Chapter-10

A DIVERSIFIED APPROACH TO THE PREVENTION AND MANAGEMENT OF HEMORRHOIDS (PILES)

Dr. Anjum Javed*
Associate Professor, Deptt. Of Jarahat,
Glocal Unani Medical College, Hospital & Research Centre,
Glocal University, Mirzapur Pole, Saharanpur, Uttar Pradesh.
**Correspondence to: anjum@glocalunanicollege.in*

Dr. Atiqur Rahman
HOD, Deptt. Of Jarahat, Glocal Unani Medical College,
Hospital & Research Centre,
Glocal University, Mirzapur Pole, Saharanpur, Uttar Pradesh.

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ABSTRACT

Haemorrhoids are the commonest in 20-40 ages of adults. We have different therapies for the treatment of haemorrhoids, from topical to ethical. Now days we have so many conventional therapies for the disease. This is difficult to judge what the best treatment for the disease is because this is low-cost and has good efficacy. Some other surgical procedures introduced for the disease, such as haemorrhoidal artery ligation and stapled haemorrhoidopexy, which aim to reduce pain and provide complete rest for the patient. It is up to the patient to determine how comfortable it is for them and according to their disease ***condition. In*** *this review, we aim to study the presentation, prevention and management of Haemorrhoids in the light of integrated* ***approach. In*** *order to perform this review, we used a thorough search of PubMed, Google Scholar, and MEDLINE with themes related to our title. The following search terms were used: Haemorrhoids, Haemorrhoidectomy, Haemorrhoidopexy, Haemorrhoidal artery ligation.*

Keywords: *Haemorrhoids, Haemorrhoidectomy, Haemorrhoidopexy, Haemorrhoidal artery ligation*

1. INTRODUCTION

Haemorrhoid, a very common disease, is an accumulation that develops in the blood vessels of the anal canal. The presence of inflammation is very common in non-bleeding types of piles, causing severe pain but no bleeding. Haemorrhoids are uncommon in kids, but now and then a few reports express the event of haemorrhoids in children and in old people (Heaton et al.1992). It is assessed to influence roughly 4% of the general public, with half of individuals over 50 alluding to related side effects eventually in life (Sneider, E. B., & Maykel, J. A. 2010). In normal circumstances, haemorrhoids are normal vascular plexuses, detected in all genders and ages, including new-borns. External haemorrhoids (those located below the dentate line) and internal haemorrhoids (those located above the dentate line) are the two types of haemorrhoids. The haemorrhoidal plexus experiences venous hypertension and widening in pathological conditions, bringing about inconveniences like prolapse (when its starting point is over the dentate line), mucous release, tingling, and apoplexy (bringing about oedema and serious agony) (Brown, S. R. 2017).

According to the Unani system of medicine, it is brought about by thick melancholic sanguine (Dam-e-ghaleez saudavi). In Unani classical literature, it is portrayed by the presence of a yellowish-green mass, agony, and tingling in the anal canal. It has a variety of shapes and sizes, like mulberry, grape, and wart. Treatment choices for haemorrhoids fluctuate; in any case, the proof base for large numbers of these choices has, up to this point, been poor. Regardless of the poor logical validation, a

portion of these treatment choices have stood the test of time. Notwithstanding, numerous new techniques are introduced since the turn of the century. There is late logical support for a portion of these more up-to-date choices that permit a proof-based update to the board (Jacobs, D. 2014).

i. Causes

There are many causes of haemorrhoids, which may be related to diet, lifestyle, sitting posture during working hours, and sitting on the toilet for long periods of time (increased pressure on the lower rectum and dilatation of veins). Obesity may be a cause of haemorrhoids, and sometimes anal intercourse and a low-fibre diet also introduce haemorrhoids. Constipation for long periods of time or diarrhoea, and even pregnancy or traumatic injury to the spinal cord, also introduces haemorrhoids.

ii. Classification

- **Primary haemorrhoids -** It is present at the 3, 7, and 11 o'clock positions, allied to the branches of the superior haemorrhoidal vessel, which bifurcate on the right side into two left sides and continue as one.
- **Secondary haemorrhoids -** One that occurs linking the primary sites

2. PATHOPHYSIOLOGY

The cushions of haemorrhoids are part of human anatomy, and when they convert into an abnormal condition, they become a disease. There are normally three cushions in the anal Canal. They work as the closure of the rectum, and they protect the anal sphincter muscle at the time of passing stool. Internal haemorrhoidal tissue prolapses by the anal lumen. When soft stool passes normally, the internal sphincter relaxes and vascular tissue rotates outward, but in haemorrhoidal conditions, this normal rotation is disturbed because of a lack of elastic tissue, which is the pathophysiology of haemorrhoids.

i. Physical Examination

The examination areas for haemorrhoids are perianal and rectal, wearing hand gloves and in a prone jack-knife position (Alonso-Coello et al.2005). Endoscopy a brilliant way to see the internal masses and not to palpable unless they are big or damage. Physicians must be avoiding clock face lesions due to patient position vary physician should be used anterior, posterior, left, or right position.

ii. Treatments

It is to be noted that first-line treatment of haemorrhoids is a high fibre diet. Fibre diet stopsthe bleeding at least 50% with overall symptoms (Perera et al. 2012).

iii. Conservative

It is to be suggested that the patient remain on a high-fibre diet, with mostly water intake, a bath with warm water, and loosening of stool if constipation is a problem. A chart to be maintained for patients with a high-fibre diet. A fibre diet improves symptoms and reduces bleeding, and a warm water bath reduces swelling (Gorfine, S. R., & Billingham, R. P.,1995). There are many remedies on the market now, but for temporary relief, astringents (witch hazel), protectants (zinc oxide), decongestants (phenylephrine), and some topical steroids are also available (Patti et al.2008). Some other supplements, like bioflavonoids, are also used for symptomatic relief. However, bioflavonoids stop bleeding and pruritus, but this is still not approved (MacRae, H. M., & McLeod, R. S., 1995). It is well known that nitro-glycerine (0.4%) as an ointment gives relief from anal pain caused by thrombosed haemorrhoids; hence, it is used in anal fissures (Wolff, B. G., 1988). In severe pain from thrombosed haemorrhoids, botulinum toxin injection into the rectum gives relief (Robinson, R. A., & Sutherland, W. J., 2002).

iv. Surgical

The main purpose of surgical procedure (haemorrhoidectomy) is to remove haemorrhoidal columns and reduce the pain and complications. Mainly to give excision to reduce complications. As in the rubber band ligation procedure, post-operative pain is decrease Controlling the mucopexy part of procedure (Jayaraman et al. 2006). Surgical excision, whether it is a closed haemorrhoidectomy or an open. A haemorrhoidectomy (haemorrhoidal tissue removal) is a ***successful technique*** (Tjandra, J. J., & Chan, M. K., 2007). Another surgical procedure is stapled haemorrhoidopexy. In this technique the tissue excision haemorrhoidopexy (von Roon et al.***2016). Loose*** proximal mucosa to be removed it has contributed to the prolapsed haemorrhoid. In this technique, mucosal tissue removed from the 4cm proximal to dentate line circumferentially and stapled in which result distal haemorrhoidal columns lifted and attached with each other. It is the trusted therapy and very successful. It is to be seen that recurrent haemorrhoids arise after stapled haemorrhoidopexy, while they disappear after conventional excisional haemorrhoidectomy. There is no difference in the rate of complications as we compare both procedures at the rule of growth rate of persistence after procedure stapled haemorrhoidopexy and recurrence of haemorrhoids after one year follow-up. Such

patients which are treated with stapled haemorrhoidopexy show less but wonderful benefits in their first bowel movement, and a few of them reported being unhealed after four weeks of therapy.

Another therapy for haemorrhoids is haemorrhoidal artery ligation, which called as transanal haemorrhoidal dearterialization, and it is a good therapy for level 1 and level 2 haemorrhoids. In this therapy, haemorrhoidal tissue is break and ligated directly through the proximal superficial artery. In this technique, specially designed anal speculums with or without doppler probes are used to assist suture ports. It can be done with or without mucopexy. Haemorrhoidal artery ligation results in the same results as stapled haemorrhoidopexy but with less postoperative pain (Emile et al. ***2016).*** ***After*** any surgical procedure, postoperative pain is common in all patients with haemorrhoids. But now a day, postoperative pain can be reduced with local anaesthetics used by pudendal and anal blocks. A lateral internal sphincterotomy combined with conventional haemorrhoidectomy gives a good result in the reduction of postoperative pain (Bisarya et al.1976).

v. Topical Treatment

In this type of treatment, we have such goals as to first reduce inflammation, stop bleeding, and reduce swelling for the patient's relief. A German physiotherapist named Rudolf Fritz Weiss talked about wet compress therapy for the treatment of acute haemorrhoids. He told us in his therapy that 1-2 teaspoons of arnica tincture per half-litre of water is recommended for compresses, and he told us about oak decoction and chamomile infusion for the treatment of acute haemorrhoids. A plant named Hamamelis Virginiana has properties to remove acute inflammation of haemorrhoids, and the presence of tannin in this plant affected this property (Boyle, W., & Saine, A.,1988).

vi. Dietary Control of Haemorrhoids

Dietary habits to be developed for any disease that develops in the human body. A high- fibre diet and oral fluids need for stomach softness and regular bowel movements. Hot, spicy food is very dangerous in this type of condition, but this theory is not supported (Mobeen et al.2021).

vii. Unani Therapy for Management of Haemorrhoids

Haemorrhoids can be treated very effectively by Unani medicine. In Unani therapy, it is based on Usool-e-Ilaaj (principles of treatment) and some changes in lifestyle, which are listed below at points (Najar et al.2016).

- Istifraagh, which is called Evacuation
- Talyin means laxation.
- Tafteeh-e-Sudud means Removal of obstruction
- Taskeen-e-alam means analgesic or pain killer.
- Tahleel-e-Waram means to dissolve the swelling.
- Ilaaj bil yad treatment by surgery
- Ilaaj bit tadbeer means regimental therapy.

viii. Unani medicine treatment, Ilaaj bil dawa (pharmacotherapy)

- Joshanda-e- Halela
- Joshanda-e- Aftimoon
- Bone marrow as a local application
- Pods of *Trigonella uncata, Boiss. (Naakhoona*), *Althaea officinalis, Linn.* (Khatami), dried latex of *Papaver somniferum, Linn.* (Afiyoon), and *Crocus sativus Linn* (Zaafran)

ix. Useful compounds of unani formulations

Itreefal Sagheer, Habb-e-Rasaut, Habb-e-Muqil, Itreefal Muqil Mulayyin, Roghan-e-Zard, Murabba-e-Halel (Najar et al.2016).

3. IRSAL-E-ALAQ (LEECH THERAPY)

According to Unani medicine, haemorrhoids develop as a result of abnormal blood viscosity and the quantity of khilte sawda (melancholic humour). Some common procedures used to remove the abnormal blood include leech therapy, wet cupping, and venesection. Medicinal leech therapy, commonly referred to as Irsal-e-Alaq in Unani medicine, is a vital and effective bloodletting method used to treat haemorrhoids. A prominent form of leech utilised for medical purposes in India is Hirudinaria granulosa. The mechanism of action of medicinal leech therapy depends on two factors: The amount of leech removed by leech aspiration is approximately 5–15 ml, with an average leakage of 50–150 ml of blood by 10– 48 hours after the medicinal leech therapy session. The second factor is the therapeutic effect of injecting leech saliva into the host's body. Leech saliva contains several bioactive components and is used to treat various ailments. The

effectiveness of medicinal leech therapy has been studied in several studies and remain useful in reducing the symptoms of haemorrhoids (Yeo, D., & Tan, K. Y., 2014).

4. CONCLUSION

Remaining of inflammation is very common in non-bleeding types of piles, causing severe pain but no bleeding. It is assessed to influence roughly 4% of the general public, with half of individuals over 50 alluding to related side effects eventually in life. In Unani classical literature, it is portrayed by the seen of a yellowish-green mass, agony, and tingling in the anal canal. Regardless of the poor logical validation, a portion of these treatment choices have stood the test of time. There are many causes of haemorrhoids, which may be related to diet, lifestyle, sitting posture during working hours, and sitting on the toilet for long periods of time (increased pressure on the lower rectum and dilatation of veins). The cushions of haemorrhoids are part of human anatomy, and when they convert into an abnormal condition, they become a disease. The examination areas for haemorrhoids are perianal and rectal, wearing hand gloves and in a prone jack-knife position. It is to be noted that first- line treatment of haemorrhoids is a high fibre diet. It is to be suggested that the patient remain on a high-fibre diet, with mostly water intake, a bath with warm water, and stool relaxers if constipation is a problem. In this technique, the tissue excision is hemorrhoidopexy. Soft proximal mucosa to be removed it has contributed to the prolapsed haemorrhoid. In this technique, mucosal tissue removed from the 4cm proximal to dentate line circumferentially and stapled in which result distal haemorrhoidal columns lifted and attached with each other. It is the trusted therapy and very successful. In this technique, specially designed anal speculums with or without Doppler probes are used to assist suture ports. It can be done with or without mucopexy. In this type of treatment, we have such goals as to first reduce inflammation, stop bleeding, and reduce swelling for the patient's relief. Dietary habits are very essential for any disease that develops in the human body. Haemorrhoids can be treated very effectively by Unani medicine. (Khatami), dried latex of Papaver somniferum.

The Mechanism of action of medicinal leech therapy depends on two factors: The amount of leech removed by leech aspiration is approximately 5–15 ml, with an average leakage of 50–150 ml of blood by 10–48 hours after the medicinal leech therapy session. The effectiveness of medicinal leech therapy has been studied in several studies and found to be very effective in reducing the symptoms of haemorrhoids. Now the time is to know more effective surgery with management.

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