



RISK FACTORS IN A SAMPLE POPULATION OF HAEMORRHOIDS: AN OBSERVATIONAL STUDY

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ABSTRACT

According to The Merck Manual definition haemorrhoids is “Varicosities of the veins of the haemorrhoidal plexus, often complicated by inflammation, thrombosis, and bleeding”. But a recent definition of haemorrhoids is “Vascular cushions, consisting of thick sub mucosa containing both venous and arterial blood. In Unani literature, hemorrhoids are known as “*Bawaseer*”. Bawaseer is the plural of baasoor, which means wart or polyp like swelling. According to Hippocrates (*Buqrat*) Bawaseer is the varicosities of the internal mucous membrane of rectum in which the veins get swollen similar to the veins of lower limb. According to *Majoosi*, Bawaseer is an excessive growth at mouth of vessels present in anus. Total 200 OPD/IPD patients with haemorrhoids were seen in Dept. of Moalijat, Jamia Tibbiya Deoband, UP, India from Jan 2018 to Feb 2019. Demographic data and Ano rectal examination was done for each patient. Higher prevalence (51%) was observed in age range of 51-60 years. As per sex (75.5%) were males and (24.5%) females as per dietary habits (77%) having Mixed dietary habit. As per straining on defecation, maximum patients (45.50%) usually strain for <5 min. As Per SES majority of the patients belongs to middle class (47.5%). Diseases of the rectum and anus are common phenomena. Their prevalence in the general population is probably much higher than that seen in clinical practice, since most patients do not seek medical attention.

Keywords: *Buqrat*, *Bawaseer*, Grading of Haemorrhoids

INTRODUCTION

In Unani System of Medicine the term *Bawaseer* (Haemorrhoid) is the plural of *Basoor*. But the Bawaseer / Haemorrhoids are more commonly used. These are formed due to swelling and dilatation of the veins on anus.¹

Bawaseer / haemorrhoids are the part of normal anatomy of the distal rectum and anal canal. The disease state of it exist when the internal complex becomes chronically engorged or the tissue prolapses into the anal canal as the result of laxity of the surrounding connective tissues and dilatation of the veins. Haemorrhoidal tissues are the part of the normal anatomy of the distal rectum and anal canal. The disease state of “haemorrhoid” exist when the internal complex becomes chronically engorged or the tissue prolapses into the anal canal as the result of laxity of the surrounding connective tissue and dilatation of the veins.

Haemorrhoidal tissues are part of the normal anatomy of the distal rectum and anal canal. The mucosal lining is gathered prominently in three places (anal cushions), which can be in the areas of three terminal branches of the superior haemorrhoidal artery. Several factors have been put forward for the cause of haemorrhoid but it is still remained unclear. Many factors are associated with formation of it. Like hereditary, morphological, anatomical, exacerbating factors, constipation, straining, secondary causes etc. The straining causes these anal cushions to slide downwards and internal haemorrhoid develop in the prolapsing tissues. It looks that the dysregulation of the vascular tone and vascular hyperplasia might play an important role in haemorrhoidal development. Internal haemorrhoid may have development by two main pathophysiological mechanisms seen in two distinct groups but not exclusive groups, older women and younger men. In older female, it may be related to chronic straining (common is the act of defecation), that leads to vascular

engorgement and dilatation, resulting in stretching and disruption of the supporting connective tissue surrounding the vascular channels. While in younger men, one may be the more important are the increased resting pressures within the anal canal leading to decreased venous return, venous engorgement, and disruption of the supporting tissues.²

Hippocrates (*Buqrat*)

It is defined Bawaseer as the varicosities and swelling of veins of the internal mucous membrane of rectum as that of swelling of vein of lower limb.

Apart from him other eminent Unani scholars more or less gave the same concept. Like;

Abul Hasan Ali Ibne Abbas Majoosi said Bawaseer is an excessive growth at mouth of vessels present in anus. According to the site of its appearance; it is of three types, Andarooni Bawaseer, Bairooni Bawaseer and Darmayani Bawaseer. It is also of two types - Bawaseer Damvi, Bawaseer Baadi.³

According to Hakim Mohd Azam khan, Bawaseer (haemorrhoid) is the name of that warty swelling that occurs at the mouth of anal vein due to accumulation of morbid khilt-e-Sauda. On the basis of bleeding he divided it into, Bawaseer Damvi, Bawaseer Amiya on the basis of their site Zahira-wa-Ghaira. According to Ibn Hubal Baghdadi, formation of haemorrhoid is formed due to precipitation of blood (morbid humor) at the mouth of anal veins.^{4,5}

In India approximately 40,723, 288 people are reported to have haemorrhoid. 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 haemorrhoid especially when they reach the golden age of fifty.⁶

Classification of Bawaseer According To Unani Physicians

Classification of Haemorrhoids according to Unani System of medicines

1. According to shape of mass
 - i) Sololi – Like warts
 - ii) Inabi – Like Grapes
 - iii) Tooti –Like mulberry.
2. According to bleeding
 - i) Damiya – Hemorrhoids with bleeding (*Bawaseer Khooni*).
 - ii) Umiya – Hemorrhoids without bleeding (*Bawaseer Reehi*).
3. According to the site of appearance/location
 - i) Nabita – External Hemorrhoids
 - a) Ghaira – Internal Hemorrhoids.⁷

Objectives

To study the age, sex, occupation, Dietary habits, bowel habits, etc distribution of patients among patents of primary haemorrhoids.

RESULT

Methodology

A thorough history was taken from all the patients. A detailed clinical examination was done. Study was done with the consent from patients/ subjects.

Source

All the patients of primary haemorrhoids who attended OPD/IPD, Dept. of Moalijat, Jamia Tibbiya Deoband, Uttar Pradesh, India

Duration of Study: Jan 2018 to Feb 2019

Sample size: 200

Inclusion Criteria

- ✓ 1st and 2nd degree hemorrhoid confirmed by
- ✓ Proctoscopy.
- ✓ Patients of either sex.
- ✓ Patients of 20-65 years of age.

Criteria

- ✓ 3rd and 4th degree internal hemorrhoids.
- ✓ Patients with bleeding disorders.
- ✓ Pregnant and lactating women.
- ✓ Severe systemic illnesses.

Table 1: Age distribution of patients studied

Age in years	No. of patients	%
20-30	6	3
31-40	21	10.5
41-50	71	35.5
51-60	102	51.0
Total	200	100.0

Table 2: Gender distribution of patients studied

Gender	No. of patients	%
Female	49	24.5
Male	151	75.5
Total	200	100.0

Table 3: Distribution of participants according to SES

Socio Economic Status	No. of cases	Percentage (%)
Upper	15	7.5
Middle	95	47.5
Lower	90	45
Total	200	100

Table 4: Distribution of participants according to dietary habits

Diet	No. of cases	Percentage (%)
Purely Vegetarian	46	23
Mixed Diet	154	77
Total	200	100

Table 5: Distribution of participants according to straining on defecation

Straining Time	No. of cases	Percentage (%)
No Straining	15	7.5
<5 Min	91	45.50
5-10 Min	82	41
>10 Min	12	6
Total	200	100

Table 6: Distribution of participants according to Bowel Habits

Bowel Movement	No. of cases	Percentage (%)
Constipated	101	50.5
Loose	12	6
Regular	87	43.5
Total	200	100

DISCUSSION

Haemorrhoids are the most common problem of the ano-rectum diseases all over the globe. For centuries the human race has been beset by haemorrhoids, but it is not fully possible to give an exact figure for their prevalence. Haemorrhoids have affected humans since they attained the erect posture. These are the part of normal anatomy of the distal rectum and anal canal. The disease state of it exist when the internal complex becomes chronically engorged or the tissue proleptises into the anal canal as the result of laxity of the surrounding connective tissues and dilatation of the veins.²

Haemorrhoids are a common anorectal disorder worldwide. As in case of every disease prevention is the best common treatment. Most patients can be effectively treated with diet and life style modifications only. Avoidance of constipation is a key in treating haemorrhoids. Non-operative treatment methods are used for the patients with the first second and third degree haemorrhoids. Surgery is indicated in patients with acute complications or those in whom conservative treatment has failed. The ideal surgical option for the treatment of haemorrhoids should be able to provide relief of symptoms, less complications and have a low recurrence rate.

The present study revealed that the Haemorrhoidal disease is prevalent throughout life i.e. 20-60 years, but higher prevalence (51%) was observed in age range of 51-60 years. As per sex (75.5%) were males and (24.5%) females. As per dietary habits, (23%) were purely vegetarian and (77%) having Mixed dietary habit. As per straining on defecation, maximum patients (45.50%) usually strain for <5 min, followed by straining for 5-10 min in (41%), the persons who had only (6 %) strain for > 10 min as Per SES majority of the patients belongs to middle class (47.5%), followed by middle class (45%) and upper class (7.5%). As bowel habit distribution maximum patients were constipated 50.5%

The studies showed that majority of the patients were in the range (41-60) years of age.

They were predominantly males. The most of them were from labour class i.e. lower middle class who were using less fibrous diet, increased use of non-veg and junk food. They were having

unsatisfactory bowel, constipation, passing of hard stool, straining at stool and more stay-time in toilets.

CONCLUSION

Many surgical and non-surgical treatments are also available in Unani system of medicine. Non-surgical techniques which includes *Fasd*, *Hijama* and *Ta'leeq* are also beneficial in treating the haemorrhoids and may prove to be best and cheap alternative. Moreover, the conventional surgical techniques used nowadays are only the modification of already described procedures in Unani literature.

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