



A REVIEW OF HAEMORRHOIDS ACCORDING TO UNANI AND MODERN SYSTEM OF MEDICINE

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ABSTRACT

Haemorrhoids are variceal Dilatation of anal and perianal venous plexus. Classically situated in the 3,7,11, o'clock position (left lateral, right posterior & right anterior respectively). Superior haemorrhoidal (vein) gives 2 branches on right side and 1 branch on left side. Hence, Piles are 2 on the right side and 1 on the left side. It was probably Buqrat (Hippocrates) (460 BC) who was the first to apply the name to the flow of blood from the veins of the anus. There is a detailed description of Bawaseer in classical books authored by ancient Unani physicians. Haemorrhoids are one of the most common anorectal disorders with a reported prevalence of 4.4% up to 36.4% of the general population. The peak prevalence occurs between 45 and 65 years of age. Anatomical classification of haemorrhoids includes internal and external haemorrhoids based on whether they are above or below the dentate line. Goligher's classification is the clinical staging of the prolapsing degree of internal haemorrhoids. Risk factors for hemorrhoidal disease are conditions associated with increased intra-abdominal pressures such as pregnancy, obesity, constipation and straining during defecation and sitting for a long time on the toilet seat, and chronic cough. Principal complaints of haemorrhoids include bleeding on defecation and prolapse of tissue. Haemorrhoid diagnosis involves taking a detailed history and conducting anorectal examinations (visual inspection, manipulation, digital examination, and anoscope. Report of first recorded treatment for haemorrhoids comes from the Egyptian papyrus dated 1700 BC: "... Thou shouldst give a recipe, an ointment of great protection; Acacia leaves, ground, titrated and cooked together. Conservative treatment is used in "Everyday Lifestyle Guidance. Drug therapy for haemorrhoids is typically utilized for bleeding, pain, and swelling. Operative hemorrhoidectomies are reserved mainly for third- and fourth-degree haemorrhoids.

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INTRODUCTION

Haemorrhoids are variceal Dilatation of anal and perianal venous plexus.(1) Classically situated in the 3,7,11, o'clock position (left lateral, right posterior & right anterior respectively).(2) Superior haemorrhoidal (vein) gives 2 branches on right side and 1 branch on left side. Hence, Piles are 2 on right side and 1 on left side.(2) It is an abnormal downwards sliding of anal cushions due to straining or other

causes. Anal cushions are aggregation of blood vessels (arterioles, venules), smooth muscles and elastic connective tissue in the submucosa that normally reside in left lateral, right posterolateral and right anterolateral anal canal.(3) Piles can be mucosal or vascular. Vascular type is seen in young; mucosal is seen in old patients. Present concept is weakening of Park's ligament which is the lower end of the external sphincter.(3) *Bawaseer* is excessive growth or development

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of masses at the opening of vessels of the rectum or around the anus and characterized by symptoms like bleeding, pain and prolapse.(4) The word "Haemorrhoid" is derived from the Greek word "Haema" meaning blood, and "Rhoos" meaning flowing, and was originally used by *Buqrat* (Hippocrates) to describe the flow of blood from the veins of the anus. (5)

REVIEW LITERATURE

It was probably *Buqrat* (Hippocrates) (460BC) who was the first to apply the name to the flow of blood from the veins of the anus.(5) There is a detailed description of *Bawaseer* in classical books authored by ancient *Unani* physicians. *Buqrat* (Hippocrates) (460-377BC) described *Bawaseer* that it is the varicosities of internal mucus membrane of rectum in which the vein gets swollen similar to the vein of lower limb.(6) The common man's term.

"Piles" is derived from latin word "Pila" meaning a ball.(7) According to *Unani* physicians, the development of *Bawaseer* is attributed mainly to *saudavi* and viscous blood. *Saudavi* blood is produced mainly due to the consumption of *saudavi*, spicy and hot substances and drugs which are hot in temperament. While *Safra*, when mixed with blood, warms the blood and blood becomes burn and viscous/thick. (8,9,10,11,12,13) *Jaleenoos* (Galen) (129-200 AD) also gives a good clinical description of haemorrhoids. He states that anorectal disorders are very difficult to treat as the rectum and anus are highly innervated and sensitive and are the permanent route for the passage of stool.(14) The Indian *Susruta* (4th -5th century AD), describes haemorrhoids and its treatment procedures comparable to those in the Hippocratic treatise, but with advancement in surgical procedures and emphasis on wound cleanliness. The use of clamp and cautery is also described in *Susruta Samhita*.(5,15) In the past many great personalities have suffered from haemorrhoids, like Napoleon Bonaparte, George Brett (Hall of fame baseball player), and Don Juan Demoranna. Napoleon Bonaparte lost his battle of waterloo because of the delay in launching the attack due to a bad attack of bleeding haemorrhoids.(16) *Tabari* (d.985AD) also described *Bawaseer* as *saudavi* disease which is due to the *fassad* (Derangement) in blood and increased viscosity of blood. (17) *Akbar Arzani* (d.1722AD) the author of *Tibb-e-Akbar*, while writing about the causes of *Bawaseer* says that thick blood uses of produce over growths on the heads of anal blood vessels.(18) According to *Samarqandi* (d.1222AD) *Bawaseer* is the warty swelling at the end of rectal veins due to viscid *Saudavi Khoon* (Melancholic Blood).(6) According to *Al-Maseehi* (d.1010 AD) Formation of extra growth around or in anal called as *Bawaseer*.(19) *Ali Ibn Abbas Majoosi* (930-994 AD) also considered the deranged production of humours as the basis cause of *Bawaseer*. He says that such diseases are developed due to excessive production of *saudavi khoon* (Melancholic blood) from the liver.8

According to *Abu Marwan Ibne Zuhar*, *Bawaseer* is the growth or swelling at the end of the vessels of the rectum.(20) *Ibn Sina* (980-1037AD) in *Al-Qanoon Fil-Tibb* says that *Bawaseer* are usually produce due to accumulation of *sauda* (Black Bile) or *saudavi khoon* (Melancholic blood); less commonly it may developed as a result of *Balgham* (*Phlegum*). (13)

GENERAL INCIDENCE AND PREVALENCE OF HAEMORRHOIDS

Haemorrhoids are one of the most common anorectal disorders with a reported prevalence of 4.4% up to 36.4% of the general population. The peak prevalence occurs between 45 and 65 years of age. Approximately one-third of patients affected by haemorrhoids seek medical advise. Different studies showed that about 5%-10% of patients suffering from haemorrhoids do not respond to conservative treatments, so surgical procedures become the treatment of choice in such cases.(21) 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.(22) A higher prevalence is reported in specific groups, such as pregnant or postpartum women, in whom the prevalence of hemorrhoidal disease is between 12 and 41%.(23,24) Hemorrhoidal disease is one of the most common anorectal conditions seen in general practice. But the true prevalence in the general population is not well understood, partly because many patients do not seek treatment. (25,26) According to NIH data, nearly 1 million cases are reported annually in the US at the prevalence rate of 4.4%. It is estimated that 58% of people aged over 40 years have the disease in the US. Some researchers suggest that about 75 % of people will have symptomatic haemorrhoids at some point of time in their lives.(27,28)

CLASSIFICATION OF HAEMORRHOIDS:

Classification as per *Unani* System of Medicine: (8,9,10,11,12,13,29,30,31,32,33,34)

Unani scholars have classified *Bawaseer* in Various ways, which are as follows;

[1] According to *Ibn-e-Sina*

[a] According to shape

Sululi (wart like)

Inabi (Grapes like)

Tooti (Mulberry like)

[b] According to Haemorrhage:

Mun Fatiha (which bleeds)

Umiya (which does not bleed)

[c] According to Location:

Nabita (External)

Ghaira (Internal)

[2] According to *Azam Khan*:

Sululi

Inabi
Tooti
Nafakhi
Nakhli
Tabni
Tamari

[3] According to *Ajmal Khan*:
Bawaseer-e-Khooni (Damwi)
Bawaseer-e-Reehi (Badi)

[4] As per shape and appearance of piles masses:

1. *Sululi* (Adasiya or Hamasiya): This variety of the pile masses is like lentil or gram in its size and texture.
2. *Inabi*: This variety piles masses like grapes. They are either round or flat in shape and red or purple in colour.
3. *Tooti*: This variety of pile masses 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. *Nafakhi*: This variety of pile masses is like bubbles and white in colour, they do not produce any pain in such.
5. *Nakhli*: This variety of pile masses resemble the root of the date tree, which contain multiple branches and fibers.
6. *Teeni*: This type of pile masses are round and flat and look like figs. This is a painful variety of *Bawaseer*.
7. *Tamari*: These types of pile masses are rough and hard like dry dates. It also causes pain.

[5] As per the bleeding tendency of pile masses:

On the basis of bleeding tendency Unani scholars have described two type of *Bawaseer*.

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

[6] As per location of piles masses:

As per the location, *Bawaseer* are classified in two type-

1. *Bawaseer Nabita*: In this type, the pile masses are located in the outer part of the anal canal and this is also known as external piles.
2. *Bawaseer Ghaiyera*: In this type, pile masses is situated in the inner part of anal canal and this is also known as internal piles.

CLASSIFICATION AS PER MODERN SYSTEM OF MEDICINE:

Clinical classification of haemorrhoid:

Anatomical classification of haemorrhoids includes internal and external haemorrhoids based on whether they are above or below the dentate line.

As a clinical measurement, Goligher's classification,³⁵

which is calculated in four grades based on prolapsing and reduction, is most widely utilized.⁽³⁶⁾

Goligher's classification is the clinical staging of the prolapsing degree of internal haemorrhoids. Internal haemorrhoid grade classification (including Goligher's classification) is used universally for choosing a course of treatment.^(37,38)

Grade I: Haemorrhoids are visualized on anoscopy and may bulge into the lumen but do not prolapse below the dentate line.

Grade II: Haemorrhoids prolapse out of the anal canal with defecation or straining but reduce spontaneously.

Grade III: Haemorrhoids prolapse out of the anal canal with defecation or straining and require manual reduction.

Grade IV: Haemorrhoids are irreducible and may strangulate.

Colonoscopic classification, including circumferential degree, size, and red colour sign, is well correlated with bleeding symptoms and is useful for treatment evaluation.³⁹ Vascular and mucosal types can be broadly categorized through anoscopic inspection alone.⁽⁴⁰⁾ However, this type of classification with clear definition is not standard.

ETIOLOGICAL FACTOR

Bowel habits and lifestyles can be risk factors for haemorrhoids. However, the involvement of genetic factors is unknown. Risk factors for hemorrhoidal disease are conditions associated with increased intra-abdominal pressures such as pregnancy, obesity, constipation and straining during defecation and sitting for a long time on the toilet seat, and chronic cough. cough.^(41,42)

In Unani System of Medicine:

Hakim Kabiruddin (1894-1976 AD) has quoted Hippocrates in his book *Tarjuma-e-Kabir* as under haemorrhoids are the vascular tumours of mucous membranes of the lower rectum. He further says that veins of lower part of rectum and anal canal are as swollen as in varicosity of veins. *Hakim kabiruddin* has described following factor as additional cause/ predisposing factors for haemorrhoids.^(10,29)

1. Repeated pressure on the veins of anus
2. Habitual constipation
3. Passage of dried hard stool
4. Sedentary habit
5. Abstinance from physical labour and exercise
6. Excessive use of meat, red chilies and spices
7. Excessive alcoholism
8. Repeated use of potent purgatives

9. Weakness in the functioning of liver
10. Pressure of uterus during pregnancy

Hakim Ajmal Khan (1864-1927 AD), described the following causes of haemorrhoid in *kitabul Haziq*.(29,30)

1. Excessive heat
2. Hot climatic condition of India
3. Excessive use of meat and red chilies
4. Burning of blood leading to production of thick blood.

Hakim Wajid Ali Khan, the author of *Shifaul Abdan* mentions the following causes for haemorrhoids.(29)

1. Increased quantity of *Safra* in blood
2. Increased quantity of *Sauda* in blood
3. Excessive production of *Balgham*

Hakim Sharif Khan (1725-1807 AD), in *Maftah-ul-Hikmat* has also considered the *sauda* as the fundamental cause of haemorrhoids. He says that piles (*Bawaseer*) are the moles formed on the mouth of anal blood vessels. Further he has described the following etiological factors for the piles.(29)

1. Liver disease
2. Constipation
3. Splenic disease
4. Disorder liver function
5. Excessive intake of spicy food
6. Hot drugs and food
7. Abstinence from and food
8. Excessive intake of alcohol
9. Sedentary habits
10. Pregnancy

Hakim Alwi Khan (1669-1749 AD) described the following factors of piles in his book *Khulasatul Majarib*.(29)

1. Increased amount of *Sauda* in blood
2. *Saudavi Mizaj* (Melancholic temperament)
3. Dilatation of anal blood vessels.
4. Excessive *Sauda* makes the blood thick especially in *Saudawi* temperament people or because of any pressure anal blood vessels gets dilated.

Misalliances

1. According to *Mohammad bin Zakariya razi* haemorrhoids may also develop due to excessive consumption of *Saudawi* and sweet substances.(11)

2. According to some physicians, haemorrhoids may also develop in those persons who used to sit more in latrine, especially those latrines that are utilized by haemorrhoids patients.(9,10,12)
3. According to *Ibn e Sina*, haemorrhoids are also very common in southern areas, and commonly develop due to the continuous blowing of southern winds.(13)

CLINICAL MANIFESTATIONS

Principal complaints of haemorrhoids include bleeding on defecation and prolapse of tissue. Secondary symptoms may be associated with haemorrhoids but often arise from other causes that are unrelated.

Contrary to popular belief, pain is not a primary symptom and usually occurs as a results of complication of haemorrhoids.(5,43)

Principal Symptoms

Bleeding

Rectal bleeding is the most common symptom of haemorrhoids. Haemorrhoidal bleeding is bright red and painless. If there is pain, another diagnosis such as a fissure should be exclude.(5,43)

According to *Jalinoos* (129-200 AD) it is impossible that a patient has haemorrhoids and there is no bleeding. In *Bawaseer* liver sends viscous, foul and *Saudawi* blood towards rectum which leads to the hyperemia of the rectal vessels and this leads to the perforation of the vessels and ultimately bleeding.(20,14)

Prolapse

Prolapse is another common symptom of haemorrhoids. It occurs in larger haemorrhoids. Haemorrhoidal prolapse usually occurs at the time of defecation . It is usually painless and reduces spontaneously after defaecation in 2nd grade of haemorrhoids, in 3rd grade it requires manual reduction and 4th grade haemorrhoids are trapped outside the anal canal and cannot be reduced by manual pressure.(5,10,44)

According to *Mohammad Bin Zakariya Razi* (850-923 AD), in this disease (Haemorrhoids), sometimes rectum prolapses externally and then remains in that condition. In the same context, he also states that, sometimes due to *warame haar* (inflammation) spasmodic condition develops in the rectum which results in the prolapse and swelling of the rectum.(13)

Secondary Symptoms

Pain

Pain is usually not a feature of haemorrhoids and should raise the possibility of another disease such as a fissure of abscess.

Prolapsed haemorrhoids can cause a dragging sensation until they are reduced. Once the prolapse is reduced, the discomfort quickly resolves.(5,43,45)

According to *Ismail Jurjani* (12th cent AD, if there is burning and throbbing pain then it is due to *Safrawi* matter and along with pain if patient feels fatigue and restlessness then it is due to *Ghaliz* dam (viscid blood). In bleeding piles, if due to any reason, bleeding stops it causes severe pain and itching in the rectum.(12)

Anal pruritus

Mucus discharge can cause maceration and irritation of skin leading to pruritus. Mostly pruritus is secondary to other causes such as infection or dermatological conditions.(5,43,45)

Mucus Discharge

Mucus is produced by the secretory columnar epithelium above the dentate line. When the prolapse is significant enough to protrude through the anal canal, the columnar mucosa is exposed to the outside environment and becomes irritated, thus secretes mucus.(5,43)

Faecal Incontinence

Some patients with large prolapsed haemorrhoids may complain of minor faecal incontinence. The large chronically prolapsed haemorrhoids may cause incomplete closure of the anal canal and predispose to the leakage of mucus and faeces.(5)

In *Bawaseer reehi* there are bowel sounds due to *riyadh* which can be heard over the umbilicus and this *riyah* may descends towards penis, scrotum or coccygeal region (in males) or it may ascends towards chest ribs, neck or shoulders. This *riyadh* may leads to body and joints pain, loose motions or it may cause constipation indigestion and loss of appetite.(12)

Anaemia

Rarely anaemia can be caused by bleeding haemorrhoids so this can be called as a complication rather than a symptom.(5,43,45)

According to *Mohammad Bin Zakariya Razi* (850-923 AD), when there is excessive bleeding, the patient appears pale and whitish due the dominance of *Balghami* and *Safrawi* Matter.(11)

USEFUL DIAGNOSTIC METHODS FOR HAEMORRHOIDS

Haemorrhoid diagnosis involves taking a detailed history and conducting an anorectal examinations (visual inspection, manipulation, digital examination, and anoscope.(46) It is impossible to confirm the diagnosis of haemorrhoids with a digital examination alone;(47) therefore, an anoscope (or proctoscope) is utilized for diagnostic purposes.48

In cases where complaints of prolapsing symptoms are inconsistent with the findings, straining testing in the toilet is useful.(46,47) Even when haemorrhoids are confirmed, when melena or bloody stool is discovered, a colonoscopy should be performed to rule out other diseases.(49)

DIFFERENTIAL DIAGNOSIS

Differential diagnosis of haemorrhoids includes anal skin tags, fibrous anal polyp, peri-anal hematoma, rectal prolapse, anal fissure, dermatitis and rectal tumour, intersphincteric abscess melanoma, carcinoma.(50)

USOOL ILAJ (LINE OF TREATMENT): (8,9,10,13,31,33,51,52,53,54,55)

Jalinoos (129-200 AD) stated that anal diseases are difficult to treat as anus is a natural route for expulsion of waste material and is highly sensitive to local changes.

The line of treatment for *Bawaseer* in Unani system of medicine the ancient Unani physicians described in detail as,

- Treat the main cause.
- *Tanquia mawad* (Diversion of morbid humor)
- Advice light and easily digestible food.
- Avoid food which produces *Sauda*.
- Advice light exercise example walking etc.
- Avoid sitting on hard and cold places.
- Clean anal region with hot water after defaecation.
- Avoid constipation.
- Don't stop bleeding directly until the patient becomes weak.
- *Fasad* (Venesection) of *Reg-e-Saphin* (cephalic Vein).
- *Taliq* (leech) application on the mass of the *Bawaseer* (haemorrhoid).
- *Hijama* (Cupping) application in between buttock regions.
- Use of *Akkal advia* (corrosive medicine) to burn the haemorrhoidal mass.
- Use *Mussakin advia* (analgesic) in the form of *Dhoni*, *Zimad*, *Nutool*.
- External use of *Mundamil qurooh advia* (Cicatrizant Medicine).

Mushil-e-Sauda (Melanagogue), *Muqawwi Meda wa Ama* (Tonic for stomach and intestine), *Mohallil Awram* (Anti-inflammatory), *Musakkin* (Analgesic), *Habis-e-Dam* (Haemostatic), *Mundamil-e-Zakham* (Cicatrizant), *Mufatehat* (Deobstruent), *mula'iyyanat* (Laxative) *Adviya*.

Report of first recorded treatment for haemorrhoids comes from the Egyptian papyrus dated 1700 BC: "...

Thou shouldst give a recipe, an ointment of great protection; Acacia leaves, ground, titurated and cooked together. Smear a strip of fine linen there-with and place in the anus, that he recovers immediately.(56)

Hippocrates in 460 BC wrote of haemorrhoids treatment similar to today's rubber band ligation procedure thus: "And haemorrhoids in like manner you may treat by transfixing them with a needle and tying them with very thick and woolen thread, for application, and do not ferment until they drop off, and always leave one behind; and when the patient recovers, let him be put on a course of Hellebore.(56)

A Roman physician named Celcus (25 BC - ad 14) described the ligation and excision surgeries, The Indian Susruta Samhita, an ancient Sanskrit text dated between the fourth and fifth century ad, described treatment procedures comparable to those in the Hippocratic treatise, but with advancement in surgical procedures and emphasis on wound cleanliness.(56)

MANAGEMENT OF HAEMORRHOIDS:

Management of *Bawaseer* in *Unani* System of Medicine:

In general practice the *Unani* physicians used to manage the cause of *Bawaseer* by two methods.

1. Local Treatment
2. Systemic Treatment

1. Local Treatment: (8,48,53,54,55)

The treatment is very simple if pile masses are not inflamed. In any way constipation is to be avoided and local aseptic condition is to be maintained. Sometime application of *Marham/Qairooti*, *Zimad* over the pile masses is advised. Every effort is made to protect the pile masses from pressure and erosion.

If *Bawaseer* are inflamed and thrombosed, complete bed rest is advised. Hot *fomentations apply on pile masses and the bowel is kept clean with the help of enema*. A number of methods and drugs for hot fomentation to reduce.

The inflammation and severity of pain are available in *Unani* system of medicine e.g. *Roghan-e-Gul*, *Aab-e-Mako-e-Sabz*, *Safeda Kashghari*, *Maghz-e-Neem*, *Muqil (Guggul)*, *Rasaut* etc.

2. Systemic Treatment:

General treatment to *Bawaseer* patients is offered by four methods of treatment in *Unani* system:

- a) *Ilaj-Bil-Ghiza* (Dietotherapy)
- b) *Ilaj-Bil-Tadbeer* (Regimental therapy)
- c) *Ilaj-Bil-Dawa* (Drug therapy)
- d) *Ilaj-Bil-Yad* (Surgery)

TREATMENT OF HAEMORRHOIDS IN MORDEN SYSTEM OF MEDICINE

- 1) Conservative treatment is used in "Everyday Lifestyle Guidance.
- 2) Drug therapy for haemorrhoids is typically utilized for bleeding, pain, and swelling.
- 3) None of the oral medications is approved for use during pregnancy, but some analgesic ointments and suppositories may be utilized.

1) Everyday Lifestyle Guidance

The guidance given for the patient's everyday lifestyle (improvement of lifestyle habits) suggests taking care when sitting for long periods of time, working at cold temperatures, straining during defecation, choosing what to eat and drink, becoming physically exhausted, and enduring emotional stress. Patients are instructed to avoid letting their bodies get too cold, and women are encouraged to be especially careful during their menstrual cycles. In terms of food and drink, patients are told to be sure to get enough water, increase the amount of fiber in their diets(57), and be careful with their alcohol consumption. As to their toilet habits, patients are instructed to avoid excessive straining and extended time defecating (sitting on the toilet for long periods).

Patients are told not to hold it and to finish defecating in as short a time as possible.(58) When localized blood flow impairment occurs together with haemorrhoids, taking warm baths (sitz baths) is effective.

2) Drug treatment

Drug treatment has a recognized effect in relieving pain and reducing swelling; however, these medications have no efficacy with prolapsed haemorrhoids. In terms of medication, there are both oral and topical treatments, such as suppositories and ointments. Ointments are used for lesions below the dentate line, while suppositories are used for lesions above the dentate line. Steroidal medications have a higher efficacy when patients present with swelling, pain, and heavy bleeding associated with acute inflammation. In rare cases, when steroidal dermatitis or perianal candidiasis occurs, long-term use of steroids should be avoided.(58)

Tribenoside or bromelain are effective for inflammatory edema;(59) local anesthetic agents are effective for pain; and bismuth-based agents are effective for bleeding. There are some reports from abroad indicating that pain, swelling, and bleeding can be addressed with flavonoids.(60,61).

3) Drug therapy and pregnancy:

As drug therapy for pregnant women can have an adverse effect on the unborn child, careful consideration must be given to its administration. To prevent unnecessary risks, including premature contractions, spontaneous abortion, and birth defects, etc., excessive use of medication should be

avoided.(62) There have been no reports of birth defects among haemorrhoid patients using ointments/suppositories.

There have been issues with cleft palate developing in animal foetus when the mother has undergone long-term hydrocortisone treatment. Consequently, long-term use of steroidal ointments/suppositories is contraindicated.(63)

The use of flavonoids in pregnant women has not been sufficiently evaluated; however, there is one case report of a fetal death and one of a birth defect, indicating that this treatment may not be completely safe.(64)

Nonoperative (conservative) options:

Rubber band ligation, sclerotherapy, infrared photocoagulation, cryotherapy, manual anal dilatation, LASER haemorrhoidectomy, the harmonic ultrasonic scalpel haemorrhoidectomy, Doppler guided hemorrhoidal artery ligation, and the new atomizing technique that uses the atomizer wand to excise and vaporize haemorrhoids.

Most nonoperative procedures are reserved for first-and second-degree haemorrhoids and are usually carried out on an outpatient basis.

Operative options:

The clamp and cautery haemorrhoidectomy, open haemorrhoidectomy, closed haemorrhoidectomy, submucosal haemorrhoidectomy, whitehead circumferential haemorrhoidectomy, stapled haemorrhoidectomy, radiofrequency ablation and suture fixation haemorrhoidectomy, pile suture' method, the bipolar diathermy haemorrhoidectomy, and the ligasure haemorrhoidectomy. Operative hemorrhoidectomies are reserved mainly for third- and fourth-degree haemorrhoids.

CONCLUSION

It was probably *Buqrat* (Hippocrates) (460BC) who was the first to apply the name to the flow of blood from the veins of the anus. There is a detailed description of *Bawaseer* in classical books authored by ancient *Unani* physicians. Haemorrhoids are one of the most common anorectal disorders with a reported prevalence of 4.4% up to 36.4% of the general population. The peak prevalence occurs between 45 and 65 years of age. Report of first recorded treatment for haemorrhoids comes from the Egyptian papyrus dated 1700 BC: "... Thou shouldest give a recipe, an ointment of great protection; Acacia leaves, ground, titurated and cooked together.

Conservative treatment is used in "Everyday Lifestyle Guidance. Drug therapy for haemorrhoids is typically utilized for bleeding, pain, and swelling. Operative hemorrhoidectomies are reserved mainly for third-and fourth-degree haemorrhoids.

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