

## PATHOPHYSIOLOGY AND MANAGEMENT OF HAEMORRHOIDS (PILES) IN UNANI MEDICAL PRACTICE

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Article Received on  
08 April 2024,

Revised on 29 April 2024,  
Accepted on 19 May 2024

DOI: 10.20959/wjpr202411-32596



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### ABSTRACT

Haemorrhoids, commonly known as piles, present a persistent health challenge globally. This paper explores historical and modern perspectives on the aetiology and pathology of haemorrhoids, focusing on insights from Unani Medicine. It examines the multifaceted theories proposed by ancient and contemporary scholars, shedding light on the physiological considerations and clinical implications. Furthermore, the paper elucidates the principles of treatment (Usoole Ilaj) in Unani Medicine, emphasizing the holistic approach to rectifying bodily imbalances and restoring health through lifestyle modifications, therapeutic interventions, and surgical techniques.

**KEYWORDS:** Haemorrhoids, Piles, Unani Medicine, Aetio-Pathology, Treatment Principles, Usoole Ilaj.

### INTRODUCTION

Haemorrhoids, commonly referred to as piles, represent a prevalent medical condition characterized by swollen and inflamed veins in the rectum and anus. Despite its historical prevalence, the exact causation and pathology of haemorrhoids have intrigued medical scholars for centuries. In Unani Medicine, a traditional system of medicine originating from ancient Greece and later developed in the Middle East and South Asia, various theories have been proposed to elucidate the origins of haemorrhoids. This paper aims to explore these

theories, offering insights into the multifaceted nature of the condition and outlining the principles of treatment (Usoole Ilaj) in Unani Medicine.

### **PRINCIPLES OF TREATMENT (USOOLE ILAJ)**

Ibn Sina described the principle of treatment of Bawaseer in detail in his popular text *Al Qanoon* as follows.

#### **Islahe Badan (Rectification of the body)**

#### **Istafraghe-Khoone-fasid (Evacuation of disordered blood)**

This can be achieved by bloodletting. For this purpose, *Fasde Safin* or *Fasde Mabiz* are advisable. *Hijamat* (cupping) in between buttocks is also beneficial for patients with Bawaseer.

#### **Istafragh-e-Akhlate Saudavia (Evacuation of melanotic humours)**

**Improvement of liver and spleen function** - As disturbance (*fasad*) of blood which leads to Bawaseer takes place in these organs.

#### **Evacuation of bowel (Taleen-ut-Tabba)**

Usually, the efforts mentioned above are enough to treat a simple (uncomplicated, i.e., painless and non-congested) Bawaseer. Optimum care is required while treating a case of Bawaseer because mismanagement can lead to complications like fistula or fissure formation.<sup>[1]</sup>

#### **Bloodletting**

In case of *kafiyat-e-Imtila* (congestion), bloodletting from congested haemorrhoidal vessels is inevitable. Such bloodletting should not be stopped until complete evacuation of *Mavade faside* takes place. This can be judged by the color and consistency of blood. Haemostatic measures should not be adopted until the blood becomes bright red and diluted, or otherwise, the patient becomes drowsy. In this way, the Unani literature describes two main indications of bloodletting, namely evacuation of *mavade fasid* as well as to reduce congestion.<sup>[1]</sup>

#### **Qata e Bawaseer (Excision of pile mass)**

In case of failure of all above-mentioned measures, excision (*Qata-e-Bawaseer*) is the final treatment, which can be done either by application of corrosive medicines or by surgery. Akbar Arzani mentioned that After *Tanqiya* and *Islah-e-badan*, the disease should be treated according to stage and severity. In early stages (with minimal discomfort), usually, the local

treatment with anti-haemorrhoidal medication is enough. In Imtali Kaifiyat, bloodletting from congested haemorrhoidal vessels is required. During bleeding episodes, haemostatic measures should be adopted after complete evacuation of decomposed matters. If bleeding prevented before complete evacuation, this decomposed melanotic matters may lead to many hazardous diseases.<sup>[2]</sup>

Rabban Tabri described that evacuation (Istefragh) should be done before Crises (Hijan) of the disease, for this purpose fasd-e-basaleeqe Abti is advisable. Patient is instructed to avoid beef, fish, and all hot and spicy foods. The disease should be treated according to the patient's temperament.<sup>[3]</sup>

Abul Qasim Zohravi recommended application of local ointments (marahim), cauterization, and surgical excision for management of a case of Bawaseer, according to the type and site of Bawaseer, patient's general and constitutional status and according to the state of basic four humours in the body.<sup>[4]</sup> Jamaluddin Aqsarai described Usoole Ilaj under two headings.

**a) Usoole ilaj for Bawaseer Amya (non-bleeding piles).**

- Islahe-Badan i.e., Rectification/purification of the body from disordered blood (Radi khoon) through fasd-e-safin and Fasd-emabiz.
- Cupping between buttocks.
- Istafaghe sauda i.e., evacuation of black bile.

**b) Usoole ilaj for Bawaseer Damiya (Bleeding piles)**

- Rectification of the body should be performed by removing the causative factor of the disease. It means evacuation of sauda (black bile) and fasid khoon (disordered blood) should be done as early as possible because it helps to control bleeding from Bawaseer. As excessive bleeding from rectal vein may cause zoaf (weakness), it will be difficult to manage. Whereas in case of bloodletting (fasd), bleeding can be controlled at any moment.
- Improvement of splenic function as it absorbs sauda from the liver.
- Improvement of liver function to prevent excessive formation of fasid khoon (disordered blood).
- Stool softening agents should be advised to avoid constipation, as constipation is an important cause of the disease.<sup>[5]</sup> Ahmad Al Hasan Jurjani highlighted the following factors:

First of all, according to the humoral theory, the dominant humor should be evacuated. Then, the patient should be advised to avoid hot and spicy diets, which lead to excessive *saudavi khoon* e.g., onion, garlic, and alcohol, etc.

Exercise (Riyazat), body massage (Malish), bath (hammam), and horse riding are beneficial for Bawaseer patients, as they prevent the accumulation of excreta (*fuzlat*) in the body.<sup>[6]</sup>

Samarqandi divided *Usoole Ilaj* according to the site of Bawaseer, he states that.

For Bawaseer e Kharji (External hemorrhoids), the following measures are advisable.

- To avoid constipation.
- To keep the site clean.
- Local application of any *marham/Qairooti* with drugs having anti-hemorrhoidal efficacy.

Usually, in early stages, the above measures are enough, and surgical intervention is rarely required. But in case of congested, inflamed, and painful pile masses, the patient requires:

**- Bed rest**

- Evacuation of intestines with the help of enemas.

**- Local hot fomentation**

In case of failure of all above-mentioned measures, the surgical excision of pile masses is the only option.

**For Bawaseer Dakhili (Internal hemorrhoids)**

Treatment of internal hemorrhoids is divided into two parts

- A) Internal treatment.
- B) External treatment.

**A) Internal treatment (Androoni Ilaj)**

**Removal of cause**

- Regularization of bowel function by using mild laxatives e.g., *Gandhak mudabbar* and *Sana* (in small doses), *Isapgoal*, and *Raughan badam*, etc. Strong purgatives should not be given for e.g., *Gandhak* and *Sana* in heavy doses and *Elva*, etc.<sup>[7]</sup>

### **Dietary Precautions**

It is also very important in the management of Bawaseer; the diet should be very light and easily digestible for e.g., green leafy vegetables. All hot and spicy diets should be avoided. Similarly, fish, beef, and alcohol drinking also should be restricted.

### **B) External treatment (Muqami Ilaj)**

It is also one of the most important parts of managing bawaseer. Ointments (Marahim) are strongly recommended, containing drugs with astringent, anti-inflammatory, antiseptic, analgesic, and haemostatic properties, for example, kafoor, afiyoon, nim, sufaida kashghari, murdar sang, mazoon, rasoot, and kath, etc. Local application of such marham not only provides symptomatic relief from discomfort and bleeding but their continuous use may cause the pile masses to disappear.

### **Treatment (Ilaj)**

The basic fundamentals of the Unani system of medicine for various diseases are as follows:

- 1) Ilaj bil ghiza (Dietotherapy) and Ilaj bit-tadbeer (Regimenal therapy)
- 2) Ilaj bid dawa (Drug therapy or medical management)\*\*
- 3) Ilaj bil yad (Surgical intervention)<sup>[8]</sup>

So, the management of bawaseer can also be studied under the above-mentioned headings.

#### **1) Regimenal therapy (Ilaj bit tadbeer)**

Fasad and Hijamat (venesection and cupping) are the methods of regimenal therapies recommended by Unani physicians for bawaseer. The reasons behind the above recommendation are.

- 1) Evacuation of disordered matters like ghaliz saudavi khoon. Ibn Sina reported that Fasd-e-safin (venesection of the great sephanus vein) and Hijamat bainas-surain (Cupping in between buttocks) are beneficial.<sup>[1]</sup>
- 2) In the case of congested hemorrhoidal vessels (imtela), fasd-e-safin or mabiz may induce bleeding from bawaseer, and this decreases congestion.
- 3) Leaching is also recommended by a few scholars, including Sing.M.D and Hakeem.M.Akmal etc.

Other physicians including A.H. Jurjani, Jamaluddine Aqsarai, Akbar Arzani, Samarqandi etc., also recommend regimenal therapies for bawaseer patients.

## 2) Drug therapy or Medical management (Ilaj bid-dawa)

**Unani literature is enriched with** a number of medicines, which are successfully practiced by Unani physicians in the treatment of bawaseer. Each classic text discusses various single drugs and compound formulations with their specific indications in detail. The remedies used for the treatment of bawaseer are termed as Advia-e-Basooriya or Basoori.

In an authentic and key text of Unani literature "AL QANOON FIT TIB", Ibn Sina discussed this topic in detail. He states that: Advia-e-Basooriya (the drugs used for the treatment of bawaseer) have different properties, including.

1. Munfattihat, which induce bleeding from pile masses and hence recommended for congested hemorrhoids to decrease congestion (Imtila).
2. Mudammilat are the drugs that improve healing mechanism.
3. Habisat are the drugs that cause haemostasis and hence recommended in case of bleeding from bawaseer.
4. Musqitat ("Isqat" = to remove or to fall down) are the drugs which dry up the pile masses and then remove them out.
5. Musakkinat Dard. (Analgesics) they decrease pain and discomfort and hence recommended in complicated cases.

The remedies having the above-mentioned properties are either used internally (makoolat w mushrobbat) e.g., Haboob, Iqras or Sharbat (tables and syrups) etc; OR externally like marahim (ointments), Hamoolat (Suppositories or Pessaries), tila (Embrocation, Liniment), Zimadat (Paste, Bandage), Zaroorat (Dusting powder), Latookhat, Nakhoolat, and Abzan (sitz bath) etc.

Remedies are either used in single form (mufradat) or as a compound formulation (murakabat).<sup>[1]</sup>

## 3) Surgical Intervention (Ilaj bil yad)

Surgical treatment for bawaseer is one of the oldest surgical practices. It has been used since Hippocrates or even before. Hippocrates recommended cauterization as well as surgical excision of pile masses. Many ancient physicians described Hippocrates' advice (Vassiyat) with special attention regarding excision of pile masses. Ibn Sina states that: "While excising pile masses, Hippocrates' advice must be considered as He writes." "Pile masses not to excise

all together, at least one mass should be left as it is to continue evacuation of mavade fasid from it."<sup>[1]</sup>

Rabban Tabri described different methods for different pile masses. He states that projected pile masses should be excised out but not all together at a time, in respect of Hippocratic vassiyat. Excision can be done by using a corrosive drug (Davae had, for example, Raughane Jalinoos or Deg-ber-Deg. etc.) or by hot iron cautery. But the latter one requires expert skills and experience, otherwise excessive wrong cauterization may lead to complications like anal deformity etc.

Teena type of Pile masses should be removed by surgical excision. Tooli pile masses should be removed by applying hot Zimadat. Surgical excision of tooti masses is absolutely contraindicated, as they always appear near the arteries and lead to massive bleeding on surgery. Cauterization of such masses may lead to deformity of the anal orifice. In the case of external bawaseer, if excision is not indicated application of corrosive agents may be beneficial. After surgical excision, cauterization or local application of corrosive agents' ointment with healing property should be applied till complete healing takes place.<sup>[3]</sup>

The pioneer of surgery Abul Qasim Zohravi (Celsius) especially highlighted this topic in his classic and authentic textbook of surgery "Attasreef Liman Ajza Anit-taleef," he states that: In the case of chronic or advanced stages of the disease, when corrupt and excessively cold humors as well as disordered and decayed fluids get accumulated in hemorrhoidal vessels, no measure remains effective. At this stage, cauterization on the back and below the umbilicus gives good results.

Cauterization at the site of the stomach and spleen is also recommended in the case of the collection of excessive coldness (burodat) in these organs. Cauterization is also indicated after surgical excision to check the bleeding. Ointments containing drugs having healing property should also be applied after cauterization until complete healing takes place. Zohravi also described the surgical excision, with instruments, procedure, and step of operation for external and internal hemorrhoids. He recommended cauterization by hot iron or by hot Zaroorat (powders) after surgical excision of pile masses, as a hemostatic measure.<sup>[4]</sup>

Ibn Al Qaf has given a very valuable description. He states that:"Bawaseer are excessive growths of flesh due to the descent of saudavi mawad around or inside the anus. This

condition should be treated with surgery. Before surgical intervention, rectification (Islah) of the body from saudavi fasid mawad (disordered melanotic matters) should be done either by bloodletting or by purgatives, to dry up the pile masses.

### **Dietary Precautions (Ghiza va Parhez)**

In light of ancient Unani literature, excessive consumption of kaseef-osaqeel and tez saudavi diets is considered one of the important predisposing causes of bawaseer. Unani physicians advise avoiding all such diets.

Ibn Sina states that it is mandatory for bawaseer patients to avoid all saqeel-o-ghaleez meats, milk and milk products, as well as foods that cause excessive eschar formation (ehteraque) of blood, such as hot and spicy gravies (masalas), etc.

Patients should opt for easily digestible light diets, such as egg yolk, Abe-Nakhood, etc. Diets with laxative properties, such as almond oil (Raughne Badam) and coconut oil (Raughane-Nargeel), are also beneficial. During diarrhea or bleeding episodes of bawaseer, the use of rice and rice products is advisable.<sup>[1]</sup>

Ahmad Al Hasan Jurjani states that individuals consuming excessive khorma (dates), milk and milk products, fish, and dry fruits are at high risk for bawaseer. He also mentions, with reference to Qantaz bin Loofa, that excessive use of Raughane Baide Injeer (Castor oil) leads to bawaseer and hence is extremely harmful for bawaseer patients.<sup>[6]</sup>

### **Unani Concept of Topical Treatment of Haemorrhoids**

Different topical therapies for the treatment of hemorrhoids date back to the Egyptian Papyri of 1700 B.C.<sup>[9]</sup> Most ancient and modern Unani physicians have described different topical preparations for the treatment of Bawaseer (hemorrhoids) as follows: Abzan (sitz bath); Marahim (ointments); Hamoolat (Suppositories, pessaries); Zimadat (Paste, Bandage); Zaroorat (Dusting Powder); Latookhat (pests); and Nakhoolat (fumigations) etc.

The remedies used in such preparations are termed as "Advia-e-Basooriya or Basoori". Marham (ointment) is one of the most effective topical preparations among the above.

### **Marham (Ointment)**

Marham is a semi-solid substance, which is prepared from sufoof of more than one ingredient, wax, and oil. It is generally used in the treatment of external inflammations,



swellings, wounds, ulcers, cuts, boils, and pustules etc. Hippocrates was the very first physician who prepared marham for external uses and applied it for different purposes.<sup>[10]</sup> It is one of the strongly recommended preparations in the treatment of hemorrhoids recommended by most of the ancient and modern Unani physicians including Buqrat (Hippocrates), Jalinoos (Galen), Rabban Tabri, Zakeria Razi, Abul Qasim Zohravi, Ibn Sina, Ahmad Alhasan Jurjani, Ibn Al Qaf, Jamaluddin Aqsari, Akbar Arzani, Samarqandi, and Ajmal Khan etc.

Different formulations are mentioned in different Qarabadeen, with their specific indications. Sufoof of different ingredients are used for achieving different actions, mainly for astringent, anti-inflammatory, antiseptic, analgesic. Shrinking, hemostatic, healing and deobstruent activities. These ingredients are selected while formation of ointment for application on piles. Because of the above anti-hemorrhoidal activities the ointment decreases discharge, controls bleeding, giving soothing effects, decreases discomfort and finally by drying up, removes the pile masses.

### **Complications of Haemorrhoids (Awarezat)**

The main complications discussed in Unani literature are

- Severe bleeding from pile masses may lead to Ghashi (syncopal attacks)
- Internal hemorrhoids (bawaseer-e-Ghaera) may cause urinary retention, if they get inflamed. Massive blood loss may lead to ascitis (istisqa) due to accumulation of excessive coldness (brudat) in liver and due to excessive hemodilation (riqqat-e-khoon).<sup>[3]</sup>
- Ibn Sina states that improper management of bawaseer may lead to fistula or fissure formation.<sup>[1]</sup>
- Bawaseer becomes extremely painful and inflamed in Kaifiyate Imtela (congestion).<sup>[1]</sup>
- Nausea, vomiting, fever, local inflammation and tenderness, and chest pain are bad signs and have the worst prognosis.<sup>[11]</sup>

### **CONCLUSION**

In conclusion, Unani Medicine offers a comprehensive and holistic approach to the management of haemorrhoids, combining ancient wisdom with modern insights. By focusing on the balance of bodily humors, personalized treatment strategies, and a combination of lifestyle modifications, medicinal therapies, and surgical interventions, Unani practitioners provide effective and patient-centered care. This traditional system underscores the importance of rectifying bodily imbalances and highlights the enduring relevance of its therapeutic principles in addressing a common yet challenging condition.

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