

CLINICAL EVALUATION OF HABB-E-MUQIL IN THE MANAGEMENT OF
BAWASEER-E-BAADI (NON-BLEEDING PILES): AN OPEN-LABEL, SINGLE-ARM
CLINICAL STUDY

Dr. Mohd. Danish^{*1}, Dr. Zakir Ali Khan², Dr. Akhtar Husain Farooqui³, Dr. Pathan Hafeez Kha Nawaz Kha⁴,
Dr. Kha Tamseen Jabbar⁵, Dr. Maryam Bano Baberali Shaikh⁶

¹P.G. Scholar, Dept. of Moalajat (Medicine), Z.V.M. Unani Medical College & Hospital, Pune. (MH) India.

²Assistant Professor, Dept. of Moalajat (Medicine), Z.V.M. Unani Medical College & Hospital, Pune. (MH) India.

³Professor, Dept. of Moalajat (Medicine), Z.V.M. Unani Medical College & Hospital, Pune. (MH) India.

⁴P.G. Scholar, Dept. of Moalajat (Medicine), Z.V.M. Unani Medical College & Hospital, Pune. (MH) India.

^{5,6}P.G. Scholar, Dept. of Ilmul Qabalat wa Amraze Niswan (Obstetrics & Gynecology) Z.V.M. Unani Medical College & Hospital, Pune. (MH) India.



***Corresponding Author: Dr. Mohd. Danish**

P.G. Scholar, Dept. of Moalajat (Medicine), Z.V.M. Unani Medical College & Hospital, Pune. (MH) India.

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ABSTRACT

Bawaseer (haemorrhoids) is a common anorectal disorder characterized by swelling and dilatation of the vascular cushions of the anal region. In Unani medicine, *Bawaseer* is associated with disturbances of *Mizaj*, *Akhlat* and accumulation of *Madda* (morbid matter). *Habb-e-Muqil*, a classical Unani formulation containing *Muqil* (*Commiphora mukul*) as an important ingredient, is traditionally used for conditions associated with swelling, inflammation and accumulation of morbid matter. An open-label, prospective, single-arm clinical study was conducted in the Department of Moalajat. A total of 40 patients of either gender, aged 30–50 years, diagnosed with *Bawaseer-e-Baadi* were enrolled and assessed according to predefined clinical assessment criteria. The therapeutic rationale of *Habb-e-Muqil* was based on the traditional actions of *Muqil*, including *Muhallil* (resolvent), *Dafi-e-Waram* (anti-inflammatory), *Musaffi* (cleansing/purifying), *Mujaffif* (desiccative), *Mufattih* (deobstruent) and *Qabiz* (astringent) properties. Among the 40 enrolled patients, the majority was aged 31–40 years (82.5%), and males constituted 92.5% of the study population. Most patients had a mixed diet (85.0%), while 52.5% preferred spicy food. *Saudavi Mizaj* was observed in 65.0% of patients. The clinical study was undertaken to assess the therapeutic role of *Habb-e-Muqil* in relieving manifestations associated with non-bleeding piles and to correlate the Unani concept of *Bawaseer-e-Baadi* with its clinical management. *Habb-e-Muqil* has a traditional therapeutic rationale for use in *Bawaseer-e-Baadi* because of the pharmacological actions attributed to *Muqil*, particularly its *Muhallil* and *Dafi-e-Waram* properties. The present open-label clinical study supports further systematic evaluation of *Habb-e-Muqil* as a Unani therapeutic approach for non-bleeding piles. Larger controlled clinical studies are warranted to establish its efficacy and safety more conclusively.

KEYWORDS: *Bawaseer-e-Baadi*; Haemorrhoids; *Habb-e-Muqil*; *Commiphora mukul*; *Muqil*; Unani Medicine; *Moalajat*; Non-bleeding Piles; *Muhallil*; *Dafi-e-Waram*.

I. Introduction of Haemorrhoids or *Bawaseer*

Haemorrhoids or *Bawaseer* can be defined as dilated plexus of superior rectal vein in relation to anal canal.^[1] Haemorrhoids are enlargements of the vascular cushions of anal canal.^[2]

Word haemorrhoids are derived from the combination of two Greek words 'Haema' and 'Rhoos' standing for Blood and Flow respectively. Piles are a Latin synonym derived from *Pila*, standing for 'ball' is referred to the dilated veins.^[3] Hippocrates (460 B.C.-375 B.C.), a famous Unani physician and Father of Medicine defined

piles as: "Piles are vascular out-growth of inner phlegmatic membrane of rectum".^[4] *Samarqandi* (13th century A.D.) described Haemorrhoids as: "It is a growth similar to muscle/cartilage; which is formed by viscous, melancholic blood due to its deposition at the end part of rectal veins".^[4] It is of two types, one which bleeds is known as *Bawaseer-e-Damia* (bleeding piles) and other that does not bleed is known as *Bawaseer-amia* (non-bleeding piles).^[4-5] Haemorrhoids generally present according to the main branches of superior haemorrhoidal vein.^[6-7]

Haemorrhoids, commonly known as **Bawaseer** in Unani medicine, have been recognized since the early development of Greco-Arabic medicine. The condition is described in classical Unani literature under disorders of the *Maq'ad* (anus/anal region) and is primarily

associated with abnormal accumulation of blood and other morbid matter in the vessels of the rectal and anal region. Classical physicians considered *Bawaseer* a disorder related predominantly to the blood vessels of the anus, particularly their dilatation and accumulation of morbid material.^[8-10]

The concept of *Bawaseer* can be traced to Hippocratic medicine, in which anal vascular swellings and bleeding were recognized and described. Greek medical knowledge was subsequently transmitted to the Islamic world and further developed by eminent physicians such as *Rhazes (Razi)*, *Abu Ali Ibn Sina (Avicenna)*, *Al-Zahrawi*, and *Ibn al-Nafis*. Their descriptions included different forms of anal swellings, bleeding, pain, and associated digestive disturbances.^[9-10]

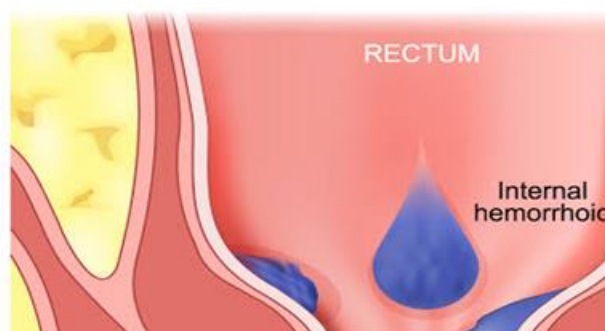


Fig. 01: Bawaseer-e-Baadi; Haemorrhoids- A common disease in male and female.

Production of large quantity of melancholic blood in the liver leads to formation of haemorrhoids.^[4-8] Usually the matter of Haemorrhoids are melancholic blood mixed with abnormal Phlegm⁹, forming viscous melancholic blood in the rectal vessels.^[10] Thus Haemorrhoids are formed by concentrated melancholic matter and sometimes mixed with bile.^[5]

Gravity, longstanding, straining and irregular bowel habits are important factors that develop or exacerbate the haemorrhoids.⁴ Diarrhea due enteritis, colitis or dysentery aggravates haemorrhoids.^{3, 4} In addition, some other factors which may contribute to the development of haemorrhoids include risk factors, these are hot climate, young adults and old age people, male sex, obesity, rectal surgery, low fibre diet and use of excessive spicy meals or excessive meat, weight lifting and heavy exercise and chronic cough etc.^[11]

Many pharmacopoeial and non-pharmacopoeial Unani formulations are being used for the treatment of haemorrhoids. Pharmacopoeial formulations include *Habb-e-Bawaseer Damwi*, *Habb-e-Rasaut*, *Habb-e-Muqil*, *Habb-e-Usara*, *Qurs-e-Kahruba*, *Sharbat-e-Anjbaar*, *Sharbat Deenar*, *Sharbat Habb-ul-Aas*, *Itrifal Muqil*, *Itrifal Zamani*, etc., whereas non-pharmacopoeial formulations may include *Roghan Baid-e-Anjeer*, *Sang-e-Jarahat*, *Gil-e-Armani*, *Dam-ul-Akhwain* etc. *Habb-e-*

Rasaut and *Habb-e-Muqil* are being used since long successfully to alleviate the symptoms of haemorrhoids. Thus these drugs i.e. *Habb-e-Rasaut* and *Habb-e-Muqil* were selected in combination to achieve good result and to assess their therapeutic efficacy in the management of internal haemorrhoids.

II. Bawaseer in Classical Unani Literature

In Unani medicine, *Bawaseer* is generally understood as a pathological condition involving the vessels around the anus, resulting from accumulation of *Madda* (morbid matter) and weakness or dilatation of the vessels. The condition may arise when the body produces excessive or abnormal *Safra*, *Sauda*, or *Dam*, or when there is defective evacuation of waste products. *Ibn Sina* (Avicenna) discussed *Bawaseer* in *Al-Qanun fi al-Tibb* in relation to diseases of the anus and rectum. He described anal swellings and bleeding and related their development to accumulation of blood or other morbid material in the vessels of the affected region. His approach emphasized assessment of the patient's *Mizaj* (temperament), humoral composition, digestive function, bowel habits, and the nature of the swelling or bleeding.^[10]

Other classical physicians, including *Al-Razi* and *Al-Zahrawi*, contributed to the understanding of anorectal diseases. *Al-Zahrawi* particularly advanced the surgical

management of haemorrhoidal disease and described operative approaches for selected cases. Thus, the Unani tradition historically incorporated both *Ilaj bit-Tadbeer* (regimental therapy), *Ilaj bit-Dawa* (pharmacotherapy), and *Ilaj bit-Yad* (surgical intervention) according to the severity and type of disease.^[10]

III. Etiopathogenesis according to Unani Medicine

The development of Bawaseer is explained through the concepts of *Mizaj*, *Akhlat* (humours), and *Madda*. Disturbance in normal humoral balance may lead to the formation or accumulation of abnormal matter in the vessels of the anal region. Repeated constipation and excessive straining during defecation may further increase pressure in these vessels and contribute to their dilatation. Important *Asbab wa Alamat* (causes and manifestations) described in the Unani framework include:^[12-14]

- Chronic constipation and difficult evacuation
- Excessive straining during defecation
- Prolonged sitting
- Sedentary lifestyle
- Digestive disturbances
- Excessive intake of heavy, spicy, or irritant foods
- Humoral imbalance, particularly involving *Dam* and *Sauda*
- Weakness of the vessels of the anal region
- Suppression or disturbance of normal evacuation
- Hereditary or constitutional predisposition

IV. Bawaseer According to Unani Scholars^[1-10]

In the Unani system of medicine, **Bawaseer** refers to a disease of the anal and rectal region characterized mainly

by swelling and dilatation of the vessels around the anus, with or without bleeding. Classical Unani scholars discussed *Bawaseer* under diseases of the *Maq'ad* (anus) and explained its development through disturbances of *Mizaj* (temperament), *Akhlat* (humours) and accumulation of *Madda* (morbid matter).^[1-10]

A. Hippocrates

Hippocrates (Buqrat) recognized haemorrhoidal disease as an abnormal condition involving the vessels of the anal region. His descriptions associated the disease particularly with blood accumulation and bleeding from anal swellings. The *Hippocratic* tradition became an important foundation for later *Greco-Arabic* medical literature.

B. Galen (Jalinoos)

Galen (Jalinoos) further developed the humoral explanation of haemorrhoids. According to the Galenic framework adopted by Unani physicians, accumulation of abnormal **Dam (blood)** and other morbid humours in the vessels of the anal region could produce vascular enlargement and symptoms such as bleeding, pain, and swelling.

C. Al-Razi (Rhazes)

Abu Bakr Muhammad ibn Zakariya al-Razi (Razi) described diseases of the anus and emphasized the relationship between digestive disturbances, constipation, accumulation of morbid matter, and anorectal disorders. His approach was based on identifying the underlying cause rather than treating the local lesion alone.

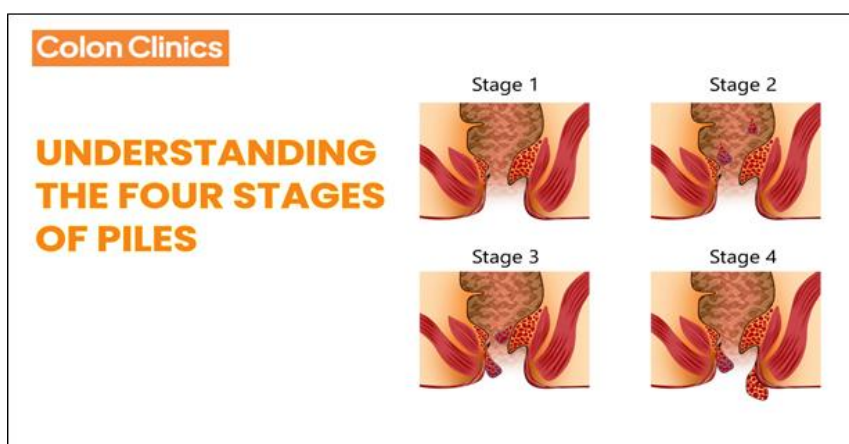


Fig. 02: Stages of Bawaseer.

D. Abu Ali Ibn Sina (Avicenna)

Ibn Sina (Bu Ali Sina) provided an important account of *Bawaseer* in *Al-Qanun fi al-Tibb*. He discussed haemorrhoidal disease in relation to the anal vessels and abnormal accumulation of blood or morbid matter. From the perspective of *Ibn Sina's* medical framework, disturbances in the normal evacuation of waste products and accumulation of abnormal humours may contribute to vascular congestion in the anal region. He considered

the patient's *Mizaj*, digestive function, bowel habits, and nature of bleeding, pain, and characteristics of the swelling when evaluating the disease.

E. Al-Zahrawi (Abulcasis)

Abu al-Qasim Al-Zahrawi made significant contributions to the surgical treatment of haemorrhoids. His work is particularly important because he described operative techniques for haemorrhoidal swellings and

demonstrated the advanced nature of surgical practice in medieval Islamic medicine. His contribution represents the Unani principle of selecting treatment according to the condition and severity of disease, including *Ilaj bit-Yad* (surgical treatment) when conservative measures were insufficient.

F. *Ibn al-Nafis*

Ibn al-Nafis continued the *Greco-Arabic medical tradition* and discussed diseases of the digestive and anorectal system within the framework of humoral pathology and organ function. His writings contributed to the development and preservation of the classical understanding of anorectal disorders.

VI. Therapeutic Effect of *Habb-e-Muqil* in *Bawaseer*.^[1-10]

A. Reduction of Haemorrhoidal Swelling

According to the Unani concept, *Bawaseer* may involve accumulation of *Madda-e-Fasida* (morbid matter) and congestion in the vessels of the anal region. The *Muhallil* action attributed to *Muqil* is traditionally considered useful in resolving accumulated matter and reducing the size and congestion of haemorrhoidal swellings.

B. Anti-inflammatory Effect

Inflammation of the haemorrhoidal tissue may produce pain, tenderness, burning, and swelling. *Muqil* has traditionally been described as having *Muhallil-e-Waram*

properties. Therefore, *Habb-e-Muqil* may help reduce inflammatory manifestations associated with *Bawaseer*.

C. Relief from Pain and Discomfort

Reduction in local swelling and inflammation may subsequently decrease anal pain, heaviness, irritation, and discomfort during defecation. Thus, the therapeutic effect of *Habb-e-Muqil* may be reflected clinically through improvement in symptom scores.

D. Improvement of Bowel-Related Symptoms

Constipation and excessive straining are important aggravating factors in haemorrhoidal disease. In the Unani therapeutic approach, correction of bowel irregularity is an important component of treatment. *Habb-e-Muqil* may be used as part of an overall regimen aimed at reducing the factors that aggravate *Bawaseer*.

E. Possible Anti-inflammatory and Pharmacological Basis

From a modern pharmacological perspective, *Commiphora mukul* contains bioactive constituents, particularly guggulsterones and related resin compounds that have been investigated for anti-inflammatory and other biological activities. These properties provide a possible pharmacological basis for some of the traditional claims concerning *Muqil*. However, evidence specifically establishing *Habb-e-Muqil* as an effective treatment for haemorrhoids is more limited than the broader evidence on *Commiphora mukul*, so clinical claims should be supported by controlled studies.

Table No. 01: Composition of *Habb-e-Muqil*.^[17]

Sr. No.	Unani name	Botanical name	Part used	Name
1	<i>Post Halela-e-Zard</i>	<i>Terminalia Chebula</i> Retz	Fruit	300g
2	<i>Turbud Safaid</i>	<i>Operculina Turpethum</i>	Fruit	100g
3	<i>Rae</i>	<i>Brassica Nigra</i> Seed	Root	20g
4	<i>Tukhm Gandana</i>	<i>Asphodelus Tenuifolius</i> Cav.	Seed	30g
5	<i>Guggul</i>	<i>Commiphora Mukul</i>	Oleo-Gum Resin	150g
6	<i>Halela Siyah</i>	<i>Terminalia Chebula</i> Retz	Fruit	150g

Habb-e-Muqil in the Unani System of Medicine^[17]

Habb-e-Muqil is a classical Unani compound preparation consisting of several crude drugs of plant origin. From a pharmacognostical point of view, the identification and evaluation of each ingredient are important to ensure its identity, purity, quality, and authenticity. The formulation provided contains *Post Halela-e-Zard*, *Turbud Safaid*, *Rae*, *Tukhm Gandana*, *Guggul*, and *Halela Siyah*.

A. *Halela Siyah* is derived from the fruit of *Terminalia chebula* Retz. The fruits are generally characterized by their hard, wrinkled surface and characteristic astringent taste. They contain considerable amounts of tannins and

phenolic compounds, which are important pharmacognostical constituents. *Halela Siyah* is an important ingredient of *Habb-e-Muqil*. It is the dried fruit of *Terminalia chebula* Retz. belonging to the family Combretaceae. In the formulation provided, 150 g of *Halela Siyah* is used.

Pharmacognostically, *Halela Siyah* consists of a hard, dried, wrinkled fruit, generally yellowish-brown to dark brown or blackish in appearance, with an astringent and characteristic taste. The fruit contains tannins, phenolic compounds, gallic acid, chebulagic acid and chebulinic acid, which contribute to its traditional medicinal properties.^[17]



Fig. 03: Haleela Siyah & Turbud Safaid.

In the Unani system of medicine, *Halela Siyah* is traditionally considered to possess *qabiz* (astringent) and digestive properties. It is used in compound formulations for conditions involving the gastrointestinal system and bowel disturbances. In *Habb-e-Muqil*, it forms part of the combination of drugs intended to provide the overall therapeutic action of the formulation.

B. Turbud Safaid, identified as *Operculina turpethum*, is a resin-containing crude drug traditionally recognized for its purgative action. Its characteristic resinous constituents are important in its pharmacognostical evaluation.

Turbud Safaid is an important ingredient of *Habb-e-Muqil* in the Unani system of medicine. It is botanically identified as *Operculina turpethum* (Linn.) Silva Manso

and belongs to the family Convolvulaceae. In the formulation provided, 100 g of *Turbud Safaid* is used. Pharmacognostically, *Turbud Safaid* is a resinous crude drug obtained from the plant and is characterized by its light-coloured, fibrous or woody nature and characteristic resinous constituents. Its principal active constituents include turpethin (turpeth resin) and other resinous substances. The drug is traditionally recognized in Unani medicine for its mild to strong purgative (*Mushil*) action, depending on the dose and preparation. In *Habb-e-Muqil*, *Turbud Safaid* contributes mainly to the formulation's traditional evacuating and bowel-cleansing action. It is combined with other ingredients such as Halela Siyah, *Post Halela-e-Zard* and Guggul (*Muqil*) to produce the intended therapeutic effect of the compound formulation.^[17]



Fig. 04: Rae and Haleela Zard.

C. Rae, listed as *Brassica nigra*, is included in the formulation as a crude plant drug. It contains glucosinolates, particularly sinigrin, which on enzymatic hydrolysis produces pungent volatile principles. *Tukhm Gandana*, the seed of *Asphodelus tenuifolius* Cav. is another plant-derived ingredient and can be evaluated by

its characteristic seed morphology, color, odour, and microscopic features.^[17]

Rae is included as one of the ingredients of *Habb-e-Muqil* in the formulation you provided. It is listed as *Brassica nigra* (black mustard), with 20 g used in the

preparation. However, there appears to be a discrepancy in the ingredient table you shared: *Brassica nigra* is normally associated with mustard seeds (*Siyah Rai*) rather than the root. Therefore, the part used should be verified against the specific Unani pharmacopoeial/formulary reference used for your Habb-e-Muqil preparation.

Pharmacognostically, *Brassica nigra* belongs to the family Brassicaceae. The drug is characterized by its pungent nature and contains glucosinolates, especially sinigrin, which can yield pungent mustard oil constituents after enzymatic hydrolysis. In Unani medicine, Raee is traditionally described as having warming, stimulant and irritant properties and is used in various formulations according to the therapeutic requirement.

In *Habb-e-Muqil*, Raee is present in a relatively small quantity compared with *Halela* and *Muqil* (Guggul). Its inclusion may contribute to the formulation's overall warming and stimulating activity and complement the actions of the other ingredients.

D. Post Halela-e-Zard

Post Halela-e-Zard is an important ingredient of *Habb-e-Muqil*. In the formulation provided, 300 g is used. It is obtained from *Terminalia chebula* Retz. Belonging to the family *Combretaceae*, and the fruit is the part used. Pharmacognostically, *Post Halela-e-Zard* consists of the dried outer portion of the fruit and is recognized by its characteristic yellowish-brown colour, wrinkled surface, astringent taste and characteristic odour. The drug contains important tannins and phenolic constituents, including chebulagic acid, chebulinic acid and gallic acid. These constituents are responsible for many of its traditional pharmacological properties.

In the Unani system of medicine, *Halela* is traditionally regarded as a *qabiz* (astringent) and digestive drug. It is used in formulations concerned with digestion and bowel regulation. In *Habb-e-Muqil*, Post Halela-e-Zard forms

the largest quantity (300 g) and is combined with *Turbud Safaid*, *Halela Siyah*, *Guggul*, *Raee* and *Tukhm Gandana* to provide the intended therapeutic action of the compound formulation.

E. Guggul, obtained from *Commiphora mukul* as an oleo-gum resin, is an important pharmacognostical ingredient of the formulation. It consists of resin, gum, volatile components, and characteristic steroidal constituents known as guggulsterones. The resin is recognized by its characteristic appearance, odour, and resinous nature.^[17]

Guggul known as *Muqil* in Unani medicine is an important natural drug obtained from the oleo-gum-resin of *Commiphora mukul*. It has been used traditionally in the Unani system for a wide range of disorders, particularly those associated with inflammation, swelling, accumulated morbid matter, and disorders of the musculoskeletal and circulatory systems.

Mizaj and Unani properties^[1-10]

In Unani pharmacology, *Muqil* is described according to its *Mizaj* (temperament) and pharmacological actions. Classical descriptions generally emphasize its *Muhallil* (resolvent) and *Dafi'-e-Waram* (anti-inflammatory) actions.

Important traditional actions attributed to *Muqil* include:

- **Muhallil** – resolves swelling and accumulated morbid matter
- **Dafi'-e-Waram** – reduces inflammatory swelling
- **Musaffi** – traditionally considered cleansing/purifying
- **Mujaffif** – reduces excessive moisture
- **Qabiz** – astringent action in appropriate preparations
- **Mufatih** – traditionally used for opening obstructions
- **Mundij / Muhallil role** – may be used in regimens intended to mature and resolve morbid matter



Fig. 05: Moqil and Tukhme Gandana.

Thus, the pharmacognosy of *Habb-e-Muqil* involves the botanical identification, morphological examination, microscopic evaluation, determination of characteristic chemical constituents, and assessment of purity of its individual ingredients. Proper pharmacognostical standardization is essential for maintaining the quality, safety, consistency, and therapeutic reliability of the finished Unani formulation.

F. Tukhm Gandana is one of the ingredients mentioned in the formulation of *Habb-e-Muqil*. According to the formulation provided, it is identified botanically as *Asphodelus tenuifolius* Cav. and the seed is the part used. It is included in the quantity of 30 g.

From a pharmacognostical perspective, *Tukhm Gandana* consists of small seeds having characteristic morphological and microscopic features useful for identification and quality control. The drug is traditionally used in the Unani system of medicine and is considered to contribute to the overall medicinal action of the compound formulation. In *Habb-e-Muqil*, it is combined with drugs such as *Halela Siyah*, *Post Halela-e-Zard*, *Turbud Safaid*, *Raee*, and *Guggul* to form the complete preparation. The pharmacognostical identification of *Tukhm Gandana* includes examination of its colour, size, shape, surface, odour, taste, and microscopic characters, along with appropriate quality-control tests to ensure the purity and authenticity of the crude drug.^[17]

VII. AIM AND OBJECTIVES

- To evaluate the efficacy of Unani compound formulation *Habb-e Muqil* in the management of *Bawaseer-e-Baadi* (non-bleeding piles).
- To provide safe and effective Unani treatment for *Bawaseer-e-Baadi* (non-bleeding piles).
- To develop a better understanding of the concept of *Bawaseer-e-Baadi* (Non bleeding piles) and its management, in relation to classical Unani as well as modern literature.

VIII. METHODOLOGY

It is an Open-label prospective clinical study. In which 40 Patients of *Bawaseer-e- Baadi* will be included each patient will be assessed as per the assessment criteria.

- **STUDY DESIGN:** A prospective clinical study.
- **STUDY SETTING:** OPD/IPD of *Moalajat* in our hospital.
- **STUDY POPULATION:** 40 patients of either gender between the ages of 30 to 50 years attending OPD of our hospital for diagnosed cases of *Bawaseer-e-Baadi*.
- **SAMPLE SIZE:** Total 40 patients.

- **SAMPLE TECHNIQUE:** Convenience Sampling.

IX. METHOD OF SELECTION OF THE STUDY SUBJECT

A. INCLUSION CRITERIA

- An uncomplicated patient of *Bawaseer-e-Badi* (non-bleeding piles) will be taken on the basis of clinical presentation, general physical examination and per rectal examination.
- Both male and female between the ages of 30-50 years.
- Patient willing to give written informed consent.
- Patients attending OPD/IPD of institutional Unani Medical College & hospital will be included for the study.

B. EXCLUSION CRITERIA

- Patients with any severe and complicated systemic disease like HTN & Diabetes Mellitus etc.
- Patients with complicated and bleeding piles and 3rd and 4th degree piles.
- Pregnant women and lactating mother.
- Mentally retarded patient.

C. WITHDRAWAL CRITERIA

- If any serious adverse effect of drug.
- If the patient is not taking medicine as per the schedule explained to him/her.
- Patient doesn't come for regular follow up.

D. DURATION OF PROTOCOL THERAPY

45 days of study with follow-up on 0th day, 15th day, 30th day and 45th day.

E. PREPARATION AND QUALITY CONTROL:

Habb-e-Muqil will be purchased from the local GMP-Certified company.

F. ASSESSMENT CRITERIA/PARAMETER OF EVALUATION

The patient will be assessed on the basis of subjective & objective parameter. The changes in parameter will be assessed on every 15th day like - 0th day, 15th day, 30th day & 45th day.

X. METHODS OF MEASUREMENT

A. SUBJECTIVE PARAMETER

- Anal pain
- Anal pruritus
- Mass feeling
- Constipation

Table No. 02: Anal Pain: Grading will be done on the basis of presentation by patient.

Pain	Grading
Absent	0
Mild	1-3

Moderate	4-6
Severe	7-10

Absent - No Pain.

Mild - Interfering little with activity of daily living.

Moderate - Interferes significantly with activity of daily living. Severe - unable to perform daily living.

Table No. 03: Anal Pruritus: Grading will be done on the basis of presentation by patient.

Anal Pruritus	Grading
Absent	0
Mild	1
Moderate	2
Severe	3

Absent - No Itching

Mild - Occasional Itching Moderate - Frequent Itching Severe - Regular Itching

Table No. 04: Mass Feeling -Grading will be done on the basis of presentation by patient.

Mass Feeling (Prolapse)	Grading
Absent	0
1 st degree	1
2 nd degree	2
3 rd degree	3
4 th degree	4

➤ 1st degree - Hemorrhoidal mass does not come out of the anus while defecation.

➤ 2nd degree - Hemorrhoidal mass come out only during defecation and is reduced spontaneously after defecation.

➤ 3rd degree - Hemorrhoidal mass come out during defecation and need to be replaced manually, and then stay reduced.

➤ 4th degree - The Hemorrhoidal mass that are permanently prolapse.

Table No. 05: Constipation: Grading will be done on the basis of presentation of patient.

Constipation	Grading
Absent	0
Mild	1
Moderate	2
Severe	3

- Absent - 1-2 times per 1-2 days
- Mild - 2-3 times per week
- Moderate - Once per week
- Severe - Less than one per week

ethical clearance & approval.

B. OBJECTIVE PARAMETER

- Proctoscopic Examination

C. ASSESSMENT OF MIZAJ

Determination of *Mizaj* will be done on the principles of established parameters i.e. *Ajnas-e-Ashra* in a tool form as per the classical Unani literature, which has been attached with the case report form in the annexure section.

D. APPROVAL FROM INSTITUTIONAL ETHICS COMMITTEE (IEC)

Before starting the study, the protocol will be put up before the Institutional Ethics Committee (IEC) for the

E. STATISTICAL ANALYSIS

Statistical Analysis would be carried out by appropriate test. Probability (P) < 0.05 would be considered as significant.

XI. OBSERVATIONS AND RESULTS

The study followed an open-label prospective clinical design and was conducted at the OPD/IPD of the *Moalajat* department in our hospital. A total of 40 patients of either gender, aged 30 to 50 years, diagnosed with *Bawaseer-e-Baadi* and attending the OPD of our hospital were included, and each patient was assessed as per the predefined assessment criteria.

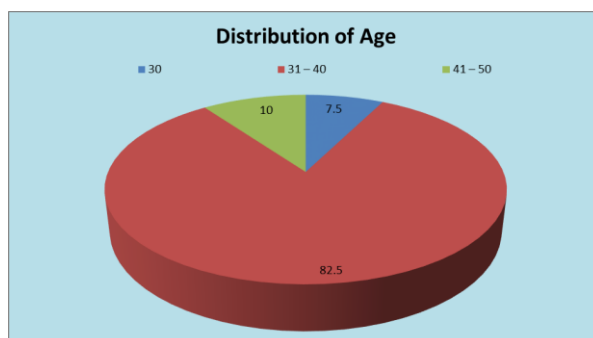
Table No. 06: The age distribution of the cases studied (n=40).

Age Group (years)	No. of cases	% of cases
30	3	7.5
31 – 40	33	82.5
41 – 50	4	10.0
Total	40	100.0

Values are n (% of cases).

Comments: 1. Out of 40 cases studied, 3 cases (7.5%) had age 30 years, 33 (82.5%) had age between 31 – 40 years and 4 cases (10.0%) had age between 41 – 50 years.

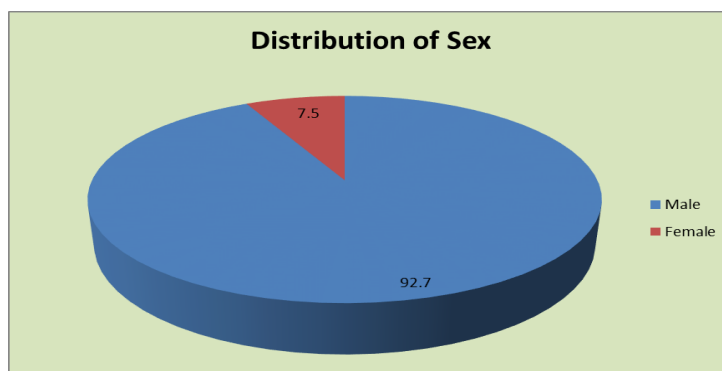
2. The mean $\pm$ SD, (Min – Max) of age of the group was 33.90 ± 4.64 years (Min = 30 years, Max = 48 years).

**Figure 6: The age distribution of the cases studied (n=40).****Table No. 07: The sex distribution of the cases studied (n=40).**

Sex	No. of cases	% of cases
Male	37	92.5
Female	3	7.5
Total	40	100.0

Values are n (% of cases).

Comments: 1. Out of 40 cases studied, 37 cases (92.5%) were males and 3 cases (7.5%) were females. 2. Majority of the cases studied were males.

**Figure 7: The sex distribution of the cases studied (n=40).****Table No. 08: The distribution of marital status of the cases studied (n=40).**

Marital status	No. of cases	% of cases
Married	26	65.0
Unmarried	14	35.0
Total	40	100.0

Values are n (% of cases).

Comments: 1. Out of 40 cases studied, 26 cases (65.0%) were married and 14 cases (35.0%) were unmarried. 2. Majority of the cases studied were married.

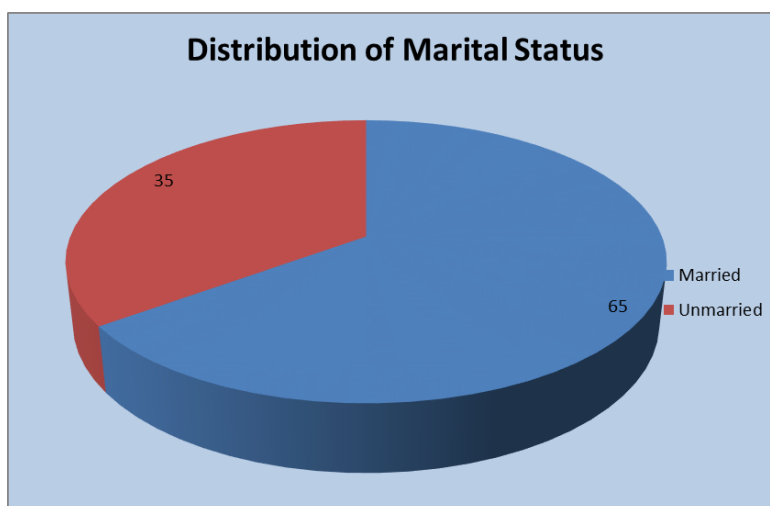


Figure 8: The distribution of marital status of the cases studied (n=40).

Table No. 09: The distribution of religion status of the cases studied (n=40).

Religion	No. of cases	% of cases
Hindu	1	2.5
Muslim	39	97.5
Total	40	100.0

Values are n (% of cases).

Comments: 1. Out of 40 cases studied, 1 case (2.5%) had Hindu religion and 39 cases (97.5%) were Muslims. 2. Majority of the cases studied were Muslims.

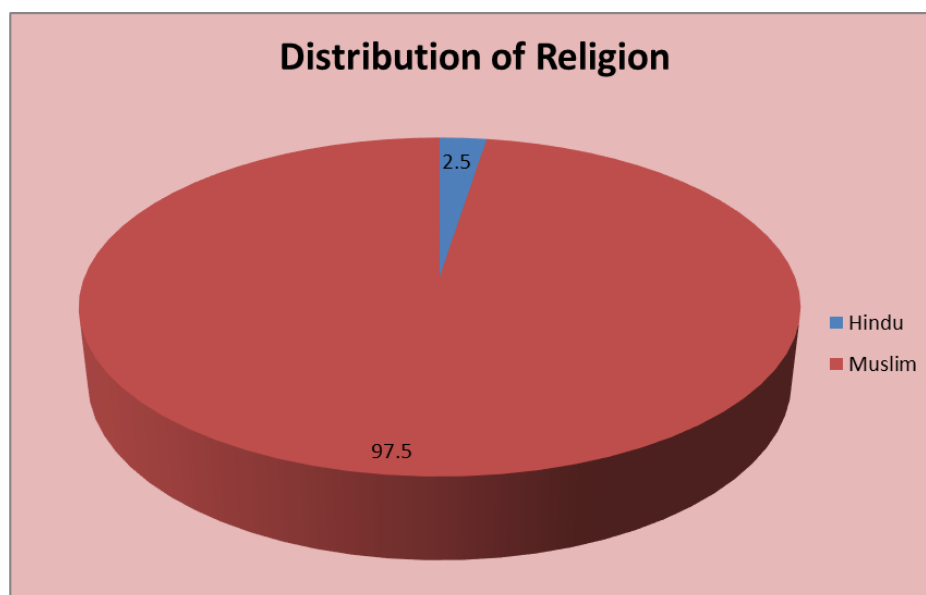


Figure 9: The distribution of religion status of the cases studied (n=40).

Table No. 10: The distribution of occupational status of the cases studied (n=40).

Occupational Status	No. of cases	% of cases
Student	7	17.5
House-wife	1	2.5

Business	11	27.5
Service	13	32.5
Driver	6	15.0
Worker	2	5.0
Total	40	100.0

Values are n (% of cases).

Comments: 1. Out of 40 cases studied, 7 cases (17.5%) were students/unemployed, 1 cases (2.5%) was house-wife, 11 cases (27.5%) had business, 13 cases (32.5%)

had service, 6 cases (15.0%) were Drivers and 2 cases (5.0%) were workers. 2. Majority of cases studied had Service as an occupation.

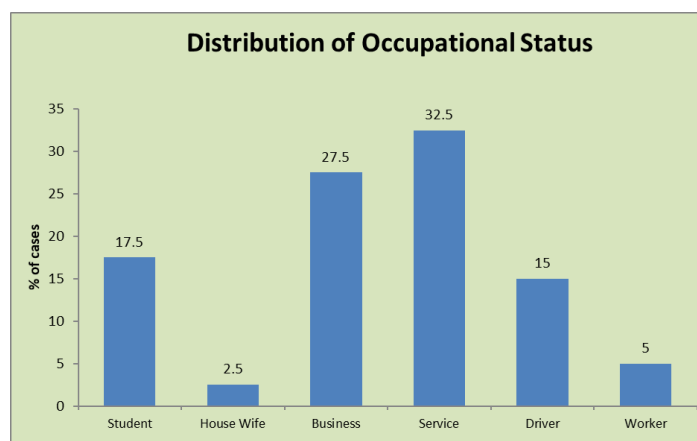


Figure 10: The distribution of occupational status of the cases studied (n=40).

Table No. 11: The distribution of type of diet preferred (n=40).

Diet Type	No. of cases	% of cases
Non-Vegetarian	6	15.0
Mixed	34	85.0
Total	40	100.0

Values are n (% of cases).

Comments: 1. Out of 40 cases studied, 6 cases (15.0%) had Non-vegetarian diet and 34 cases (85.0%) had mixed diet. 2. Majority of the cases studied had mixed diet.

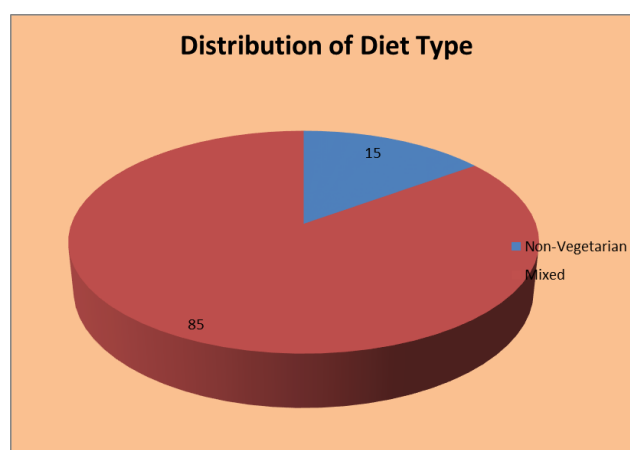


Figure 11: The distribution of type of diet preferred (n=40).

Table No. 12: The distribution of type of diet preferred (Spicy vs Non Spicy) (n=40).

Diet Type	No. of cases	% of cases
Spicy	21	52.5
Non Spicy	19	47.5
Total	40	100.0

Values are n (% of cases)

Comments: 1. Out of 40 cases studied, 21 cases (52.5%) Preferred Spicy type of diet and 19 cases (47.5%) had

preference for Non Spicy type of diet. 2. Majority of the cases studied had preference for Spicy type of diet.

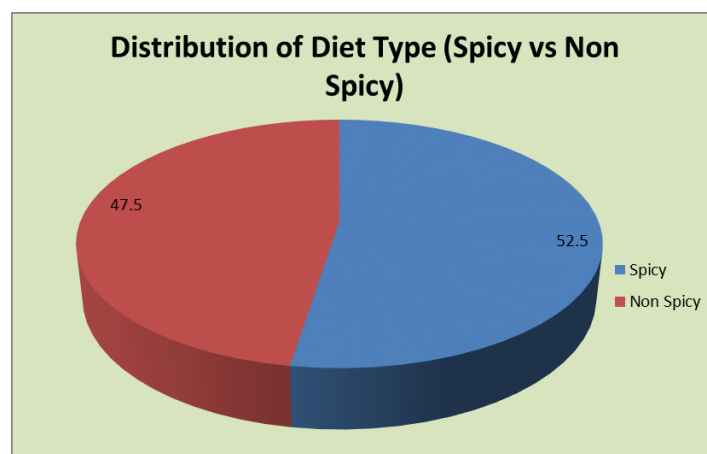


Figure 12: The distribution of type of diet preferred (Spicy vs Non Spicy) (n=40).

Table No. 13: The distribution of socio-economic status (SES) of cases studied (n=40).

Socio-economic status	No. of cases	% of cases
Lower	8	20.0
Middle	31	77.5
Upper Lower	1	2.5
Total	40	100.0

Values are n (% of cases).

Comments: 1. Out of 40 cases studied, 8 cases (20.0%) had Lower SES, 31 cases (77.5%) had middle class as a

SES and 1 case (2.5%) had upper lower SES in the study group. 2. Majority of the cases studied had middle SES.

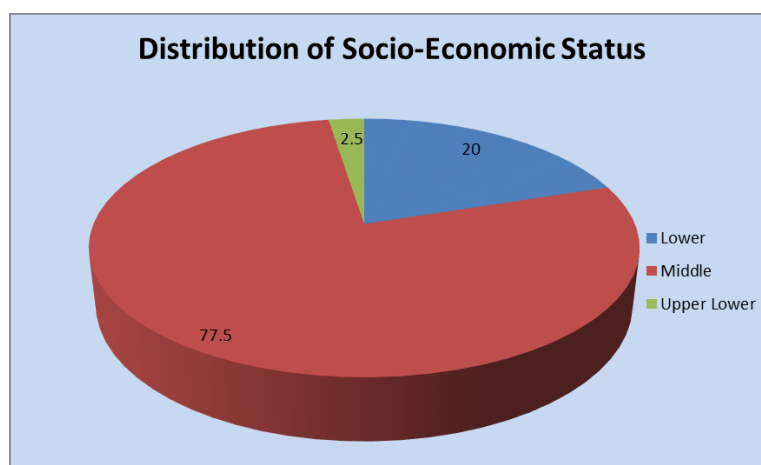


Figure 13: The distribution of socio-economic status of cases studied (n=40).

XII. DISCUSSION

Bawaseer-e-Baadi, corresponding to non-bleeding haemorrhoids, is a common anorectal condition characterized by swelling and dilatation of the vascular structures of the anal region. In the Unani system of medicine, *Bawaseer* is considered in the context of disturbances of *Mizaj*, *Akhlat* and accumulation of *Madda* (morbid matter). Classical Unani physicians described the disease in relation to the anal vessels and emphasized the role of abnormal humoral matter, defective evacuation and digestive disturbances in its

development. The present study was designed as an open-label, prospective, single-arm clinical investigation to evaluate the therapeutic role of *Habb-e-Muqil* in patients with *Bawaseer-e-Baadi*. 40 patients diagnosed with non-bleeding piles were included and assessed according to predefined clinical criteria. The study was conducted in the Department of *Moalajat*, reflecting the Unani approach of evaluating anorectal disorders within the broader context of temperament, digestive function, bowel habits and local manifestations.

The demographic profile of the study population showed that the majority of participants were in the 31–40-year age group, comprising 82.5% of the cases. The mean age was 33.90 ± 4.64 years, with an age range of 21–48 years. Males constituted 92.5% of the study population, whereas females accounted for 7.5%. These findings describe the characteristics of the enrolled population and provide useful background for interpretation of the clinical observations. However because the study was single-arm and relatively small, these demographic findings should not be interpreted as establishing an age- or sex-specific prevalence of *Bawaseer-e-Baadi*.

Dietary and lifestyle characteristics were also notable. 85 % of patients reported a mixed diet, while 52.5% preferred spicy food. In the Unani framework presented in the manuscript, heavy, spicy and irritant foods, digestive disturbances, constipation, prolonged sitting, sedentary habits and excessive straining are considered important factors associated with the development or aggravation of *Bawaseer*. Thus, the dietary findings are relevant to the traditional etio-pathological interpretation of the disease, although the present study does not establish a causal relationship between these factors and haemorrhoids. The distribution of *Mizaj* showed that 65.0% of patients had a *Saudavi* temperament, while 35.0% had a *Safravi* temperament. From the Unani perspective, assessment of *Mizaj* is an important component of individualized diagnosis and treatment. The predominance of *Saudavi Mizaj* in this study is therefore an interesting observation and may provide a basis for further investigation into the relationship between constitutional characteristics and *Bawaseer*. The present sample alone is insufficient to establish an association between *Saudavi Mizaj* and increased susceptibility to the disease.

The therapeutic rationale for *Habb-e-Muqil* is primarily related to the traditional actions attributed to *Muqil* (*Commiphora mukul*). *Muqil* is obtained from the oleo-gum-resin of *Commiphora mukul* and is recognized in Unani pharmacology for properties including *Muhallil* (resolvent), *Dafi-e-Waram* (anti-inflammatory), *Musaffi*, *Mujaffif*, *Mufattih* and *Qabiz*. These properties provide a traditional rationale for its use in disorders characterized by swelling, inflammation, accumulation of morbid matter and vascular congestion.

The *Muhallil* action of *Muqil* is particularly relevant to *Bawaseer-e-Baadi*. According to the Unani concept, accumulation of *Madda-e-Fasida* and congestion in the vessels of the anal region contribute to haemorrhoidal swelling. The traditional resolvent action of *Muqil* is therefore considered capable of facilitating resolution of accumulated morbid matter and reducing local congestion and swelling. Similarly, its *Dafi-e-Waram* property provides a rationale for its potential role in reducing inflammatory manifestations such as swelling, tenderness, burning and discomfort.

The *Qabiz* property attributed to appropriate *Muqil* preparations may also have relevance to anorectal disorders. In the Unani pharmacological framework, astringent activity is associated with reduction of excessive secretions and tissue contraction. Although the present investigation specifically focused on *Bawaseer-e-Baadi*, these traditional properties may explain the broader use of *Habb-e-Muqil* in haemorrhoidal disorders. Persistent or unexplained rectal bleeding, however, requires appropriate clinical evaluation because bleeding may have causes other than haemorrhoids.

The potential pharmacological basis of *Muqil* has also been discussed in relation to its bioactive constituents, particularly guggulsterones and related resin compounds. Experimental investigations have explored anti-inflammatory and other biological activities of *Commiphora mukul*. These observations may provide a possible bridge between the traditional *Dafi-e-Waram* and *Muhallil* concepts and contemporary pharmacological interpretation. Nevertheless, the evidence specifically establishing the efficacy of the complete *Habb-e-Muqil* formulation in haemorrhoidal disease remains limited, and therefore the therapeutic claims should be interpreted cautiously.

From the broader Unani perspective, management of *Bawaseer* is not limited to pharmacotherapy. Classical physicians emphasized identification and correction of underlying causes, including bowel irregularity, constipation and dietary factors. Unani treatment may incorporate *Ilaj bit-Tadbeer* (regimental therapy), *Ilaj bit-Dawa* (pharmacotherapy) and, where indicated according to disease severity, *Ilaj bit-Yad* (surgical intervention). This holistic approach is particularly relevant because repeated straining and defective evacuation may contribute to persistence or aggravation of anorectal symptoms.

The findings of the present study should be interpreted in light of its methodological limitations. The study included only 40 participants and used an open-label, single-arm design without a concurrent control group. Consequently, improvement, if observed clinically, cannot be definitively attributed to *Habb-e-Muqil* alone because placebo effects, natural variation in symptoms, dietary or behavioural changes and other confounding factors cannot be excluded. Furthermore, the available study data mainly describe the demographic and constitutional characteristics of the participants and do not provide sufficient quantitative pre and post-treatment efficacy data to establish the magnitude of therapeutic benefit.

Despite these limitations, the study provides a useful clinical framework for investigating *Habb-e-Muqil* in *Bawaseer-e-Baadi* and contributes to the documentation of a classical Unani formulation in a contemporary clinical setting. The observed predominance of middle-aged participants, males and *Saudavi* temperament

provides descriptive information about the study population, while the traditional pharmacological actions of *Muqil* offer a plausible Unani rationale for its use in non-bleeding haemorrhoids.

Future investigations should employ randomized controlled designs with larger sample sizes, standardized diagnostic criteria, validated symptom and severity scores, objective clinical outcomes, appropriate follow-up periods and systematic safety assessment. Comparative studies against standard therapy would further clarify the therapeutic position of *Habb-e-Muqil*. Such studies could help establish stronger clinical evidence while preserving the traditional Unani rationale underlying its use in *Bawaseer-e-Baadi*.

XIII. CONCLUSION

The present study provides a clinical and traditional Unani perspective on the management of *Bawaseer-e-Baadi* (non-bleeding piles) with *Habb-e-Muqil*. The formulation has a plausible therapeutic rationale based on the traditional pharmacological properties of *Muqil* (*Commiphora mukul*), particularly its *Muhallil* (resolvent), *Dafi-e-Waram* (anti-inflammatory), *Qabiz* (astringent), *Mujaffif* and *Mufattih* actions. These properties may contribute to reducing local swelling, inflammation, congestion and associated anorectal discomfort. The study also highlights the importance of considering *Mizaj*, dietary habits, bowel irregularity and other predisposing factors in the Unani management of *Bawaseer*. Among the 40 enrolled patients, the majority belonged to the 31–40-year age group were male, followed a mixed diet, preferred spicy food and had *Saudavi Mizaj*. These findings provide useful descriptive information regarding the study population but should not be interpreted as establishing causal associations.

Overall, *Habb-e-Muqil* represents a potentially useful classical Unani formulation for *Bawaseer-e-Baadi*, but the evidence generated by this open-label, single-arm study is insufficient to establish definitive clinical efficacy. Larger randomized controlled trials with standardized outcome measures, longer follow-up, objective assessment and systematic safety evaluation are required to validate its therapeutic effectiveness and establish its place in contemporary management of non-bleeding haemorrhoids.

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