 2 tablets twice daily. The patient was taking a simple diet as he was unable to tolerate a normal diet, which was continued during the course of treatment.

Follow-up was conducted weekly for a period of 6 weeks. The patient showed gradual improvement in symptoms. Constipation improved within the first week of treatment, followed by reduction in pain during defecation and lower abdominal pain. By the second week, itching and swelling subsided significantly. Bowel habits became regular, and by the end of 6 weeks, the patient showed marked improvement and was able to tolerate a normal diet without recurrence of symptoms.

Table 1: Clinical Progression of Symptoms in Non-Bleeding Haemorrhoids

Symptoms	Before Treatment	1 Week	2 Week	3 Week	4 Week	6 Week
Constipation	+++	++	+	+	-	-
Pain	+++	++	+	+	-	-
Haemorrhoidal Swelling	++	++	++	+	+	-
Itching	+++	++	+	-	-	-
Abdominal Pain	++	+	+	-	-	-

DISCUSSION

Haemorrhoids are commonly associated with chronic constipation and represent a multifactorial condition characterized by venous congestion and enlargement of the anal vascular cushions (1,2). If left untreated, haemorrhoids may lead to complications such as thrombosis, ulceration, infection, anemia, and prolapse, significantly affecting the quality of life. In the present case, the patient had a long-standing history of constipation for 8 years, which appears to be the primary contributing factor in the development of non-bleeding haemorrhoids.

Majoon Dabidulward possesses anti-inflammatory, blood-purifying (Musaffi-e-Dam), mild laxative (Mulayyin), and hepatoprotective properties, along with digestive strengthening effects (6). Arq Badiyan acts as a carminative and digestive agent (Muqawwi-e-Meda) and also exerts a soothing effect. Its pharmacological actions, including digestive and anti-inflammatory effects, have been supported by previous studies (7), which help in relieving abdominal discomfort, reducing irritation, and facilitating bowel movement. Habb-e-Bawaseer-e-Badi is indicated for the management of haemorrhoids and exhibits Daf-e-Bawaseer action as described in the National Formulary of Unani Medicine (8). The combined effect of these Unani formulations appears to have contributed to symptomatic relief in the patient.

The sequential improvement observed in this case, with early relief in constipation followed by reduction in other symptoms, highlights the importance of addressing the underlying cause.

The findings of this case suggest that Unani treatment can be an effective and safe approach in the management of non-bleeding haemorrhoids, particularly in patients with chronic constipation.

CONCLUSION

This case report demonstrates that Unani treatment may be effective in the management of non-bleeding haemorrhoids. The use of Majoon Dabidulward, Arq Badiyan, and Habb-e-Bawaseer-e-Badi resulted in significant improvement in symptoms. The findings highlight the importance of addressing the underlying cause in haemorrhoids and suggest that Unani therapy offers a safe and beneficial approach in such cases. Further studies with larger sample sizes are recommended to validate these findings.

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