

Concept and Management of Haemorrhoids (*Bawaseer*) in Unani System of Medicine

Mir Idrees Haneef^{1,*}, Shameem Ahmad Rather², Fouzia Farooq³

Abstract

Haemorrhoids are one of the most prevalent diseases with significant impact on quality of life. Haemorrhoids commonly known as piles are defined as swollen, inflamed veins around the anus or the lower part of rectum. The most common symptom of haemorrhoids is rectal bleeding and discomfort before or after bowel movements. According to the Unani Physicians, the most common cause of the haemorrhoids is the accumulation of the abnormal melancholic humour and the persons with melancholic temperament are very prone to this disease. Management of haemorrhoids is diverse ranging from conservative, pharmacological to surgical interventions. In Unani System of Medicine, the line of treatment to follow in such diseases is the evacuation of abnormal excessive accumulated humour by concoctive and laxative therapy. In this review, the author will discuss the causes, classification, pathophysiology, clinical manifestations and management of haemorrhoids in unani system of medicine.

Keywords: Haemorrhoids (*Bawaseer*), Rectal bleeding, Melancholic humour, Concoctive therapy, Conservative

INTRODUCTION

The word '*bawaseer*' is the plural of "*basoor*" which means *saalool* or *masah* (wart or polyp like swelling). *Bawaseer* is the name of that bump or bulge which appears in the veins around the anal canal due to the accumulation of morbid melancholic humour [1] (*ghaleez sawdavi khoon*) or *bawaseer* is defined as dilatation of the vessels present in the anal canal [2].

According to Hippocrates, *bawaseer* is a cyst like swelling of vessels present in the rectum or angioma/varicosity of the internal mucosal membrane of the anal canal or rectum in which veins are swollen similar to the varicosities of lower limbs [3].

Asbaab (Etiology): A number of causes have been described by eminent Unani physicians which are as under:

*Author for Correspondence

Mir Idrees Haneef

^{1,3}Research Scholars, Department of Moalajat, Regional Research Institute of Unani Medicine (RRIUM), Srinagar

²Reader, Department of Moalajat, Regional Research Institute of Unani Medicine (RRIUM), Srinagar

Received Date: July 23, 2021

Accepted Date: September 25, 2021

Published Date: December 21, 2021

Citation: Mir Idrees Haneef, Shameem Ahmad Rather, Fouzia Farooq. Concept and Management of Haemorrhoids (*Bawaseer*) in Unani System of Medicine. Research & Reviews: Journal of Unani, Siddha and Homeopathy. 2021; 8(3): 26-29p.

1. The most important cause is chronic and continuous congestion in the veins present in rectum because of the pressure which may occur due to chronic constipation, sedentary life style, sitting for long hours, pregnancy and certain liver disorders [3] e.g. Hepatomegaly etc.
2. Due to melanocholeic sanguinous blood, which is produced in two ways [4, 5].
 - a) Because of consumption of the drugs and foods which are hot in temperament.
 - b) Because of excess of burnt bile.
3. Consumption of foods which leads to excessive production of *Sawda*.

4. According to Ibn luqa excessive use of castor oil leads to development of *bawaseer* [1].
5. Persons living in areas where the air is *Ratab* (moist) and *Mutaaffin* (putrefied) and in those persons who consume more milk, fish and dates.
6. Consumption of excessive non-vegetarian and spicy foods.
7. Persons with *Sawdavi* temperament are more prone to this disease.

Aqsaam (Types/Classification)

- a. According to the site of appearance/location, *bawaseer* is of three types [6, 7]
 - i. *Nabita* (Internal): these bleed but they are not painful.
 - ii. *Ghaira* (External): bleeding is less but they are very painful.
 - iii. Internal cum external: bleeding and pain both are present.
- b. According to bleeding :[1,3]
 - i. *Damiya* (Bleeding pile): bleeding occurs due to rupture of the *basoor* (vessel) and there is excessive discharge of mucous.
 - ii. *Umiya* (Non-bleeding pile): bleeding and discharge of mucous is absent. It is also known as *bawaseer ghaira*.
- c. According to the shape of *Basoor* (pile): [1, 8]
 - i. *Salooli* (small wart like): these resemble to small warts or polyp in color and shape e.g., shape of lenticels or peas. These are worst among all types [9]. They are also known as *Adsiya* or *hamsiya*.
 - ii. *Unabi* (grape like): these are violet in color and resemble to grapes in their shape.
 - iii. *Tooti* (mulberry like): these are loose and soft like mulberries.
 - iv. *Nufakhi*: these are white in color and painless.
 - v. *Nakhli*: these resemble in appearance to dates.
 - vi. *Tabni*: these are flat and thick like fig.
 - vii. *Tamri*: these also resemble to dates in appearance and are firm.

Among these various types *Unabi* (grape like) and *Tooti* (mulbary like) are most common [1].

Alamaat-e- Matab (Clinical Features)

- In initial stage there is itching in the anal region with heaviness before and after defecation.
- Patient feels congestion and heaviness in the anal region accompanied with pain, the pain increases before and after defecation.
- Anal region becomes painful and sensitive to touch, causes irritation while walking and the patient can't sit properly.
- At times inflammation becomes so intense that the piles prolapse and can't be pushed backwards and there is intense pain.
- In case of *bawaseer damiya* (bleeding piles) bleeding occurs before and after defecation.
- Anorexia and dyspepsia is also common in these patients.
- Anemia if there is persistent bleeding [1, 3] J19

Usool-e-Tashkhees (Principles of Diagnosis)

- The hemorrhoids can be diagnosed easily by the presence of symptoms as discussed earlier which include itching, pain, heaviness or congestion (due to pressure of swollen veins) in the anal canal with occasional or frequent bleeding.
- In case of excessive congestion with slight burning sensation and itching, suggests that the *bawaseer* (hemorrhoids) has resulted from *ghaleez sawdavi khoon* (morbid melanocholeic sanguinous blood).
- In case of excessive itching, burning sensation, pain and absence of congestion, suggests that *bawaseer* (hemorrhoids) has occurred due to formation of *sawda* (black bile) from *ihтираq of safravi khoon* (burning of bilious blood).
- Proctoscopic examination: careful examination of rectum and anal region reveals presence of swollen veins [1, 3].

Usool-e-ilaaj (Principles of Diagnosis)

- Basic cause of the disease should be eradicated/treated.
- Relieve constipation, for this purpose use *Majoon sana*, *Itrifal mulayin* etc.
- Advice patient not to sit on hard and wet surfaces.
- Avoid foods which lead to production of *sawda* (black bile).
- Use of mild laxatives such as *Isphagol*, *Roghan baed Injeer*, *Roghan badaam*, *Muraba Aamla* etc.
- *Tanqiya dam* (blood purification) by using *Haleela jaat* and *Musafiyaat* (blood purifiers).
- Evacuation of morbid matters from body by doing *Fasad* (venesection), *Irsaal-e-alaq* (leeching), *Hijamat* (cupping), *ishaal* (purgation).
- *Taskeen-dard dawa* (analgesic drugs) should be used such as *roghan-e-zard*, *Marham-e-safaed aab kafoori*.
- *Muhalil awraam dawa* (anti-inflammatory drugs) should be used such as *Baboona* (*Matricaria Chamomil*), *Nakhoona* (*Trigonella uncata*), *Khatmi* (*Althea Officinalis*) etc.
- *Haabis dam dawa* (haemostatic drugs) should be used in case of bleeding.
- For complete treatment the dilated veins should be resected surgically or by using cicatrical drugs and then using desiccative and wound healing drugs [1].

Ilaaj (Treatment):

a. Ilaaj bil Dawa (Pharmacotherapy)

Following combination of drugs has been found very useful in case of *bawaseer* (haemorrhoids):

- *Rasoot 1 masha*, *mukil 1 masha*, grind both these to make fine powder and mix with *majoon mukil* and give it to the patient after that give decoction of *badiyan 7 masha*, *maweez munaqa 9 daana*, *anesoon 9 masha*, *tukhm kasoos 5 masha*, with *arq badiyan*, *khamera banafsha 4 tola* and *isphgol* in the morning.³
- Application of extract of fresh fruits of the tree *kiber* and massaging anal area 2-3 times a day helps in complete resolution of hemorrhoids [10].

Haemostatic formulation: Decoction of *baikh anjbar*, *khurfa*, *kashneez*, *baartang*, in equal quantity, should be given with *sharbat anjbar* along with tablet *kahurba*.¹

- Atrifal sageer k saath khubsul hadeed ko mila kr khilaya jaayai [10].

Analgesic/anti-inflammatory formulation: Paste of *baboona*, *akleelul mulk*, *khatmi* each 10.5 *masha*, *afyoon*, *zafraan* each 3.5 *masha*, *mukil 7 masha* along with *zardi baiza murg* should be applied locally [1, 3].

Compound formulations

Habb rasoot

Sharbat anjebar

Habb bawaseer

Habb sindras

Habb muqil

Itrifal sageer

Itrifal muqil mulayen

Majoon khubsul hadeed [11–14]

Regimenal therapy

1. Venesection of basilic vein is useful in all types of *bawaseer*.
2. Application of leech on coccyx.
3. Steam bath.
4. Wet cupping between the buttocks.

Dietotherapy: Use of spinach, reddish, turnip, fruits, ghee, cheese, half boiled egg.

Prevention: Patients with haemorrhoids should avoid red meat, bringal, spicy foods, coriander, garlic, coffee, tea, fried fish etc.

REFERENCES

1. Khan A. M. *Akseer* Azam. Idara Kitab al Shifa, New Delhi. January 2011:661-672.
2. kantoori sahib Hasnain ghulam. Kamil-u-sana. Idara Kitab al Shifa, New Delhi. January 2010:516-518.
3. Samarkandi Najeebuddin. Sharah Asbaab. sharah asbaab. Idara Kitab al Shifa, New Delhi. October 2009: 530-537.
4. Zehar Ibn Malik Abdul. Kitab ul taseer. Urdu Translation: Central Council for Research in Unani Medicine. New Delhi. 1996:152-153.
5. P.C. kousar. Moujazul qanoon. Turkey Urdu bearue, New dehli. 1984:352-354.
6. Qurshi hasan Mohd. Jamia ul hikmat. Aijaz publishing house, New dehli. 2011:786-793.
7. Jeelani Ghulam Hakeem. Mukhzanul hikmat. Aijaz publishing house, New dehli. 1996. 581-585.
8. Arzani Akbar. Tib akbar. Urdu translation by Hakeem mohd hussain. Faisal publications, jamia masjid deoband. 388-390.
9. Ibn sina. Al Qanoon Fil Tib (Urdu translation by Kantoori GH). Idara kitabul shifa, New dehli. 2010. 985-990.
10. Raazi zakariya. Kitab-ul haawi. Urdu translation: central council for research in unani medicine. 2004: vol:11. 27-68.
11. Arzani Akbar mohd. Qurabdeen qadri. Urdu translation; central council for research in unani medicine. 2009. 536-573.
12. Qurabdeen sarkari. central council for research in unani medicine. 2006. 74.
13. Azmi ahmad waseem. Murakabaat Advia; idara kitab us shifa. New delhi. Feb. 2010: vol:1. 108, 109, 179, 545.
14. Kareem noor mohd. kimiya Anasiri. Urdu translation of Qarabadeen Qadri. central council for research in unani medicine. 2004. 506-521.