

EFFICACY OF HERBAL DRUGS HABB-E-BAWASEER AND MARHAM HINA IN HAEMORRHOIDSI. Ara¹, Basharat Bukhari^{2*}, Kousar³ and Sabiya Rasool⁴¹Research Officer, Regional Research Institute of Unani Medicine, Srinagar, University of Kashmir.²Technical Officer, Regional Research Institute of Unani Medicine, Srinagar, University of Kashmir.³Junior Research Fellow, Regional Research Institute of Unani Medicine, Srinagar, University of Kashmir.⁴Junior Research Fellow, Regional Research Institute of Unani Medicine, Srinagar, University of Kashmir.***Corresponding Author: Dr. Basharat Bukhari**

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ABSTRACT

A Word haemorrhoid is derived from the combination of two Greek words 'Haema' and 'Rhoos' standing for Blood and Flow respectively. Pile is a Latin synonym derived from *Pila*, standing for 'ball' is referred to the dilated veins. Haemorrhoids is inflamed blood vessels of rectum present internally or externally. They are not an urgent, serious, but can cause extremely trouble by the constant loss of blood, pain, prone to repeated attacks of inflammation and thrombosis. Unani polyherbal formulations Habb-e-Bawaseer and Marham Hina were evaluated in haemorrhoids. Clinical trial was conducted on 80 patients, of different age groups, sex and Chronicity in all the three stages of haemorrhoids. The results obtained were satisfactory. Details are in paper.

KEYWORDS: Bawaseer, Unani, Marham, Hina.**INTRODUCTION**

Haemorrhoids are generally the commonest cause of blood in stools. These are varicose rectal veins. This varicosity forms a swelling of variable size, which may be altogether within the anus partially internal and partially external. These begin with profuse often frequent haemorrhage from the rectum after stools with pain in back (EC warner 1998). External haemorrhoids may swell causing discomfort and difficulty in defecation and produce severe pain. Internal haemorrhoids cause painless, bright red bleeding associated with defecation (Mazier et al 1995). The haemorrhoids are classified in three degrees (Burkitt D.P 1975, Ghram Steward 1963).

1st degree	Congested blood vessels but no prolapse.
2nd degree	Prolapsed on straining but regressed spontaneously.
3rd degree	Continuously prolapsed

According to Unani concept the physicians like Avicenna 2010, Majoosi 2010, Hakeem A. Khan 2011, Hakeem Kabiruddin 2007, Bhagdadi 2007 described the cause of haemorrhoids due to excess of black bile in the blood, i.e. imbalance of humors. The dominance of black bile in blood causes the inflammation, swelling (Warmi safravi). The inflammation of rectal veins and swelling within the anus with or without bleeding after defecation

is due to humoral discordance (Sue-e- mizaj) which causes constipation and strains. Continuous constipation and strain on rectal veins cause Varicose of rectal veins which results in Haemorrhoids. Hippocrates, a famous Unani physician and Father of Medicine defined piles as: "Piles are vascular out-growth of inner phlegmatic membrane of rectum.

The clinical picture described by Unani Physicians is almost same to that mentioned in the present day modern

medicine. The present study is an attempt to evaluate the effect of double therapy, Habb-e-Bawaseer (Orally) and Marham Hina (Locally) in external as well as internal bleeding haemorrhoids, where there was no indication of surgery.

MATERIAL AND METHODS

80 patients were enrolled in this study, which include 24 males and 56 females of different ages with complaints of protrusion of mass out of the anus, bleeding per anus, pain, itching, constipation etc. Patients were selected randomly from Out-patient department of Regional Research Institute of Unani Medicine Srinagar University of Kashmir. In every case, general systemic examination and per rectal examination were performed to exclude any other cause of per rectum bleeding than haemorrhoids. Patients were grouped in three groups viz, 1st degree, 2nd degree and 3rd degree. After a detailed

history including the Age, Sex, occupation, Diet, Family history/Bowel habits, duration of bleeding, Pain in the perineum, discharge, itching, Routine stool, urine, blood examination were done according to designed protocol and then enrolled to the study.

All the patients were subjected to double therapy with both Habb-e- Bawaseer and Marham Hina. Duration of the treatment was 12 weeks, 2 Habb-e- Bawaseer thrice daily for 15 days followed by 1 Habb-e-Bawaseer thrice for the rest of course. Marham Hina was applied per rectum twice daily (after saline sitz bath of 15 minutes). Follow up was done every fifteen days for 12 weeks then monthly or deemed necessary.

(Table-A) Composition of Habb-e-Bawaseer.

S.No	Unani Name	Botanical Name	English Name	Medicinal Uses
1	Rasuat	Berberi vulgaris	Indian Barberry	Anti-inflammatory, Analgesic. Laxative, Astringent,
2	Sange-e-jarahat	Soap stone/talc/steaties	Hydrated magnesium silicate	Haemostatics, astringent.
3	Kateera safaid	Cochlospermum religiosum	Gum tragacanth	Astringent, Febrifuge, Haemostyptics, Lubricant, Mucilaginous
4	Geeru	Silicate of Alumina and Iron oxide	Red ochre, Red earth, Bole Rubra	Antiseptic.
5	Mazu Sabz	Quercus infectoria	Green Gall/ oak	Desiccant, Siccative, Haemostatics, Internal astringent, Antiseptic, Pessary

Farah et al 2005, Chopra et al 1996

(Table-B) Composition of Marham Hina.

S.No	Unani Name	Botanical Name	English Name	Medicinal Uses
1	Roghan Hina	Lawsonia inermis	Oil of Hina	Antiseptic, Sedative, Emmenagogue, Abortifacient, Analgesic, Anti-inflammatory, Aphrodisiac, Blood purifier.
2	Kafoor	Cinnamomum camphora	Camphor	Carminative, Anti-inflammatory, Rubefacient, Anti fluctuant, hemodynamic
3	Sat Podina	Mentha arvensis	Mint	Antiseptic, Anti spasmodic, Digestive, Demulcent, suppository, Sitz Bath, Carminative
4	Sat ajwana	Trachyspermum ammi	Ajowa seed	Antiseptic, Digestive, Carminative, vermifuge.
5	Mom khalis	Cera	Wax	Anti-inflammatory, Analgesic.

Farah et al 2005, Chopra et al 1996

Observation

In this study the efficacy of Habb-e-Bawaseer and Marham Hina was evaluated in 80 patients, were 24 males and 56 females with the age group from 15-45 years, the highest incidence of haemorrhoids was seen in 30-34 years with females being affected more (Table I), out of 80 cases studied 13 cases had first degree haemorrhoids, 59 cases second degree haemorrhoids and 08 cases had third degree haemorrhoids, majority of cases were 2nd degree (Table II). Out of 80 patients, 72 cases were non-vegetarian and 08 cases were vegetarian (Table-III) It was observed that constipation was present in 69 cases out of 80 cases enrolled in study which is a most important etiological factors in haemorrhoids (Table IV). The amount of bleeding was assessed and graded as mild, moderate and severe. Severe grade bleeding was found in 18 cases (Table V). Most of patients belonged to the service class` 36 cases, whereas the labour class were least involved (Table VI)

the maximum number of patients reported chronicity of the disease for 1-2 years (Table VII).

DISCUSSION AND RESULTS

Management of haemorrhoids with indigenous herbal medicine has been in practice since long. The patient undergoing this treatment remains free without disturbing his routine scheduled work. There is always considerable confusion and difference of thoughts in treating disease of obscure origin and aetiology. Some physicians adopt oral while as some recommend local applications of styptics. Treatment of haemorrhoids varies according to the degree. The present trail was conducted on those patients where there was no indication for surgery. They were cases of uncomplicated haemorrhoids. 80 patients completed the trail and showed marked improvement and significant reduction in symptoms of haemorrhoids like pain, constipation and bleeding. There was marvellous improvement in 1st

degree and 2nd degree haemorrhoids and during follow-up they had no reoccurrence of symptoms. The position of haemorrhoids at the time of discharge was regressed significantly in all the three degrees' haemorrhoid cases (Table VIII).

The main components of this therapy are Rasuat, Sang-e-jarahat, Katera safaid. Geeru, Mazu sabz (Table- A). They possess haemostatic, laxative, anti-inflammatory, analgesic properties. The anti-inflammatory and laxative

properties facilitate bowel evacuation which reduces local pressure to the haemorrhoidal vessels and results in reduction in haemorrhoidal congestion also. The haemostatic, astringent and analgesic property reduces bleeding and maintains vascular endothelium. The local application of haemostatic, anti-inflammatory and analgesic drugs containing ointment, Marham Hina helps in regeneration and soothing of vascular endothelium. (Table-B). Results of treatment were highly satisfactory.

Table I: Age and Sex incidence.

Age in years	No of patients	Male%	Female%
15-19	06	02	04
20-24	13	03	10
25-29	19	07	12
30-34	27	08	19
35-39	10	03	07
40-45	05	01	04
Total	80	24	56

Table II: Grade of haemorrhoids with male, female percentage, before and after treatment.

Grades	No of patients				
	Total	Male%		Female%	
		B.T.	A.T.	B.T.	A.T.
1st degree	13	06	Nil	07	Nil
2nd degree	59	15	02	44	11
3rd degree	08	03	02	05	03
Total	80	24		56	

Table-III Distribution of Patients According to Food Habits.

Food habits	No. of patients
Vegetarian	08
Non-vegetarian	72
Total	80

Table IV: Bowel habits with male, female percentage.

Complaints	No of patients	Male	Female
Constipation	69	16	53
Irregular bowel	08	06	02
Regular bowel	03	02	01
Total	80	24	56

Table V: Extent of bleeding with male, female percentage.

Extent of bleeding	Male	Female
No Bleeding	Nil	Nil
Mild	02	05
Moderate	14	41
Severe	08	10
Total	24	56

Table VI: Occupation of patients with male, female percentage.

Occupation	Male	Female
Service	08	28
Student	04	08
Business	10	Nil
Labour	02	Nil
House Wife	Nil	20
Total	24	56

Table VII: Chronicity of the disease with male, female percentage.

Chronicity	Male	Female
0-1 Year	11	35
1-2	08	19
2-3	03	06
3-4	02	04
4 Years Above	00	02
Total	24	56

Table VIII: Symptomatic analysis before and after treatment.

S.No	Symptoms	No. of patients	
		Before Treatment	After Treatment
1	Bleeding per rectum with pain	80	NIL
2	Bleeding per rectum without pain	65	Nil
3	Constipation	69	Nil
4	Perineal itching	77	Nil
5	Prolapsed haemorrhoids continuously	50	17
6	Prolapsed haemorrhoids during defecation	60	21

CONCLUSION

Marked improvement was seen in the form of cessation of bleeding with pain in 80 patients, relief in constipation in 69 patients, relief in Perineal itching in 77 patients, shrinkage in pile mass was also seen in 33 patients (Table-VIII). Thus this therapy was found safe and effective in the management of uncomplicated early haemorrhoids. There were no side effects observed during the therapy and follow up period.

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