



## PREVALENCE OF HEMORRHOID AMONG THE PATIENTS VISITING SURGERY OPD AT NIUM HOSPITAL

Najar F. A.<sup>\*</sup>, Faisal M.<sup>2</sup>, Khesal A.<sup>2</sup> and Ansari T. A.<sup>2</sup>

<sup>1</sup>Lecturer, Department of Jarahat, National Institute of Unani Medicine, Bengaluru, Karnataka, India.

<sup>2</sup>PG Scholars Department of Jarahat, National Institute of Unani Medicine, Bengaluru, Karnataka, India.

**\*Corresponding Author: Dr. Najar F. A.**

Lecturer, Department of Jarahat, National Institute of Unani Medicine, Bengaluru, Karnataka, India.

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### ABSTRACT

**Background:** Hemorrhoid, commonly known as piles, is well known by its symptoms such as per rectal bleeding, mass coming out during defecation, mucus discharge and other systemic problems such as anaemia and general weakness. In Unani System of Medicine, it is known as Bawaseer. In terms of prevalence it ranks second among the anorectal ailments but exact data on its prevalence is rare. Therefore, this study was designed to estimate the prevalence of hemorrhoids among the patients attending Surgery (Jarahat) OPD at NIUM Hospital Bengaluru. **Materials and Methods:** Present study was a cross sectional study of 1 year duration conducted in the Jarahat OPD of NIUM Hospital between January 2015 and December 2015. A total of 1800 patients with anorectal ailments were screened and 911 were diagnosed with hemorrhoids. Diagnosis was made on the basis of clinical findings and anorectal examination. **Results:** The present study revealed that out of 911 subjects (9.08%) were suffering from hemorrhoids, out of them 664 were males and 247 were females. 620 patients (68.05%) were in the age group of 31-60 years. **Conclusion:** Present study revealed that hemorrhoid is a common anorectal condition. Risk factors responsible are constipation and the present era life style particularly diet. But all these are modifiable factors. Therefore, health awareness programmes are needed to educate people about these modifiable risk factors. So, that the progression of this disease can be limited.

**KEYWORDS:** Hemorrhoids, Bawaseer, Prevalence.

### INTRODUCTION

The word "haemorrhoid" is derived from the Greek word 'haema' (blood) and 'rhoos' (flowing), and it was probably Buqrat (Hippocrates 460 BC) who was the first to apply this name to the flow of blood from the veins of the anus.<sup>[1]</sup> The term "piles" is derived from the Latin "pila" (a ball) and was widely used by the public at the time of John of Arderne (born: 1307 AD). In his treatise of 1370 he mentioned that the 'common people call them piles, the Aristocracy call them haemorrhoids and the French call them figs (figer, to clot).<sup>[2,3,4,5]</sup> Haemorrhoid is a common disease with a prevalence of 4.4% with a peak occurring in both sexes between 45-65 years.<sup>[6]</sup> According to Unani (Greeco-Arabic) literature haemorrhoids are known as "Bawaseer". Bawaseer is the plural of baasoor which means wart or polyp like swelling. They are specialized highly vascular cushions of discrete masses of thick sub mucosa containing blood vessels. Now a day the lifestyle of man makes him to fall into such problems. Many factors such as hurry, worry & curry, fast food, irregular dietary habits, travelling, sedentary work and a lot of mental stress disturbs the digestive system of a human being which results into many anorectal diseases & one important among them is

hemorrhoids. It is also the penalty of erect posture of human being. It may be symptomless or symptomatic and sometimes bleed enough leading to anemia. Unani physicians described Bawaseer in detail according to their observation. According to the Buqrat Bawaseer is the swollen vein of the internal mucous membrane of the rectum. According to Samarqandi, prime cause of Bawaseer is viscid saudawi blood resulting the warty swelling at the end of rectum.<sup>[7]</sup> According to Ali Ibne Abbas Majoosi and Abu Marwan Ibne Zuhar, Bawaseer is the growth or swelling at the end of the vessels of the rectum.<sup>[8,9]</sup> According to Hakim Azam Khan Bawaseer is the swelling at the end of the rectal vessels due to accumulation of saudawi blood.<sup>[10]</sup> There are various aetiologies behind haemorrhoids. It may be positive in family or due to normal morphological phenomena of venous system of lower alimentary tract and some other causes are straining, diarrhoea, constipation, hard stool, low fibre diet, over purgation, carcinoma rectum, pregnancy and portal hypertension.

Haemorrhoids and other anorectal diseases have the social stigma in Indian society and the affected persons ignore their problem as they can. Due to this its

frequency in India is 32-40% but exact data of its prevalence is rare. So, the present study is designed to estimate the prevalence of haemorrhoids among the patients attending surgery OPD at NIUM Hospital Bengaluru.

## MATERIAL AND METHODS

**Study Design:** Cross sectional study.

**Source of Data:** The study was conducted in surgical OPD of NIUM Hospital between January 2015 and

December 2015. On the basis of history patients with the symptoms of anorectal diseases were screened in OPD. Those patients who were diagnosed hemorrhoids of either grade were included in the study. Diagnosis was made on clinical findings like digital and proctological examination of anus under the supervision of a qualified surgeon. Data was collected through well structured parameters like predesigned questionnaires which included age, male female ratio, risk factors etc. In this manner 911 diagnosed patients of hemorrhoids were included in the study in 2015.

## OBSERVATIONS AND RESULTS

**Table-1. Number of patients screened.**

NIUM Jarahat OPD	No. of Patients Screened for Anorectal Diseases	Percent (%)	No. of patients diagnosed with Hemorrhoids	Percent (%)
10032	1800	17.94	911	9.08

**Table-2. Distribution According to Sex.**

Male	%	Female	%	Total
664	72.88	247	27.22	911

**Table-3. Distribution According to Age.**

Below 30yrs		31-60yrs		61-90yrs	
Patients	%	Patients	%	Patients	%
208	22.83	620	68.05	83	9.11

**Table-4. Distribution According to Duration of Symptoms.**

< 6 month		< 1 year		1-2 year		2-4 year	
No of Patients	%						
143	15.69	167	18.33	307	33.69	294	32.27

**Table-5. Distribution According to Risk and Associated Factors.**

Factors		No of Patients	%
Dietary Habits	Vegetarian	62	6.80
	Mixed	849	93.19
Constipation	Yes	671	73.65
	No	240	26.34
Smoking	Yes	472	51.81
	No	439	48.18
Driver	Yes	291	31.94
	No	620	68.05
Field Worker	Yes	243	26.67
	No	668	73.32
Shop keeper	Yes	93	10.20
	No	818	89.79
Teacher	Yes	7	0.76
	No	904	99.23
House workers	Yes	238	26.12
	No	673	73.87
Others		39/911	0.42

## RESULTS AND DISCUSSIONS

Total 1800 (17.94%) patients were screened for anorectal diseases among 10032 patients. 911 (9.08) patients were diagnosed with hemorrhoids. (Table 1).

As shown in table No 2 among 911 patients, 72.88% were male and 27.22% were female but its incidence in

community is equal in both the sexes and present study shows that number of male patients is more than female patients. The reason behind this may be due to the higher attendance of male patients in NIUM hospital or it may be due to that the females are too shy to talk about or consult the physician for anorectal disorders.

According to the age group of this study there were 68.05% in the age group of 30-60 years. This data justifies the fact that hemorrhoid is mostly seen in the age of 30-60 years<sup>[11]</sup> because of the effect of risk factors are dominant during this periods. (Table 3).

As per the chronicity only 15.69% patients were having the symptoms for less than 6 month, 18.33 % patients were having symptoms for less than one year. 33.69% patients were suffering from this problem for 1 to 2 years and 32.27% patients were suffering for 2 to 4 years. This data shows the social stigma related to anorectal disorders. Because of the shyness patients rarely share this problem with their family members or with their doctors. Therefore, they tolerate it for longer times and when problem gets worse and when they are affected both physically and economically then only they consult doctors. (Table 4).

According to various risk factors of hemorrhoids 6.80% patients were vegetarian and 93.19% were having mixed dietary habits. This shows a close relationship between hemorrhoids and dietary habits (non-veg diet). These diets are usually more refined and low in fibre thus increasing bowel transit time and leading to constipations. Constipation is the major factor to develop hemorrhoid as shown in table that 73.65% patients were constipated. (Table 5).

## CONCLUSION

Haemorrhoid, being one of the most common anorectal problems, hampers the routine life of an affected person. There are various aetiologies behind haemorrhoids but most common are use of fast food, low intake of water, irregular dietary habit, regular travelling, sedentary work style and a lot of mental stress. These all factors are modifiable. Basically, lack of awareness among the masses leads to such problems. Therefore, some awareness programmes on mass level via electronic and print media are required to educate people about these factors to prevent the progression of this disease.

## REFERENCES

1. Douglas Mackay. "Haemorrhoids and varicose veins: A review of treatment options. *Alternative medicine review* 2001 April; 6(2): 126-140.
2. Khubchandani I, Paonessa N, Khawaja A. *Surgical treatment of hemorrhoids*. 2<sup>nd</sup> edition. Springer, London (2009)1.
3. Russell RCG, Norman SW, Christopher JKB. Bailey and Love's *Short Practice of Surgery*. 25th edition. Arnold Publication, London, 2008; 1253-1262.
4. Gami Bharat. Hemorrhoids – a common ailment among adults, causes & treatment: a review. *International Journal of pharmacy and pharmaceutical sciences*, 2011; 3(5): 5-12.
5. Rizwan Mansoor Khan, A.H. Ansari, Malik Itrat, M. Zulkifl A *Comprehensive Review of Haemorrhoids with Unani (Greeco-Arabic) and Modern Description* *International Journal of Basic Medicine*

- and *Clinical Research*, 2014; 1(3).
6. Dr. Vineet F. Chauhan, Dr. Kavach Patel, Dr. M.M. Anchalia. *Prospective Comparative study of sclerotherapy by hypertonic saline and a alcohol for the treatment of hemorrhoids*. *GUJARAT Medical Journal / March-2014*; 69(1).
7. Kirmani Nafees Bin Auz. *Sharah Asbab* (Translation by Mohammad Kabeeruddin). Vol.2. New Delhi: Eijaz Publishing House; YNM, 635.
8. Majoosi Ali Ibne Abbas. *Kamilus Sanaa'h* (Translation by Ghulam Hasnain Kantoori), New Delhi: Idara Kitabus Shifa, 2010; 516-18.
9. Ibne Zuhar Abu Marwan Abdul Malik. *Kitabut Taiseer fil Madawa wat Tadbeer*. New Delhi: CCRUM, 1986; 152.
10. Khan Mohammad Azam. *Ikseere Azam* (Translation by Mohammad Kabeeruddin). New Delhi: Idara Kitabus Shifa, 2011; 661-73.
11. Shah SN, editors. *API Text book of Medicine*. 8<sup>th</sup> ed. Mumbai: The Association of physician of India, 2008; 621.