



SUCCESSFUL TREATMENT OF ADVANCED FOURTH-DEGREE COMPLICATED HAEMORRHOIDS (*BAWASEER*) WITH A TRADITIONAL (*UNANI*) APPROACH: A CASE REPORT

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Case Report

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ABSTRACT

Background: Haemorrhoids are a common anorectal condition, with fourth-degree haemorrhoids being the most severe form, often requiring surgical intervention. However, traditional systems like Unani medicine offer alternative non-invasive therapeutic options based on holistic principles.

Case Presentation: A 45-year-old male presented with complaints of pain, prolapse, bleeding per rectum, and difficulty in defecation for six months. On clinical examination, fourth-degree internal haemorrhoids were confirmed. The patient was managed with a comprehensive Unani regimen comprising oral medications, topical applications, dietary modifications, and lifestyle changes.

Intervention and Outcome: The patient underwent treatment for 8 weeks. Significant clinical improvement was noted in terms of reduced bleeding, pain relief, and regression of prolapsed haemorrhoidal mass. No surgical intervention was required. Follow-up at 3 months showed sustained symptom relief and improved quality of life.

Conclusion: This case highlights the potential of Unani medicine in managing advanced haemorrhoidal conditions effectively. The favourable outcome suggests that traditional regimens can be explored further through clinical trials to establish their role as complementary or alternative options to surgery.

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INTRODUCTION

Haemorrhoids are a prevalent anorectal condition that impacts a large segment of the global population. The

worldwide occurrence is estimated at 47 cases per 1,000 people, with 50% to 85% of individuals aged 45 to 65 affected. In India, the condition is especially

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widespread, with approximately 75% of the population estimated to be affected. (1) The word "haemorrhoid" originates from two Greek terms: "haema," which means blood, and "rhoose," which signifies flow. People in developed nations are more prone to haemorrhoids compared to those in developing countries. (2) Haemorrhoids are classified into two types: external and internal. (3) **External haemorrhoids** are located below the dentate line and are covered by perianal skin and anoderm. They can become painful when a thrombotic clot blocks the haemorrhoidal vein. **Internal haemorrhoids** are situated above the dentate line and are covered by rectal columnar and transitional mucosa. They are graded on a four-point scale: **Grade I:** Haemorrhoids are visible but do not prolapse. **Grade II:** Haemorrhoids prolapse during the Valsalva manoeuvre but reduce spontaneously. **Grade III:** Haemorrhoids prolapse during the Valsalva manoeuvre and require manual reduction. **Grade IV:** haemorrhoids that are non-reducible. **Aetiology (Asbaab):** Eminent Unani physicians have identified several causes, which are as follows: (4)(5)(6) The primary cause is chronic and continuous congestion in the veins of the rectum, which can result from chronic constipation, a sedentary lifestyle, prolonged sitting, pregnancy, and certain liver disorders such as hepatomegaly. Another cause is the presence of melancholic sanguineous blood, which can be produced in two ways: a) due to the consumption of drugs and foods with a hot temperament. b) Due to an excess of burnt bile. Additionally, consuming foods that lead to excessive production of *Sawda* can contribute to the condition. According to Ibn Luqa, excessive use of castor oil can lead to the development of *bawaseer*. People living in areas with moist and humid air and those who consume more milk, fish, and dates are also at risk. Furthermore, excessive non-vegetarian and spicy foods can be a contributing factor. Lastly, individuals with a *Sawdavi* temperament are more prone to this disease.

Principles of Treatment (*Usool-e-ilaaj*): (7)

- The fundamental cause of the disease should be addressed and treated.
- To relieve constipation, use remedies like Majoon Sana (*Cassia angustifolia*) and *Itrifal Mulayin*.
- Advise patients to avoid sitting on hard and wet surfaces.
- Avoid foods that lead to the production of black bile (*Sawda*).
- Use mild laxatives such as Isphagol (*Plantago ovate*), Roghan Baed Anjeer (*Ficus carica L.*), Roghan Badaam (*Prunus amygdalus*), and Muraba Aamla (*Emblica officinalis*).
- Purify the blood (*Tanqiya Dam*) using *Haleela Jaat* and Blood purifiers (*Musafiyaat*).
- Evacuate morbid matters from the body through methods like venesection (*Fasad*), leeching (*Irsaal-e-alaq*), cupping (*Hijamat*), and purgation (*Ishaal*).
- Use analgesic drugs (*Taskeen-dard*) such as *Roghan-e-Zard* and *Marham-e-Safaed Aab Kafoori*.
- Use anti-inflammatory drugs (*Muhallil Awraam*) such as *Baboona* (*Matricaria chamomilla*), *Nakhoona* (*Trigonella Foeniculum-Graecum*), and *Khatmi* (*Althea officinalis*).
- In case of bleeding, use haemostatic drugs (*Haabis Dam*).

Case Report:

A 57-years-old female with a 15-year history of haemorrhoids presented with severe pain, a perianal mass, mucoid discharge, and bleeding during defecation. She experienced persistent, intense pain even while sitting. The patient had a history of hypertension and hemiplegia. She was admitted to Mohammadia Tibbia College and Assayer Hospital, Mansoor, Malegaon.

On Examination:

The heart rate was 76/min while B.P. was 140/80 mmHg with 98.6 F temperature, respiratory rate was 17/min. The body weight of the patient was 75kg. The lung, heart, renal system and abdomen were normal. Pallor was present, and cynosis and jaundice were absent. She was a married female taking a mixed diet, but her appetite was reduced. She was suffering from chronic constipation. The patient had been hypertensive for 8 years, taking Amlodipine 5mg (OD) at night. The cardiovascular system (CVS) was normal on inspection. Apex beat is palpable in the 5th ICS with no tenderness. On auscultation, S1-S2 were heard, no added sound and no murmur was found. The respiratory system was normal, chest was B/L symmetrical with normal movement with no scar and tenderness, with normal resonance. Air entry bilaterally equal (AEBE). The abdomen was bulky in shape, the Umbilicus centrally placed and inverted. No scar mark or venous engorgement. On percussion dull note was present. No fluid thrill and shifting

dullness auscultation, bowel sound 4-5 times per minute. On nervous Systemic Examination patient was well oriented to time, person and place with intact higher mental function. In the right side of the body sensory system was low compared to the left side. The patient has less sensation with pin and blunt objects, temperature sense (hot and cold), Vibration sense (tuning fork), and the patient was unable to identify the position of the finger or toe of the left side of the body. Deep reflexes (biceps, triceps, ankle, knee and finger flexion, supinator reflexes) were diminished on the left side of the body. **Per-rectal examination** identified multiple inflamed grade IV haemorrhoids at positions 3, 5, 7, and 11 o'clock, with thrombosed areas present. No external opening or fissure. Blood tests revealed haemoglobin levels of 8 g/dL, a random blood sugar of 110 mg/dL, a bleeding time of 3 minutes, a clotting time of 5 minutes, and negative results for HIV and HBsAg.



Fig. 1: Local examination on the first visit to the hospital.

Intervention: Her ongoing medication for hypertension and hemiplegia was continued. Additionally, she was prescribed a polyherbal decoction called **Joshanda Muhalil**, formulated in the Mohammadia Tibbia College and Hospital pharmacy. It is a mixture of Baboona (*Matricaria chamomilla* L), Nakhoona (*Trigonella Foenum-Graecum*), Gul-e-Tesu

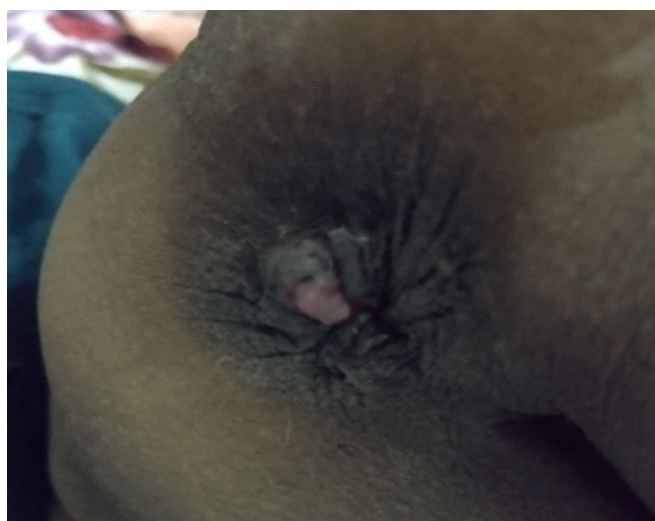
(*Butea monosperma*), Kasni (*Cichorium intybus* L), Aftimoon (*Cuscuta reflexa* Roxb.), Mako (*Solanum nigrum*), Baranjasif (*Achillea millefolium* L), and Beekh Izkhar (*Cymbopogon martinii* Roxb.), 5-5 grams each. This was administered orally twice daily. She also received **Habb-e-Rasut** prepared from Rasut (*Berberis aristata*), Shib-e Yamani (Alum), Suhaga (*Sodium borate*), Gil-e Armani (*Bole Armenia*), and Sang-e Jrahat (*Soapstone*), 2 pills twice daily, well-known Unani formulations for haemorrhoids. **Habb-e-Bawaseer** consists of Kabab Khanda (*Xynthoxylum alatum*), Tukhm Gandana (*Allium asalonicum*), Maghz Neem (*Azadirachta indica*), Rasut (*Berberis aristata*), and the extract of Bahrozah (*Pinus longifolia*) Unani compound drug for haemorrhoids prepared at our hospital. To relieve constipation and improve digestion, **Safoof-e-Hazim**, formulated with Naoshadar (*Ammonium chloride*), Qalmi Shorah (*Potassium nitrate*), Filfil Siyah (*Piper nigrum* L), Namak Siyah (black salt), and Zanjaeel (*Zingiber officinalis*), was prescribed at a dosage of 3 grams twice daily. **Safoof Habis-ud-Dam** was prescribed to control bleeding, containing Geru (*Bole rubra*), Tabasheer (*Bambusa arundinaca*), Kath Safed (*Acacia catechu*), Gil-e Armani (*Bole armania*), Gil-e Makhtoom (*Lemnia rubrica*), Gulnaar Farsi (*Punica granatum flower*), Beekh-e Anjbar (*Polygonum bistorta*), and Sang-e Jarahat (*Soapstone*). A topical paste was prepared using **decoctions** of Nakhoona (*Trigonella uncata*), Baboona (*Matricaria chamomilla* L), Gul-e-Tesu (*Butea monosperma*), Shib-e Yamani (Alum), and Safoof-Mazoo (*Quercus infectoria*), known for their haemostatic, vasoconstrictive, anti-inflammatory, and analgesic effects. The patient was advised to apply this paste after a sitz bath in honey water at least twice daily. Follow-up: The patient was monitored every 8 days for 3 weeks to assess his health condition.

Assessment: After one week, the patient was assessed using the *Hemorrhoidal Disease Symptom Score* (HDSS). After 1 week, significant reductions were noticed in the size of the mass, pain, and bleeding from the anus.

Table 1: Hemorrhoidal Disease Symptom Score (HDSS) (8).

PAIN	Never	Less than once a month	Less than once a week	1-6 days per week	Every day (always)
ITCHING	Never	Less than once a month	Less than once a week	1-6 days per week	Every day (always)
BLEEDING	Never	Less than once a month	Less than once a week	1-6 days per week	Every day (always)
SOILING	Never	Less than once a month	Less than once a week	1-6 days per week	Every day (always)
PROLAPSING	Never	Less than once a month	Less than once a week	1-6 days per week	Every day (always)

Points: 0= never, 1= less than once a month, 2= less once a week, 3= 1-6 days per week, 4= every day or always

**Fig. 2: Local examination after 1 week of treatment.****Fig. 3: Local examination after 3 weeks of treatment.**

DISCUSSION

In this case study, the patient was treated with Unani oral and topical application medicines. Observations indicated a notable reduction in pain, bleeding, and swelling. This improvement may be attributed to the elimination of the abnormal humours at the affected site, as Tabri, Razi, Sina, Majoosi, and Jurjani described. (9)(10)(11)(12)(13) The Unani regimen was comprised of six formulations, *Safoof Habis-ud-Dam*, *Joshanda Muhalil*, *Habb-e-Bawaseer*, *Habb-e-Rasut* and a polyherbal formulation for sitz bath found to be effective and safe in the management of even complicated and prolapsed haemorrhoids.

***Safoof Habis-ud-Dam*:**

This compound is useful as a haemostatic (*Habis-ud-Dam*) in the Unani System of Medicine.

It contains *Bambusa arundinacea*, which has anti-inflammatory and anti-microbial properties. (14)(15)(16).

Acacia catechu, commonly known as Kathha or Kath Safed, belongs to the Fabaceae family. The plant contains active compounds such as catechins, flavonoids, tannins, and alkaloids, which contribute to its medicinal benefits. The extract of *Acacia catechu* is known for its anti-inflammatory effects, which help reduce swelling and pain. Studies have shown that *Acacia catechu* exhibits strong antibacterial and antifungal properties, making it effective in treating infections and wounds. (15) (17)(18)

Gulnaar Farsi (*Punica granatum* flower) is rich in flavonoids, tannins, alkaloids, and essential oils, Gulnaar Farsi is valued for its astringent, anti-

inflammatory, and antimicrobial effects. (15)(19)(20). **Beekh-e-Anjbar** (*Bistorta Officinalis*) contains high levels of tannins, making it effective in controlling bleeding. It reduces inflammation and swelling in various conditions (15)(20)(21)

Sang-e-Jarahat (*Hydrated Magnesium Silicate*), traditionally used in Unani medicine, promotes wound healing, pain relief, and tissue regeneration. Its cooling properties help reduce inflammation, swelling, and burning sensations, especially in skin disorders. Its high absorbent capacity draws out toxins and impurities from wounds. Additionally, it acts as a hemostatic agent, stopping excessive bleeding and aiding in clot formation. (15) (20)(22).

Joshanda Muhalil:

Baboona (*Matricaria chamomilla L.*) possesses various medicinal properties, including anti-inflammatory, antioxidant, antimicrobial, anticancer, and digestive health benefits, making it a valuable herb in traditional and modern medicine. (23) (24) (25) (26) (27).

Gul-e-Tesu (*Butea monosperma*) contains active constituents such as butrin, isobutrin, and butein, isolated from *Butea monosperma* flowers, have demonstrated significant anti-inflammatory activity. These constituents inhibit the activation of NF- κ B, a protein complex that plays a pivotal role in inflammatory responses. (28)(29)(30).

Aftimoon (*Cuscuta reflexa Roxb.*) is rich in flavonoids and phenolic compounds, contributing to its strong antioxidant and anti-inflammatory properties. (31)(32)(33)(34)(35).

Studies have demonstrated that *Mako* (*Solanum nigrum*) possesses antimicrobial properties, making it effective against various pathogens and beneficial in treating infections. The plant exhibits notable anti-inflammatory and pain-relieving effects. It is applied in the treatment of rheumatic and gouty joints, providing relief from pain and inflammation. (36)(37)(38)

Baranjasif (*Achillea millefolium L.*) exhibits significant anti-inflammatory and pain-relieving properties, making it beneficial in treating conditions like rheumatism and general body aches. The herb's astringent and vulnerary properties effectively promote wound healing and reduce bleeding. (39)(40)

Habb-e-Rasut:

In traditional system Rasut (*Berberis aristata*) is Nafe-Bawaseer, Muhalil-e-Warm and is a laxative promoting gut health. (41)(42) *Berberis aristata* has exhibited various pharmacological effects, such as antimicrobial, anti-inflammatory, pain-relieving, fever-reducing, liver-protective, and immune-modulating activities. (43) (44).

Conclusion:

This case report demonstrates the successful management of advanced fourth-degree complicated haemorrhoids using a traditional Unani approach. The integrative treatment, including oral medications, topical applications, and lifestyle modifications, resulted in significant clinical improvement in pain, bleeding, and prolapse. The regimen's effectiveness highlights the potential of Unani medicine in treating chronic and complex haemorrhoidal conditions without invasive procedures. Further clinical studies are warranted to validate these findings and promote evidence-based integration of traditional Unani therapies into modern healthcare.

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