

**ROLE OF *ILAJ BI' L 'ALAQ* (LEECH THERAPY) IN THE
MANAGEMENT OF THROMBOSED PILES - CASE STUDY****Minhaj Ahmad***

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India.**ABSTRACT**

Bawasir (Haemorrhoid) are very common problem in human being. Thrombosed piles are a complication of haemorrhoids. It is due to high venous pressure associated with severe anal pain. In current scenario peoples are so busy in their routine life and having no time for healthy food or to go to the suitable place to get healthy food, this changing food style and day today increasing mental stress may lead to haemorrhoids. The patients of haemorrhoids usually avoid to discuss the same to relatives and doctors, so that the disease progress and creates several complications and the most common complication is thrombosed piles. Bawasir is mentioned in ancient books and literature in detail. The etiological factors of haemorrhoids are still not well

established, many factors are seeming to be responsible for this disease such as chronic constipation, straining on defecation, driving for long duration, low fibres diet, spicy food and sometime hereditary, weight lifting, pregnancy etc. As per Unani literature the haemorrhoids are known as Bawasir which means wart or polyp like swelling, and the causes of Bawasir are saudavi madda and viscous blood, which leads constipation. Haemorrhoids can be treated by several methods, such as by changing the lifestyle and dietary habits. In advance stages it should be treated by non-surgical and surgical methods e.g. sclerotherapy, rubber banding, infrared photocoagulation, cryotherapy and haemorrhoidectomy etc. In Unani system of medicine over all, the treatment is divided into four groups and *Ilaj bi' l 'alaq* (Leech Therapy) is one of them. The study was done to see the efficacy of leeching in the management of thrombosed pile, and it was observed that *Ilaj bi' l 'alaq* (Leech Therapy) is very good, safe and cost-effective treatment of thrombosed piles.

KEYWORDS: Piles, Bawasir, Leech Therapy, Thrombosed pile, Haemorrhoids.

INTRODUCTION

Haemorrhoid is a Greek word, derived from 'haema' (blood) and 'rhoos' (flowing). Buqrat (Hippocrates) was the first person who gave this name to the blood flowing condition from anal canal. Piles is another name for this condition and it is derived from Latin word 'pila' (a ball) and it was widely used by common man. More than 50% people in India are suffering from this disease. In Unani system of medicine haemorroide is known as Bawasir, which means wart or polyp like swelling, and it is described by ancient Unani physicians in detail.^[1]

According to Buqrat, Bawasir (Haemorrhoid) is the variety of the mucus membrane of the rectum in which the veins dilated same as veins of the lower limb. Bawasir is the swelling at the end of the vessels of rectum mentioned by Ibn-e-Zuhar.^[2] Samarqandi said that Bawasir is a warty swelling at the end of rectal vein due to saudawi blood. Ali Ibn Abbas Majoosi said that Bawasir is a growth or swelling at the end of rectal vessels. Unani Physicians described in their books that Bawasir develop due to saudavi and viscous blood which is the cause of constipation.^[3,4,5,6,7,8,9,10] Buqrat said that Haemorrhoid provide protection from several systemic diseases such as liver disease, portal hypertension etc. he advocated for ligation of Haemorrhoid.^[11,12] Ancient authors such as Zakariya Razi, Ibn-e-Zuhar and Ibn-e-Sina mentioned in the introduction that surgery is the last option, because it may appear again on other site if not treated the main cause.

In India approximately 40,723,288 people are reported to have haemorrhoids. One million new cases are reported annually, at the rate of 47 per 1000 and this rate increases with age. Current statistics suggest nearly half of the world's population will experience some form of haemorrhoids especially when they reach the golden age of fifty.^[11]

CLASSIFICATION

In Modern System of Medicine Haemorrhoid is classified as.

1. *Internal hemorrhoids:* Internal haemorrhoids are symptomatic, originate proximal to the dentate line, arising from the superior haemorrhoidal plexus, and covered with mucosa.
2. *External hemorrhoids:* External haemorrhoids originate distal to the dentate line, arising from the inferior haemorrhoidal plexus. They are sometimes painful as they are lined with modified squamous epithelium because they are richly innervated.
3. *Intero-external hemorrhoids*

Are those with elements of internal and external haemorrhoids i.e. arising from the inferior and superior haemorrhoidal plexus and their anastomotic connections and are covered by mucosa in the superior part and skin in the inferior part.^[13,14,15,16,17,18,19,20,21,22,23,24]

Pathologically it is classified as

1. **Primary Haemorrhoid:** Located at 3, 7, and 11 o' clock position related to the branches of superior haemorrhoidal vessel which divides on the right side into two, left side it continues as one.
2. **Secondary Haemorrhoid:** One which occurs between the primary sites.

According to Degree of Haemorrhoids^[15,16,18,25,12,64,20,27,28]

1st degree: The pile mass does not come out of anal canal, there may be painless bleeding.

2nd degree: The pile mass prolapses at the time of defecation but return back spontaneously.

3rd degree: The pile mass prolapses at the time of defecation but not return back spontaneously it requires manual reduction.

4th degree: The pile mass permanently prolapsed and irreducible despite attempts at manual reduction.

Classification as per Unani System of Medicine^[4,5,6,7,8,9,22,23]

1. **Saulooli** (Adasiya or Hamasiya): This variety of the piles masses is like lentil or gram in its size and texture.
2. **Inabi:** In this variety pile masses are like grapes. They are either round or flat in shape and red or purple in colour.
3. **Tooti:** These Bawasir are like Mulberry. They are soft in consistency and long in shape. They are round and red in colour at their tops whereas their roots are thin and green in colour.
4. **Nifakhi:** Bawasir are like bubble and white in colour, they do not produce any pain.
5. **Nakhli:** Bawasir resemble to the root of the date tree, which contain multiple branches and fibers.
6. **Teeni:** These pile masses are round and flat and look like figs. It is painful variety of Bawasir.
7. **Tamri:** In this type pile masses are rough and hard like dry dates. It is painful.

Classification depending on bleeding tendency of pile masses

1. *Bawasir Khooni (Bawasir Munfaitha)*. In this type there is bleeding.
2. *Bawasir Umaiya*: This is also known as Bawasir-e-Reehi. In this type there is no bleeding.

As per Unani literature most of the times Bawasir are due to saudavi madda and rarely it is due to balghami madda. Sauda is the main cause of Bawasir. Common symptom of piles is complaints of fresh bleeding on defecation, prolapse of mass, Mucous discharge, pruritus and anaemia. In this study only thrombosed pile are included.

PRINCIPLES OF MANAGEMENT

The treatment described by Unani physician is the treatment of the main cause i.e. Islah wa Tanqia-e-badan (Purification of body). Tanqia mawad (Diversion of morbid humor). Improve liver, spleen, stomach and intestinal function. light and easily digestible food. Avoid food which produces sauda. Advice light exercise for example walking, etc. Avoid sitting on hard and cold places. Clean anal region with hot water after defecation. Avoid constipation. Fasd (venesection) of Ragh-e-Saphin (cephalic vein). Taleeq (leech application) on the mass of the Bawasir. Hijamah (cupping) application in between buttock region. Use of Musakkin adviya (analgesic) in the form of Dhuni, Zimad, Nutool. Mushil-e-sauda (melanagogue), Muqavi Meda wa Ama (tonic for stomach and intestine), Mohallil Awram (anti-inflammatory), Musakkin (analgesic), Habis-e-Dam (haemostatic), Muladiyyanat (Laxative). There are four modes of treatment in Unani system of medicine i.e. Ilaj-bil-Giza (Dietotherapy), Ilaj-bil-Dawa (Pharmacotherapy), Ilaj-bil-Yad (Surgery) and Ilaj-bil-Tadbeer (Regimental therapy), *ilaj bi' l 'alaq* (Leech Therapy) is a part of Ilaj-bil-Tadbeer (Regimental therapy), which is very effective in the treatment thrombosed piles.

CASE-01

A 56-year-old female known case of haemorrhoids at 3,7 and 11, O clock position was operated for two (piles at 3 and 11, O clock position) haemorrhoids in civil hospital. After 10 days of surgery the patient experienced pain, mucous discharge and swelling around the anus posteriorly. The patient was taking modern medicine regularly but there was no relief in pain during defecation, mucus discharge and itching in anal region. She came to Jarahiyat OPD in Majeedia Unani Hospital, Jamia Hamdard New Delhi.

After proper interrogation and per rectal examination it was provisionally diagnosed as case of thrombosed pile at 7 O'clock position. Before starting the treatment, routine investigations were done. Blood examination showed Hb 10.2 gm% RBS- 101 mg/dl, BT- 3 min, CT 5.6 min, HIV 1 & 11 nonreactive, HCV and HbsAg negative. Ultrasonography of abdomen showed no abnormality. There was no h/o Urinary retention, Diabetes Mellitus, Hypertension, Tuberculosis, Hypothyroidism, Coagulating disorders and similar illness among family members. Modern medication replaced by Unani medication for Bawasir and two leeches were applied locally on each side of the mass weekly for 3 weeks. During this period patient experienced 95% improvement. Per rectal bleeding stopped after one week of application of leech. Pain and size of the mass decreased gradually in the subsequent sittings of leeching and medication. The patient got complete relief in three weeks.

CASE- 02

A 45-year-old male patient, a known case of haemorrhoids, came to Surgery OPD, Majeedia Unani Hospital, Jamia Hamdard, New Delhi seeking advice for 02 years old haemorrhoids. The patient came with complain of pain and bleeding during defecation, mass outside the anal opening, mucus discharge, itching in anal region and constipation. Per rectal examination revealed huge prolapsed haemorrhoid at 7, O'clock. He was admitted in Majeedia Unani hospital Jamia Hamdard for further management. Initial routine examinations were normal. Blood examination showed Hb 9.8 gm%, RBS- 103 mg/dl, BT- 3.7 min, CT 5.1 min, HIV 1& 11 nonreactive, HCV and HbsAg negative. Ultrasonography of abdomen showed fatty liver grade 1. There was no h/o Urinary retention, Diabetes Mellitus, Hypertension, Tuberculosis, hypothyroidism, coagulation disorders and similar illness among family members. The Unani anti haemorrhoidal drugs were started. During the course of treatment there was no satisfactory improvement in pile mass and after few days it turned into thrombosed pile. Patient experienced severe pain particularly during defecation with small amount of bleeding. Two leeches were applied on two sides of mass. The leeches were applied weekly for 28 days. Bleeding during defecation and pain reduced in 1st week, and in 2nd week size of the mass also reduced. In 28 days of study, patient got 95% improvement in pain, itching and bleeding, and 80–90% improvement in haemorrhoidal mass.

DISCUSSION AND RESULT

Hemorrhoids are very big problem all over the world which disturbs the usual life of the patient. It is rarely very serious problem, but the untreated cases can cause serious

complications such as thrombosed pile, strangulation, infection, ulceration, portal pyaemia. In this study a 56-year-old woman and 45 years old man with thrombosed external haemorrhoids were studied for 28 days. Both patients were provided Unani medicines orally and leech application locally. There was significant improvement in symptoms and signs e.g. pain, bleeding, itching and swelling. It may be due to the elimination of morbid humors present locally in the haemorrhoidal mass as described by Zkariya Razi, Ibn-e-Sina, Majoosi and Jurjani. [5,8]

CONCLUSION

In Unani system of medicine there are four modes of treatment of the diseases. *Ilaj bi' l 'alaq* (Leech Therapy) is one of the most popular method of treatment as described by ancient Unani physicians. In this study it was observed that, *Ilaj bi' l 'alaq* (Leech Therapy) is very effective in the management of thrombosed piles. It is suggested that further study may be carried out on larger sample size to see the leeching effect on thrombosed pile.

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