

EFFICACY OF HABB-E-BAWASEER KHOONI IN THE MANAGEMENT OF HAEMORRHOID

Minhaj Ahmad*

Faculty of Medicine (Unani), Jamia Hamdard, Hamdard Nagar, New Delhi, 110062, India.

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***Corresponding Author**

Minhaj Ahmad

Faculty of Medicine
(Unani), Jamia Hamdard,
Hamdard Nagar, New Delhi,
110062, India.

mahmad@jamiahamdard.ac.in

ABSTRACT

Hemorrhoids are very common anorectal problem in human being. In Unani system of medicine. Haemorrhoids are known as Bawaseer. It is specialized highly vascular cushions of thick sub mucosa, containing blood vessels, smooth muscles, elastic and connective tissue which may slide down due to weakness of collagen and supporting connective tissues. During current scenario the peoples are so much engaged in their routine life and having no time for making healthy food or to go to the suitable places to get healthy food. This changing food style and day today increasing mental stress may lead to hemorrhoids. Bawaseer (Haemorrhoids) are known since very beginning, it is mentioned in very detail in ancient books and

literatures of Unani medicine. The present study was conducted to see the efficacy of Unani compound drug *Habb-E-Bawaseer Khooni* in the management of haemorroide. Patients with 1st and 2nd degree hemorrhoid, without complication in age group 18-70 years, attending Jarahiyat OPD, Majeedia Unani Hospital were included. Exclusion criteria adopted was haemorrhoids with other diseases of anal canal such as complicated haemorrhoid, mentally retarded patient and pregnant women. The study affirms that Unani pharmacopeial drug *Habb-e-Bawaseer Khooni* is very effective, safe and cost-effective drug for the treatment of uncomplicated, 1st and 2nd degree internal haemorrhoids.

KEYWORDS: Bawaseer, Haemorrhoids, Anorectal disorder, Life style disorder, Habb-e-Bawaseer Khooni.

INTRODUCTION

Hemorrhoids are very common anorectal problem in human being. It is specialized highly vascular cushions of thick sub mucosa, containing blood vessels, smooth muscles, elastic and

connective tissue which may slide down due to weakness of collagen and supporting connective tissue.^[1,2,3,4,5] During current scenario the peoples are so much busy in their routine life and having no time for making healthy food or to go to the suitable places to get healthy food, therefore they change themselves and started getting fast food, usually leads to constipation which may lead to hemorrhoids.

More than 50% of the population will experience symptomatic haemorrhoid disease in their lives, and mostly between the ages of 45–65 years. Haemorrhoids before the age of 20 is unusual. Haemorrhoids are the most common cause of lower gastrointestinal bleeding.

Haemorrhoids have several treatments but the best treatment is always prevention and diet management. The etiological factors of hemorrhoids are still hypothesized and many factors are seeming to be responsible for this disease such as chronic constipation, straining on defecation, driving for long duration, low fibers diet, spicy food, sometime hereditary, weight lifting and pregnancy etc. In Unani system of medicine haemorroide is known as Bawasir,^[6] which means wart or polyp like swelling, and it is defined and discussed by Unani physicians. In Unani System of Medicine, the cause of Bawaseer are saudavi and viscous blood which is the cause of constipation. According to Hippocrates, Bawaseer is the variety of the mucus membrane of the rectum in which the veins dilatated same as veins of the lower limb. According to Ibn-e-Zuhair (1091-1162AD) Bawaseer is the swelling at the end of the vessels of rectum. Ali Ibn Abbas Majoosi (930-994, AD) said that Bawaseer is a growth or swelling at the end of rectal vessels. Ibn-e-Sina said that, itching of anus, not owing to thread worms, it is an indication of piles. Most of the Unani Physicians described in their books that Bawaseer develop due to saudavi madda and viscous blood which is the cause of constipation. Common symptom of piles are complaints of fresh bleeding on defecation, prolapse of mass, Mucous discharge, pruritus and anaemia.^[7,8,9]

Classification

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. **Interno-external haemorrhoids:** 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.

Pathological classification

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.

Degree of Haemorrhoids

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.

Unani classification^[10,11]

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 Bawaseer 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:** Bawaseer are like bubble and white in colour, they do not produce any pain.
5. **Nakhli:** Bawaseer 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 Bawaseer.
7. **Tamri:** In this type pile masses are rough and hard like dry dates. It is painful.

Classification depending on bleeding.

1. **Bawaseer Khooni (Bawaseer Munfaitha).** In this type there is bleeding.

2. *Bawaseer Umaiya*: This is also known as Bawaseer-e-Reehi. In this type there is no bleeding.

Treatment of haemorrhoids

Conservative/Non-operative treatment

1. Use of bulking agents; can be achieved by increasing fluid and fiber in the diet.
2. Seitz baths/warm compresses at least for 10 minutes daily.
3. Local applications; corticosteroids or anesthetic agents ^[12]
4. To avoid spicy, fried, nonveg food items, long sitting, more straining during defecation. More use of cow milk, butter, buttermilk, wheat, ghee, green vegetable etc. ^[13]

Parasurgical procedures

Beside conventional method of treatment there are some minor/ Para surgical procedures used to treat the haemorrhoids such as *sclerotherapy*: mostly used for 1st and 2nd degree haemorrhoids injection of 5 ml of 5% phenol in oil, at the base of haemorrhoid in submucous layer produces thrombosis of vessels, sclerosis and fibrosis of connective tissues. *Rubber band ligation*: usually used for 2nd degree internal haemorrhoids. It causes cut off the blood supply to the pile mass, and the mass sloughs off in 5–7 days. ^[14,15] *Cryotherapy*; Not in use because it takes more time and causes profuse discharge, irritation, and pain after procedure, Laser therapy, Doppler-guided haemorrhoidal artery ligation.

Surgical procedures

Open haemorrhoidectomy, closed haemorrhoidectomy, stapled haemorrhoidopexy and anal stretching. ^[1,3,5]

Post-operative complication with varied frequency occur in hemorrhoidectomy such as pain due to spasm, nerve irritation, muscle injury, retention of urine, reactionary or secondary haemorrhage. Anal stricture, anal fissure, recurrence anal discharge for some time, incontinence for feces. ^[1]

Due to serious complication of operative procedures of haemorrhoid it became a thrust area of research in medical science to treat haemorrhoids by non-operative procedures. The researchers are looking for a safe and effective medicine for the treatment of hemorrhoid. In Unani system of medicine treatment of Bawasir is claimed for safe and effective drugs, for the management of haemorrhoid. There are large numbers of anti haemorrhoidal single and

compound Unani drugs mentioned in the standard Unani pharmacopeia (Qarabadin / National Formulary). This is an effort to explore some specific and most effective drug for the treatment of hemorrhoid. For this purpose, Unani pharmacopeial drug *Habb-e-Bawaseer Khooni* was used for the treatment internal haemorrhoid.

Composition of habb-e-bawaseer khooni

2pills 720mg Twice A Day^[16]

S. N.	Name of drugs	Botanical/scientific name
1	Rasaut (Extract of berbery)	Berberis aristate
2	Sang-e-Jarahat / Soap stone	Hydrated magnesium silicata
3	Kateera Safaid /Tragacanth gum	Cochlospermum religiosum
4	Geru	Red ochre/ red chalk
5	Mazu Sabz /gall oak / Magic nut	Quercus Infectoria

Case-01

A 32-year-old male visited to Majeedia Unani Hospital with the complaint of painless bleeding per rectum, mucus discharge and itching in anal region for one month. The patient was taking modern medicine regularly but there was no satisfactory relief in bleeding, mucus discharge and itching in anal region. After proper interrogation and per rectal examination it was provisionally diagnosed as case of internal haemorrhoid at 7, O'clock position. Before starting the treatment, routine investigations were done. Blood examination showed Hb 10.2 gm%, RBS- 111 mg/dl, BT- 3 min, CT 5.8 min, HIV I& II 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 and during this period patient experienced 95% improvement. Per rectal bleeding stopped after one week of treatment. The patient got complete relief in 4 weeks.

Case- 02

A 43-year-old male patient visited to Surgery OPD, Majeedia Unani Hospital, Jamia Hamdard, New Delhi, with the complaint of painless bleeding per rectum, mucus discharge and itching in anal region for 2 months. The patient was taking modern medicine regularly but there was no relief in bleeding, mucus discharge and itching in anal region. After proper interrogation and per rectal examination it was provisionally diagnosed as case of internal haemorrhoid at 3 and 7, O'clock position. Initial routine examinations were normal. Blood examination showed Hb 8.8 gm%, RBS- 124mg/dl, BT- 3.3 min, CT 4.1 min, HIV I&II

nonreactive, HCV and HbsAg negative. Ultrasonography of abdomen showed fatty liver grade 2nd. There was no h/o Urinary retention, Diabetes Mellitus, Hypertension, Tuberculosis, hypothyroidism, coagulation disorders and similar illness among family members. Modern medication replaced by Unani pharmacopeial compound formulation *Habb-e-Bawaseer Khooni*. Patient experienced 95% improvement in symptoms and signs of haemorrhoid i.e. Per rectal bleeding, mucous discharge and itching, stopped after one week of treatment. The patient got complete relief in 4 weeks of treatment.

Treatment method

Oral Medication; Habb-e-Bawaseer Khooni, 2 tab. Twice a day with warm water

Precaution

- To avoid constipation
- Eat high fiber food and fiber supplements
- Increase fluid intake
- Avoids straining while defecation
- Always go to toilet when feel the urge
- Exercise regular

Diet; More use of cow milk, butter, buttermilk, wheat, ghee, green vegetable etc.

Local treatment; Sitz bath twice a day

Follow-up; Weekly in OPD

Table 2: Observation of Prognosis in Haemorrhoid.

Sign and Symptoms	Before Treatment	After treatment			
	Day1	1 weeks	2 weeks	3 weeks	4 weeks
Bleeding	+++	+++	++	++	-
Prolapse	++	++	+	-	-
Mucous discharge	++	++	+	+	-
Itching	++	++	+	+	-
Anaemia	++	++	+	+	-
Proctoscopy findings (Mass)	+++	++	++	+	+

-Absent +Mild ++Moderate +++Severe

DISCUSSION

Hemorrhoids/ Bawaseer are very big problem all over the world which disturbs the usual life of the patient. First and second degree haemorrhoids can be successfully treated with diet-therapy, change in life style and avoiding constipation. It is rarely very serious problem, but

the untreated cases can cause serious complications such as profuse haemorrhage, strangulation, thrombosis of piles, ulceration, gangrene, fibrosis, stenosis, suppuration and pyelephlebitis (portal pyaemia)^[1] Keeping serious post-operative complication in mind, it is better to prefer the treatment of the disease with non-operative method. In this study management of 1st and 2nd degree hemorrhoid patients were carried out with compound Unani formulation known as *Habb-e-Bawaseer Khooni* as mentioned in detail in Unani pharmacopoeia.^[16] Two men, one 32-year-old and other 43 year, were studied for 28 days. Both patients were provided Unani medicines orally (*Habb-e-Bawaseer Khooni*) and Sitz bath locally. *Habb-e-Bawaseer Khooni* offered significant improvement in symptoms and sign of 1st and 2nd degree internal haemorrhoids Table 1. This improvement may be due to the anti-haemorrhagic, wound healing, astringent and anti-inflammatory properties of ingredients of *Habb-e-Bawaseer Khooni*.

CONCLUSION

Unani pharmacopeial compound drug *Habb-e-Bawaseer Khooni* had significant role in the management of 1st and 2nd degree internal haemorrhoids. The drug was well tolerated by the patients and no side effect was observed during study. It is concluded that the study affirms the efficacy of *Habb-e-Bawaseer Khooni* in the treatment of 1st and 2nd degree internal haemorrhoids. It is advocated that; the study should be carried out on larger sample size in future.

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