

AN OPEN LABEL SINGLE ARM CLINICAL STUDY TO EVALUATE THE EFFICACY  
OF *HABBE BAWASEER* ON *BAWASEER KHOONI* (BLEEDING PILES)Dr. Shaikh Sana Kausar Gulam Mustafa<sup>\*1</sup>, Dr. Manzoor Ahmad<sup>2</sup>, Dr. Akhtar Husain Charudhary<sup>3</sup>, Dr. Saima Istayaque<sup>4</sup>, Dr. Abid Sayyed<sup>5</sup><sup>1</sup>P.G. Scholar, Dept. of Ilmul Jarahat (Surgery), Z.V.M. Unani Medical College & Hospital, Pune. (MH) India.<sup>2</sup>Professor and HOD, Dept. of Ilmul Jarahat (Surgery) Z.V.M. Unani Medical College & Hospital, Pune (MH) India.<sup>3</sup>Professor, Dept. of Ilmul Jarahat (Surgery) Z.V.M. Unani Medical College & Hospital, Pune (MH) India.<sup>4</sup>P.G. Scholar, Dept. of Tahaffuzi wa Samaji GTibb (PSM), Z.V.M. Unani Medical College & Hospital, Pune (MH) India.<sup>5</sup>P.G. Scholar, Dept. of Moalajat, Z.V.M. Unani Medical College & Hospital, Pune (MH) India.

Article Received: 28 Sept. 2026

Article Revised: 18 Oct. 2026

Article Published: 01 Nov. 2026

**\*Corresponding Author: Dr. Shaikh Sana Kausar Gulam Mustafa**

P.G. Scholar, Dept. of Ilmul Jarahat (Surgery), Z.V.M. Unani Medical College &amp; Hospital, Pune. (MH) India.

DOI: <https://doi.org/10.5281/zenodo.23802939>**How to cite this Article:** Dr. Shaikh Sana Kausar Gulam Mustafa<sup>\*1</sup>, Dr. Manzoor Ahmad<sup>2</sup>, Dr. Akhtar Husain Charudhary<sup>3</sup>, Dr. Saima Istayaque<sup>4</sup>, Dr. Abid Sayyed<sup>5</sup>. (2026). An Open Label Single Arm Clinical Study To Evaluate The Efficacy of Habbe Bawaseer ON Bawaseer Khooni (Bleeding Piles). World Journal of Advance Healthcare Research, 10(11), 114–126.

This work is licensed under Creative Commons Attribution 4.0 International license.

**ABSTRACT**

*Bawaseer-e-Khooni* (bleeding haemorrhoids) is a common anorectal disorder characterized mainly by per-rectal bleeding and may be associated with anal pain, pruritus, mass sensation, and constipation. In Unani medicine, Bawaseer is associated with humoral imbalance, particularly the accumulation of *Saudavi Maddah* and viscous blood, resulting in congestion and swelling of the haemorrhoidal vessels. *Habbe Bawaseer* is a classical Unani formulation traditionally used in the management of haemorrhoidal disorders. An open-label, single-arm clinical study was conducted in the Department of Ilmul Jarahat, Z.V.M. Unani Medical College & Hospital, Pune, from August 2024 to July 2026. Forty patients of either sex, aged 20–65 years, fulfilling the predefined inclusion criteria were enrolled. Patients received *Habbe Bawaseer* at a dose of 2 Habb twice daily with water for 28 days. Five assessment visits were conducted on Day 0, 7, 14, 21 and 28. Efficacy was assessed using subjective parameters including per-rectal bleeding, anal pain, anal pruritus, mass sensation and constipation, along with objective parameters such as proctoscopic examination and Hb %. Thirty patients completed the study and were included in the final statistical analysis. The treatment was assessed by comparing pre-treatment and post-treatment clinical findings and laboratory parameters. The study demonstrated improvement in the assessed symptoms and clinical findings among the patients who completed the treatment course. The formulation was generally well tolerated during the study period. *Habbe Bawaseer* showed beneficial effects in the management of uncomplicated Grade I and Grade II *Bawaseer-e-Khooni*. The findings support its potential usefulness as a Unani therapeutic option; however, larger controlled clinical studies are recommended to establish its efficacy and safety more conclusively.

**KEYWORDS:** Bawaseer-e-Khooni, Haemorrhoids, Habbe Bawaseer, Unani Medicine, Ilmul Jarahat, Bleeding Piles.**I. INTRODUCTION OF HAEMORRHOIDS (BAWASEER)**

Haemorrhoids (Bawaseer) are common anorectal disorders characterized by enlargement, swelling, and prolapse of the normal haemorrhoidal vascular cushions.

They may present with bleeding per rectum, pain, discomfort, itching, irritation, mucous discharge, and a sensation of prolapse. Anatomically, haemorrhoids are classified into internal and external types, with internal haemorrhoids further graded according to the extent of

prolapse. Early recognition of symptoms, appropriate assessment of the degree of haemorrhoidal disease, and timely management are essential to prevent complications and improve the patient's quality of life. A comprehensive approach involving dietary and lifestyle modification, medical treatment, and appropriate procedural or surgical intervention in advanced cases can provide effective symptom relief and reduce recurrence.<sup>[1-3]</sup>

Haemorrhoids (Bawaseer) are enlarged or dilated vascular cushions of the haemorrhoidal plexus and commonly occur due to increased venous pressure and weakening of the supporting connective tissue. They are classified anatomically as **internal haemorrhoids**, arising from the superior haemorrhoidal plexus above the dentate line and covered by mucosa, and **external haemorrhoids**, involving the inferior haemorrhoidal plexus below the dentate line and covered by skin.

Haemorrhoids are commonly seen in elderly individuals and pregnant women.

According to the **Goligher classification**, internal haemorrhoids are graded according to the degree of prolapse: **Grade I** causes bleeding without prolapse; **Grade II** prolapses during straining but reduces spontaneously; **Grade III** prolapses and requires manual reduction; and **Grade IV** remains permanently prolapsed and cannot be reduced manually. Internal haemorrhoids commonly present with painless, bright-red rectal bleeding and prolapse, whereas external haemorrhoids may produce pain and swelling, particularly when thrombosed. Classically, internal haemorrhoids are located at the **3, 7, and 11 o'clock positions** in the lithotomy position. Haemorrhoidal disease results from enlargement, congestion, and distal displacement of the normal vascular cushions that contribute to anal continence.<sup>[6-8]</sup>

## II. Haemorrhoids (Bawaseer) in unani system of medicine<sup>[9-28]</sup>

**Table No. 01: Haemorrhoids (Bawaseer) In unani system of medicine.**

| Unani Physician / Source     | Description of Bawaseer                                                                                                                                   | Main Etiology / Pathogenesis                                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Buqrat (Hippocrates)</b>  | Described Bawaseer as a condition involving the flow of blood from the anal veins.                                                                        | Bile or phlegm reaching the rectal veins heats the blood, causing the veins to attract blood, become engorged, and swell outward.        |
| <b>Ali Ibn Abbas Majoosi</b> | Considered Bawaseer to result from derangement in the production of humours.                                                                              | Excessive production of <b>Saudavi Khoon (melancholic blood)</b> from the liver.                                                         |
| <b>Abu Marwan Ibn Zuhr</b>   | Described Bawaseer as a growth or swelling occurring at the terminal vessels of the rectum.                                                               | Swelling and pathological enlargement of rectal vessels.                                                                                 |
| <b>Ibn Sina (Avicenna)</b>   | In <i>Al-Qanoon Fit-Tibb</i> , described Bawaseer as a disease associated mainly with accumulation of <b>Sauda (black bile)</b> or <b>Saudavi Khoon</b> . | Primarily accumulation of black bile/melancholic blood; less commonly associated with <b>Balgham (phlegm)</b> .                          |
| <b>Akbar Arzani</b>          | In <i>Tibb-e-Akbar</i> , described abnormal growths over the heads of anal blood vessels.                                                                 | Thick and viscous blood ( <b>Ghaleez/viscid blood</b> ) leading to vascular overgrowth.                                                  |
| <b>Samarqandi</b>            | Described Bawaseer as warty swellings at the terminal parts of rectal veins.                                                                              | Viscous <b>Saudavi Khoon (melancholic blood)</b> .                                                                                       |
| <b>Al-Maseehi</b>            | Described Bawaseer as an additional or abnormal growth around or within the anal region.                                                                  | Abnormal growth associated with the anal vessels/tissues.                                                                                |
| <b>General Unani Concept</b> | Bawaseer is regarded as a pathological swelling or growth involving the anal/rectal blood vessels.                                                        | Predominantly <b>Saudavi Maddah</b> , viscous blood, and derangement of humours; dietary and temperament-related factors may contribute. |

## III. Prevalence

Haemorrhoidal disease (Bawaseer) is a common and widespread anorectal disorder affecting both men and women across different age groups. Available estimates indicate that a substantial proportion of individuals develop haemorrhoids by the age of 50 years, although only a smaller proportion experience clinically significant symptoms. The condition is traditionally more

common among middle-aged and older adults, with an increasing occurrence reported among younger individuals. Males appear to be affected more frequently than females, although both genders can develop the disease. The high prevalence of haemorrhoids highlights the importance of awareness, early recognition of symptoms, preventive measures, and timely management to reduce discomfort and improve quality of life.<sup>[4-5]</sup>

IV. Etiology of Haemorrhoids (Bawaseer)<sup>[7-8]</sup>

Table No. 02: Etiology of Haemorrhoids (Bawaseer).

| Etiological Factor                         | Unani Explanation                                                                                                                                           |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Saudavi Maddah (Melancholic matter)</b> | Considered one of the principal causes. Accumulation of abnormal <i>Saudavi Maddah</i> around the rectal vessels may produce congestion and swelling.       |
| <b>Ghaleez/Viscid Blood</b>                | Thick and viscous blood may obstruct or congest the haemorrhoidal vessels, contributing to their enlargement and formation of <i>Bawaseer</i> .             |
| <b>Excessive Sauda</b>                     | Excess production or accumulation of <i>Sauda (black bile)</i> may disturb the normal temperament of the blood and tissues and predispose to haemorrhoids.  |
| <b>Safrawi Maddah (Bilious matter)</b>     | According to classical descriptions, admixture of <i>Safrawi Maddah</i> with blood may heat and alter its consistency, contributing to vascular congestion. |
| <b>Balgham (Phlegm)</b>                    | In some cases, accumulation of <i>Balgham</i> is considered a contributing factor, although it is regarded as less common than <i>Sauda</i> .               |
| <b>Su'-i Mizaj</b>                         | Derangement of the normal temperament, particularly in the digestive and vascular systems, may predispose to <i>Bawaseer</i> .                              |
| <b>Weakness of the Liver</b>               | Abnormal production or purification of humours by the liver may result in accumulation of pathological <i>Saudavi Maddah</i> and contribute to the disease. |
| <b>Dietary Factors</b>                     | Excessive intake of spicy, hot, pungent, and temperamentally hot foods and drugs is traditionally considered capable of increasing abnormal humoral matter. |
| <b>Chronic Constipation</b>                | Persistent constipation and repeated straining during defecation can increase pressure in the anal and rectal vessels and aggravate <i>Bawaseer</i> .       |
| <b>Sedentary Lifestyle</b>                 | Prolonged sitting and lack of physical activity may promote pelvic congestion and aggravate haemorrhoidal symptoms.                                         |
| <b>Excessive Straining</b>                 | Repeated straining during defecation increases pressure on the rectal vessels and may contribute to their swelling and prolapse.                            |
| <b>Pregnancy</b>                           | Increased abdominal and pelvic pressure during pregnancy may predispose to congestion of the haemorrhoidal vessels.                                         |

## V. Pathogenesis of Haemorrhoids (Bawaseer)

In Unani medicine, **Bawaseer** is mainly attributed to the accumulation of *Saudavi Maddah* (melancholic matter) and thick, viscous blood in the rectal and anal vessels. This causes congestion, obstruction, and weakening of the vessels, resulting in their dilation and swelling. Gradually, the affected vessels form haemorrhoidal masses, which may bleed or prolapse. Constipation, excessive straining, and dietary factors may further aggravate the condition.<sup>[17-27]</sup>

*Habbe Bawaseer* is one of the popular combined formulation described in various ancient Unani literature as effective medicine to control bleeding and pain management in bleeding piles. These are various formulation mentioned in different unani pharmacopeia for this study *Habbe Bawaseer (Banuskha Hakim Alvi Khan)* mentioned in book *Alqarabadeen* was taken to see its efficacy in *Bawaseer khooni*.

***Habbe Bawaseer (Banuskha Hakim Alvi Khan)*** contains rasaut, kuharba shamai, danah ilaichi khurd, gile armani, dammul-akhwain, halila siyah, sandal safed/surkh, gulnar, bartang, banslochan, bussud, beekh anjabar, gogule, in the form of *Habb*, 2 *Habb* twice a day orally with water, after meal for 28days.<sup>[32]</sup>

Their combined effects are *Mushil-e-Sauda*, *Kasir-e-Riyah* (carminative), *Muqavvi Meda-wa-Ama*, *Mohallil Awram* (Anti-inflammatory), *Musaffi Khoon* (Blood purifier), *Mulayyan* (Laxative), *Musakkin* (Analgesic), *Dafe-Bawaseer* (Anti-Haemorrhoidal), *Habis-e-Khoon-e-Bawaseer* (Anti-Haemorrhagic for Bleeding Piles) and all these effects are instrumental to manage the condition of *Bawaseer* principally.

## VI. AIM AND OBJECTIVES

To evaluate the efficacy of Unani compound formulation *Habbe Bawaseer (Banuskha Hakim Alvi Khan)* in the management of *Bawaseer-e-khooni* (Haemorrhoids). To develop a better understanding of the concept of *Bawaseer-e-khooni* (Haemorrhoids) and its management in view of Unani literature & provide cost effective treatment for *Bawaseer-e-khooni* (Haemorrhoids).

VII. *Bawaseer khooni* (Haemorrhoid) in Unani system of medicine

Haemorrhoids are enlarged and displaced anal vascular cushions that normally contribute to anal continence and anorectal sensation. Internal haemorrhoids arise proximal to the dentate line and are composed of blood vessels, smooth muscle, and elastic connective tissue. Their development is associated with congestion and

downward displacement of these cushions, particularly due to weakening of their supporting structures such as Park's ligament. The classical positions of the anal cushions are the left lateral, right posterolateral, and right

anterolateral sites. Overall, haemorrhoidal disease represents a pathological alteration of normal anatomical structures, with vascular congestion, tissue degeneration, and prolapse contributing to its clinical manifestations.

**Table No. 03: Bawaseer khooni (Haemorrhoid) in Unani system of medicine.**

| Period / Physician / Source               | Historical Contribution to Haemorrhoids                                                                                                                                                                                                                                           |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ancient Babylon – 2250 BC                 | The <b>Code of Hammurabi</b> contains some of the earliest documented descriptions resembling anorectal disorders and haemorrhoidal symptoms.                                                                                                                                     |
| Ancient Egypt                             | Egyptian medical texts described treatments for haemorrhoids. Preparations containing <b>acacia leaves</b> were used as topical applications and inserted into the anal canal.                                                                                                    |
| Mesopotamia – 1500 BCE                    | Early Mesopotamian medical records included descriptions of anorectal diseases and their management.                                                                                                                                                                              |
| Chester Beatty Medical Papyrus – 1200 BCE | One of the earliest medical documents dealing specifically with <b>anorectal diseases</b> , including their treatment.                                                                                                                                                            |
| Ancient Indian Medicine                   | The <b>Sushruta Samhita</b> provides detailed descriptions of haemorrhoids and their management, including surgical procedures, cautery, clamp techniques, and attention to wound hygiene.                                                                                        |
| Buqrat (Hippocrates) – 460–370 BC         | Provided important clinical descriptions of haemorrhoids and linked them with liver disease and portal hypertension. He described <b>ligation of haemorrhoids</b> and is also associated with the early use of a rectal speculum for examination.                                 |
| Celsus – 25 BC–14 AD                      | Made important contributions to Roman surgical practice, describing <b>ligation and ligature-excision</b> of haemorrhoids and mentioning urinary retention as a postoperative complication.                                                                                       |
| Jaleenoos (Galen) – 129–216 AD            | Gave detailed clinical descriptions and emphasized the difficulty of treating anorectal disorders because of the sensitivity and continuous function of the rectum and anus. He recommended <b>ligation of haemorrhoids</b> when surgery was required.                            |
| Greco-Roman Medicine                      | Physicians such as Hippocrates and Galen significantly advanced the understanding of the clinical features and surgical management of haemorrhoids.                                                                                                                               |
| Arab-Islamic Medicine                     | After the decline of Greek and Roman civilizations, medical knowledge was preserved and developed by Muslim physicians, including <b>Al-Razi, Ali ibn al-Abbas al-Majusi, and Ibn Sina</b> , who described classical approaches to haemorrhoidal treatment.                       |
| Maimonides                                | Emphasized <b>conservative management and prevention</b> , recommending dietary regulation, soft stools, topical applications, enemas, fumigation, and lifestyle modification. He considered surgery a last resort because recurrence could occur if underlying causes persisted. |
| Modern Historical Accounts                | Haemorrhoids have remained a common condition throughout history. Historical reports have associated the condition with figures such as <b>Napoleon Bonaparte</b> and <b>George Brett</b> , illustrating that haemorrhoidal disease affects individuals across different eras.    |

#### VIII. Unani physicians classified Bawaseer on the following basis

**Table No. 04: classification of Bawaseer according to Unani physicians.**

| Type of Bawaseer                                           | Description                                                                                                                                      |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bawaseer-e-Damiya (Bleeding haemorrhoids)</b>           | Characterized by bleeding from the anal vessels. It is associated mainly with congestion and accumulation of blood in the haemorrhoidal vessels. |
| <b>Bawaseer-e-Ghair Damiya (Non-bleeding haemorrhoids)</b> | Characterized by swelling or growth around the anal vessels without obvious bleeding. Pain, heaviness, itching, or discomfort may occur.         |
| <b>Bawaseer-e-Ayniya</b>                                   | Haemorrhoidal swellings that are visible externally or can be identified as distinct masses around the anal region.                              |
| <b>Bawaseer-e-Nasooriya</b>                                | A form associated with ulceration, discharge, or fistulous changes in the affected region.                                                       |

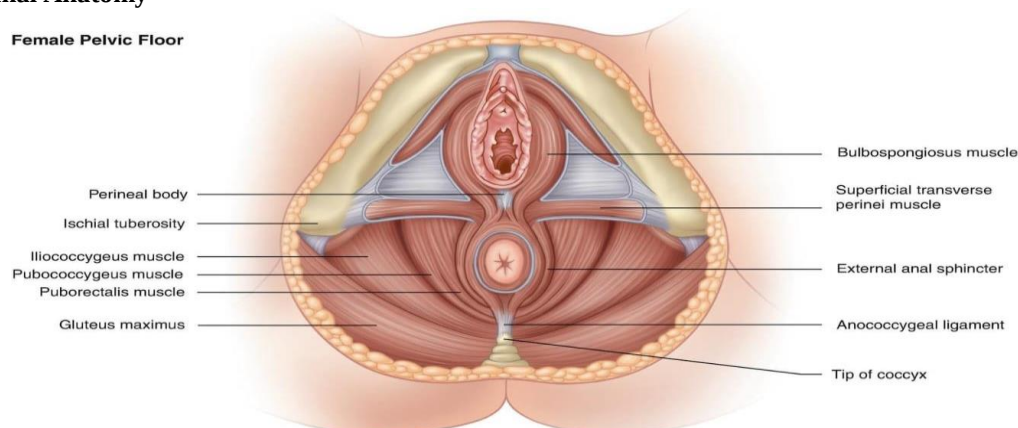
## IX. Etiology (Asbab) of Haemorrhoids (Bawaseer)

Table No. 05: Etiology (Asbab) of Haemorrhoids (Bawaseer).

| Etiological factor (Asbab)  | Unani explanation                                                                                                                  |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Saudavi Maddah</b>       | Accumulation of abnormal melancholic matter is considered an important cause of Bawaseer.                                          |
| <b>Ghaleez/Viscid blood</b> | Thick and viscous blood may cause congestion and obstruction in the haemorrhoidal vessels.                                         |
| <b>Excessive Sauda</b>      | Increased production or accumulation of <i>Sauda (black bile)</i> may disturb the normal vascular and humoral balance.             |
| <b>Safrawi Maddah</b>       | Excessive bilious matter may heat and alter the blood, contributing to vascular congestion.                                        |
| <b>Balgham</b>              | Abnormal accumulation of phlegmatic matter may occasionally contribute to the development of Bawaseer.                             |
| <b>Su'-i Mizaj</b>          | Derangement of temperament, particularly of the digestive system and blood, may predispose to haemorrhoids.                        |
| <b>Dietary factors</b>      | Excessive consumption of spicy, pungent, hot, dry, and irritating foods may promote humoral imbalance.                             |
| <b>Chronic constipation</b> | Hard stools and repeated straining increase pressure on the anal vessels and aggravate Bawaseer.                                   |
| <b>Excessive straining</b>  | Repeated straining during defecation may cause congestion and enlargement of the haemorrhoidal vessels.                            |
| <b>Sedentary habits</b>     | Prolonged sitting and lack of physical activity may contribute to pelvic and venous congestion.                                    |
| <b>Pregnancy</b>            | Increased abdominal and pelvic pressure may predispose to haemorrhoidal congestion.                                                |
| <b>Hepatic dysfunction</b>  | Abnormal production or purification of humours by the liver may contribute to accumulation of pathological <i>Saudavi Maddah</i> . |

## X. Anal Canal Anatomy

Female Pelvic Floor



Male Pelvic Floor

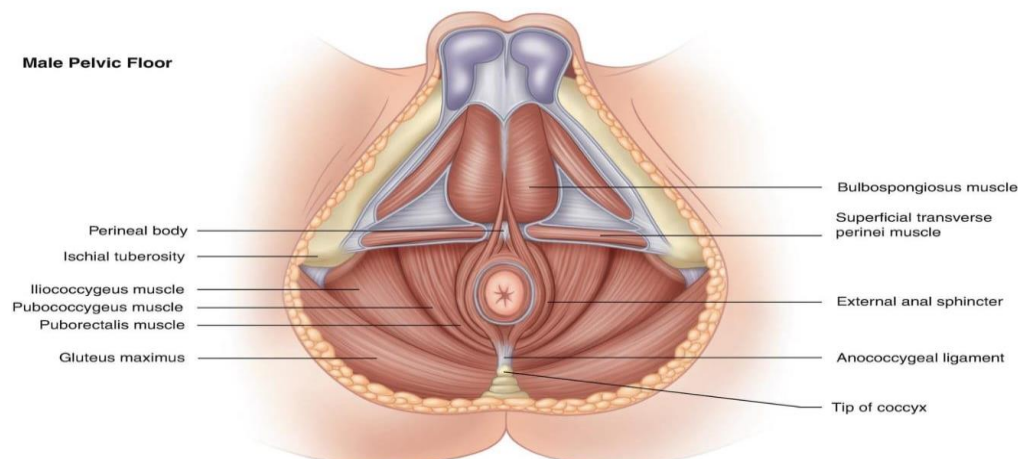


Fig. No. 01: Relation of anal canal.

The anal canal is the terminal part of the gastrointestinal tract, extending from the anorectal junction to the anus. It is approximately 4 cm long and lies below the rectum.

- **Upper part:** Lined by columnar epithelium and contains the anal columns, valves, and sinuses.
- **Pectinate (dentate) line:** Divides the upper and lower parts and marks important differences in blood supply, lymphatic drainage, and nerve supply.
- **Lower part:** Lined by stratified squamous epithelium, continuing with the perianal skin.
- **Sphincters:** The anal canal is surrounded by the **internal anal sphincter** (involuntary smooth muscle) and external anal sphincter (voluntary skeletal muscle).
- **Blood supply:** Mainly through the superior, middle, and inferior rectal arteries.
- **Haemorrhoidal cushions:** Normally located in the submucosa and contribute to **anal continence**.

Enlargement and prolapse of these cushions can result in haemorrhoids.

#### XI. DRUG REVIEW

*Habbe Bawaseer* (Banuskha Hakim Alvi Khan) is one of the popular combined formulation described as effective medicine to control bleeding and pain management in bleeding piles. For this study *Habbe Bawaseer* (Banuskha Hakim Alvi Khan) mentioned in his book *Alqarabadeen* was taken to see its efficacy in *Bawaseer khooni*.

**Habbe Bawaseer (Banuskha Hakim Alvi Khan)<sup>[32]</sup>**

**Preparation:** Dissolve the Guggul in sugarcane juice. Grind and sieve all the remaining ingredients, then knead them into the dissolved Guggul. Form pills approximately the size of a chickpea (chana).

**Dosage:** 3 ½ Masha to 7 Masha.

**Table No. 06: Ingredients of HABBE BAWASEER (Banuskhan Hakim Alvi Khan).**

| Sr. No. | Unani Drug           | Latin/Botanical Name                                | Quantity | Unani Term / Mizaj                                  | Pharmacological / Therapeutic Action in Bawaseer                                                                |
|---------|----------------------|-----------------------------------------------------|----------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 1       | Ilaichi Khurd        | <i>Elettaria cardamomum</i>                         | 6.8 g    | Muqawwi-e-Meda, Hazim, Kasir-e-Riyah                | Digestive, carminative and astringent; helps reduce digestive disturbance and abdominal discomfort.             |
| 2       | Rasaut               | <i>Berberis aristata</i>                            | 6.8 g    | Qabiz, Habis-e-Dam, Dafi'-e-Hararat                 | Astringent and haemostatic; traditionally useful for controlling bleeding and reducing local inflammation.      |
| 3       | Gil-e-Armani         | <i>Bolus armenicus</i>                              | 6.8 g    | Qabiz, Habis-e-Dam                                  | Strongly astringent and haemostatic; helps reduce excessive bleeding and tissue congestion.                     |
| 4       | Damm-ul-Akhwain      | <i>Dracaena cinnabari</i>                           | 6.8 g    | Qabiz, Habis-e-Dam, Mujaffif                        | Astringent, haemostatic and tissue-protective; traditionally used for bleeding piles.                           |
| 5       | Halila Siyah         | <i>Terminalia chebula</i>                           | 6.8 g    | Qabiz, Muqawwi-e-Meda, Mushil (in appropriate dose) | Astringent and digestive; supports bowel regulation and may help reduce constipation-related aggravation.       |
| 6       | Bartang              | <i>Plantago major</i>                               | 4.3 g    | Qabiz, Muhallil, Dafi'-e-Waram                      | Astringent, soothing and anti-inflammatory; traditionally used to reduce swelling and irritation.               |
| 7       | Banslochan           | <i>Bambusa arundinacea</i>                          | 4.3 g    | Qabiz, Mujaffif, Habis-e-Dam                        | Astringent and haemostatic; traditionally used to reduce bleeding and excessive secretions.                     |
| 8       | Bussud Sokhta        | <i>Corallium rubrum</i>                             | 4.3 g    | Qabiz, Habis-e-Dam, Mujaffif                        | Astringent and haemostatic; traditionally indicated for bleeding disorders.                                     |
| 9       | Sandal Safed / Surkh | White / Red sandalwood                              | 3.4 g    | Qabiz, Mubarrid, Dafi'-e-Waram                      | Cooling, astringent and anti-inflammatory; helps soothe burning and local irritation.                           |
| 10      | Gulnar               | <i>Ficus racemosa</i>                               | 3.4 g    | Qabiz, Habis-e-Dam                                  | Astringent and haemostatic; traditionally used for bleeding and mucosal disorders.                              |
| 11      | Beekh Banjabar       | <i>Persicaria bistorta</i>                          | 8.7 g    | Qabiz, Habis-e-Dam, Mujaffif                        | Potent astringent and haemostatic; helps reduce bleeding and excessive tissue discharge.                        |
| 12      | Guggul               | <i>Commiphora wightii</i>                           | 18 g     | Muhallil, Dafi'-e-Waram, Mujaffif                   | Traditionally considered anti-inflammatory and resolvent; may help reduce swelling and inflammatory congestion. |
| 13      | Kahruba Shamai       | <i>Valeriana wallichii</i> / related identification | 6.8 g    | Qabiz, Muqawwi, Habis-e-Dam                         | Traditionally used as an astringent and haemostatic agent; supports reduction of bleeding and local discomfort. |

Table No. 07: Material and Method.

| Parameter                   | Details                                                                                                                                                                                                                                                                                        |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Study Title                 | <i>An Open Label Single Arm Clinical Study to Evaluate the Efficacy of Habbe Bawaseer on Bawaseer-e-Khooni (Haemorrhoid)</i>                                                                                                                                                                   |
| Study Design                | Open-label, single-arm clinical study                                                                                                                                                                                                                                                          |
| Study Setting               | Department of Ilmul Jarahat, Z.V.M. Unani Medical College & Hospital, Pune                                                                                                                                                                                                                     |
| Study Duration              | August 2024 to July 2026                                                                                                                                                                                                                                                                       |
| Ethical Approval            | Study protocol was submitted to and approved by the Institutional Ethics Committee before commencement.                                                                                                                                                                                        |
| Study Population            | Patients diagnosed with uncomplicated Grade I and Grade II Bawaseer-e-Khooni (internal haemorrhoids).                                                                                                                                                                                          |
| Source of Patients          | Patients attending the OPD/IPD of the Department of Ilmul Jarahat.                                                                                                                                                                                                                             |
| Age Group                   | 20–65 years                                                                                                                                                                                                                                                                                    |
| Sex                         | Both males and females                                                                                                                                                                                                                                                                         |
| Initial Screening           | 50 patients were assessed; 10 did not fulfil the inclusion criteria.                                                                                                                                                                                                                           |
| Enrolled Patients           | 40 patients fulfilled the selection criteria and were enrolled.                                                                                                                                                                                                                                |
| Dropouts                    | 10 patients were lost to follow-up.                                                                                                                                                                                                                                                            |
| Final Sample Size           | 30 patients completed the study and were included in statistical analysis.                                                                                                                                                                                                                     |
| Treatment Duration          | 28 days                                                                                                                                                                                                                                                                                        |
| Follow-up Visits            | Day 0, Day 7, Day 14, Day 21 and Day 28                                                                                                                                                                                                                                                        |
| Treatment                   | Habbe Bawaseer                                                                                                                                                                                                                                                                                 |
| Clinical Assessment         | Detailed history, general physical examination, systemic examination, perianal examination, per-rectal examination and proctoscopy.                                                                                                                                                            |
| Investigations              | Complete Blood Count (CBC) performed before and after treatment.                                                                                                                                                                                                                               |
| Inclusion Criteria          | Grade I and II uncomplicated Bawaseer-e-Khooni; age 20–65 years; either gender; willing to provide written informed consent; patients attending the study hospital.                                                                                                                            |
| Exclusion Criteria          | Patients taking antiplatelet drugs; systemic diseases such as diabetes mellitus, cardiac disease, renal failure, tuberculosis and endocrine disorders; pregnancy/lactation; haemorrhoids associated with fistula, fissure or malignancy; complicated haemorrhoids; mentally impaired patients. |
| Withdrawal Criteria         | Serious adverse event; non-compliance with study protocol; failure to attend regular follow-up visits.                                                                                                                                                                                         |
| Consent Procedure           | Written informed consent was obtained after explaining the study in English/Marathi. For illiterate participants, the study was explained and thumb impression was obtained.                                                                                                                   |
| Demographic Data            | Age, sex, religion, marital status and occupation were recorded.                                                                                                                                                                                                                               |
| Occupational Classification | Sedentary, moderate and strenuous work based on the level of physical activity.                                                                                                                                                                                                                |
| Dietary History             | Vegetarian/mixed diet, spicy/non-spicy food and regular/irregular dietary habits were recorded.                                                                                                                                                                                                |
| Socioeconomic History       | Monthly income, education and occupation were assessed.                                                                                                                                                                                                                                        |
| Chief Complaints            | Symptoms and their duration were recorded chronologically.                                                                                                                                                                                                                                     |
| Past History                | History of fissure, fistula, rectal cancer and other relevant anorectal diseases was recorded.                                                                                                                                                                                                 |
| Personal History            | Appetite, sleep, nutritional status, bowel and bladder habits were assessed.                                                                                                                                                                                                                   |
| Family History              | Family history of haemorrhoids and significant systemic diseases was recorded.                                                                                                                                                                                                                 |
| General Examination         | Pulse, blood pressure, temperature, respiratory rate, build, pallor, anaemia, oedema, lymphadenopathy, skin, hair, tongue, eyes, clubbing and cyanosis were assessed.                                                                                                                          |
| Local Examination           | Perianal examination, per-rectal examination and proctoscopy were performed.                                                                                                                                                                                                                   |
| Data Recording              | Findings were recorded in a predesigned Case Report Form (CRF).                                                                                                                                                                                                                                |
| Statistical Analysis        | Statistical analysis was performed on the 30 patients who completed the 28-day treatment and follow-up period.                                                                                                                                                                                 |

Table No. 08: Parameter of Ajnas-e-Ashra.

| Parameter                 | Details                                                                                                                                                     |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Study Design              | Open-label, single-arm clinical study conducted according to applicable ICMR guidelines.                                                                    |
| Disease Studied           | <i>Bawaseer-e-Khooni</i> (Bleeding Haemorrhoids/Piles)                                                                                                      |
| Study Centre              | Department of Jarahat (Surgery), Unani Medical College & Hospital                                                                                           |
| Sample Size               | 40 diagnosed patients were enrolled, considering possible dropouts.                                                                                         |
| Final Sample for Analysis | <b>30 patients</b> completed the study and were included in statistical analysis.                                                                           |
| Age                       | 20–65 years                                                                                                                                                 |
| Gender                    | Both male and female patients                                                                                                                               |
| Selection                 | Patients were selected according to predefined inclusion and exclusion criteria.                                                                            |
| Test Group                | All enrolled patients received the test drug.                                                                                                               |
| Test Drug                 | <b>Habbe Bawaseer (Banuskha Hakim Alvi Khan)</b>                                                                                                            |
| Form of Drug              | <i>Habb</i> (pill/tablet form)                                                                                                                              |
| Dose                      | 1 g per <i>Habb</i> ; <b>2 Habb twice daily</b> with water.                                                                                                 |
| Treatment Duration        | 28 days                                                                                                                                                     |
| Drug Storage              | Stored at room temperature, protected from sunlight and kept out of reach of children.                                                                      |
| Follow-up                 | Five visits at 7-day intervals: Day 0, Day 7, Day 14, Day 21 and Day 28.                                                                                    |
| Follow-up Assessment      | Improvement or worsening of symptoms was recorded and clinical examination was performed at each visit.                                                     |
| Dietary Advice            | Light and easily digestible food; green leafy vegetables; avoidance of hot and dry foods, excessive spices, chillies, fatty foods and non-vegetarian foods. |
| Efficacy Assessment       | Based on <b>subjective and objective parameters</b> .                                                                                                       |
| Subjective Parameters     | 1. Per-rectal bleeding 2. Anal pain 3. Anal pruritus 4. Mass feeling 5. Constipation                                                                        |
| Objective Parameters      | 1. Proctoscopic examination 2. Hb%                                                                                                                          |
| Baseline Assessment       | Signs and symptoms were recorded and graded at the initial visit in the Case Report Form.                                                                   |
| Follow-up Assessment      | Changes in the severity of each parameter were recorded at every follow-up visit.                                                                           |
| Final Assessment          | Pre-treatment and post-treatment values were compared after 28 days, parameter-wise and grade-wise.                                                         |
| Statistical Evaluation    | The observed changes in subjective and objective parameters were statistically analysed to determine the efficacy of <i>Habbe Bawaseer</i> .                |

### XIII. OBSERVATIONS AND RESULTS

Table No. 09: The age distribution of the cases studied (n=30).

| Age Group (years) | No. of cases | % Of cases   |
|-------------------|--------------|--------------|
| 25 – 30           | 7            | 23.3         |
| 31 – 40           | 16           | 53.3         |
| 41 – 50           | 6            | 20.0         |
| >50               | 1            | 3.3          |
| Total             | <b>30</b>    | <b>100.0</b> |

Values are n (% of cases).

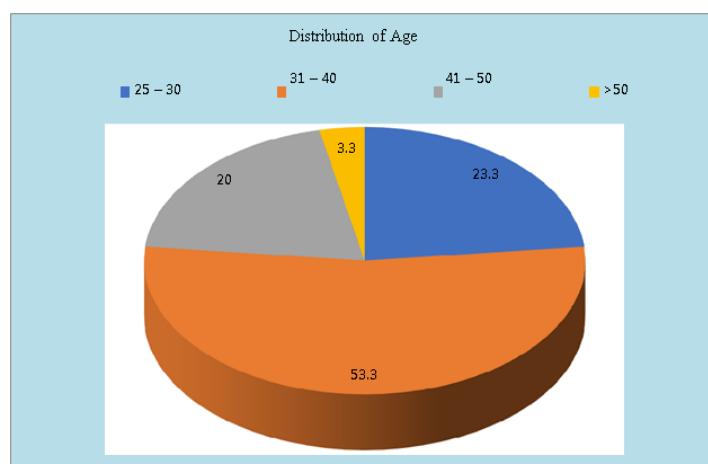
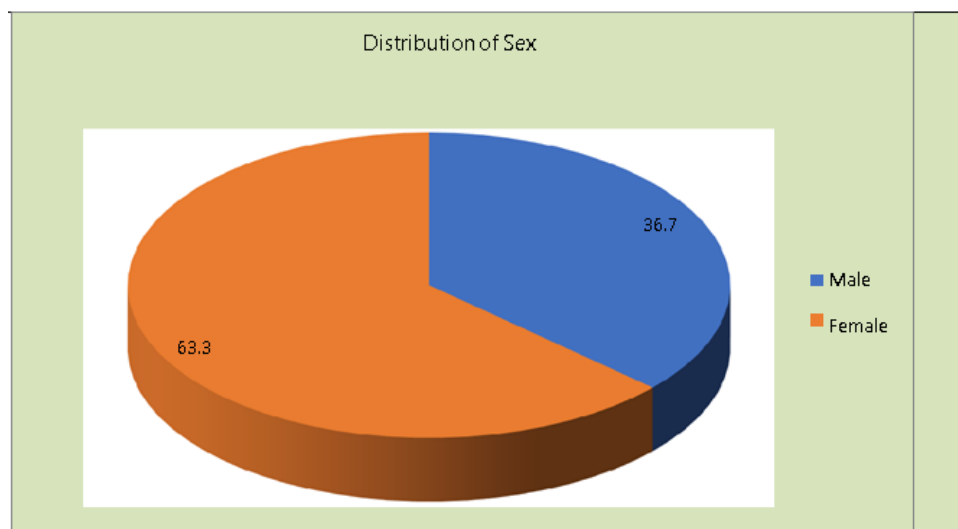


Figure No. 02: The age distribution of the cases studied (n=30).

**Table No. 10: The sex distribution of the cases studied (n=30).**

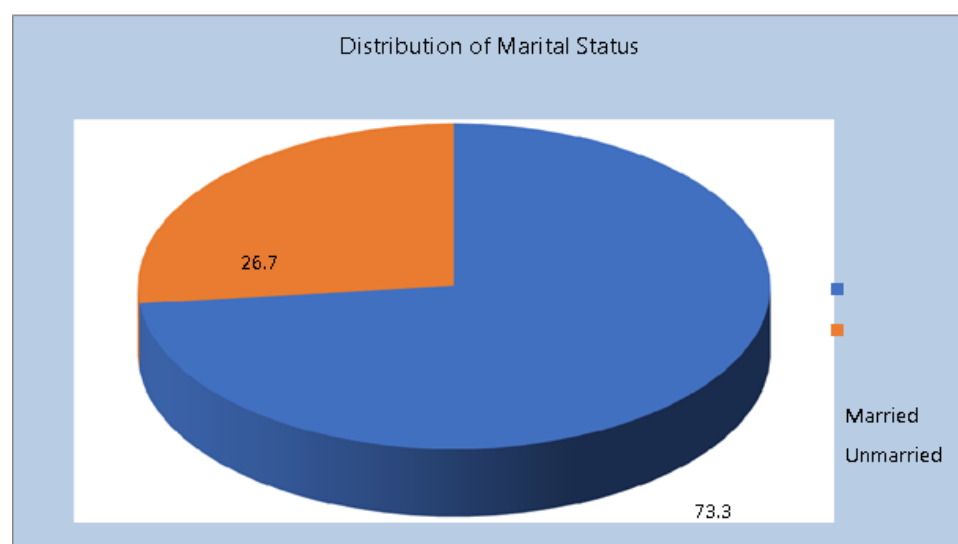
| Sex    | No. of cases | % of cases |
|--------|--------------|------------|
| Male   | 11           | 36.7       |
| Female | 19           | 63.3       |
| Total  | 30           | 100.0      |

Values are n (% of cases).

**Figure No. 03: The sex distribution of the cases studied (n=30).****Table No. 11: The distribution of marital status of the cases studied (n=30).**

| Marital status | No. of cases | % of cases |
|----------------|--------------|------------|
| Married        | 22           | 73.3       |
| Unmarried      | 8            | 26.7       |
| Total          | 30           | 100.0      |

Values are n (% of cases).

**Figure No. 04: The distribution of marital status of the cases studied (n=30).****Table No. 12 The distribution of occupational status of the cases studied (n=30).**

| Occupational Status | No. of cases | % of cases |
|---------------------|--------------|------------|
| Student             | 3            | 10.0       |
| House Wife          | 12           | 40.0       |
| Worker              | 15           | 50.0       |
| Total               | 30           | 100.0      |

Values are n (% of cases).

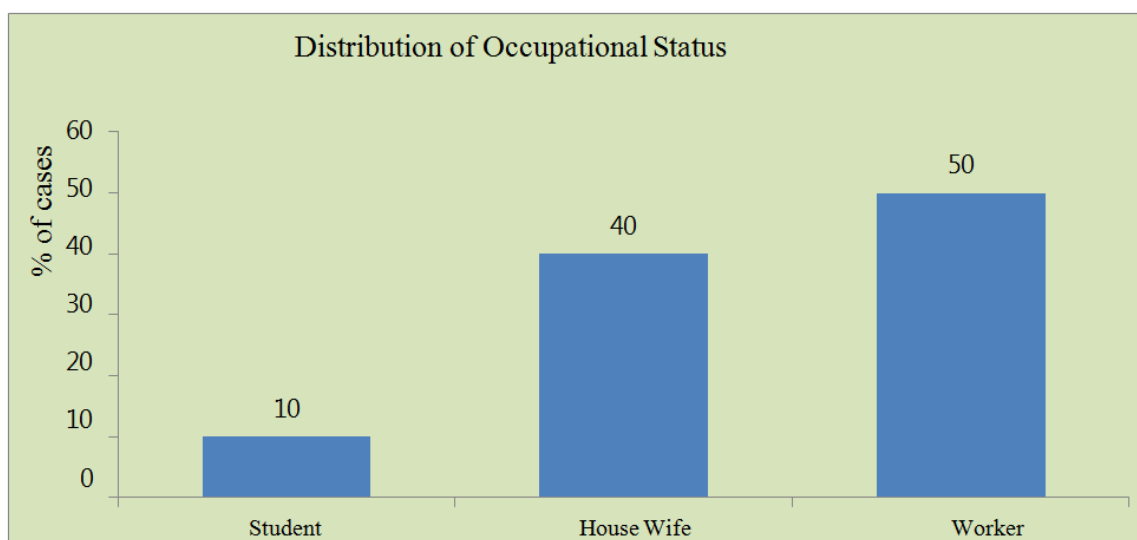


Figure No.05 The distribution of occupational status of the cases studied (n=30).

Table No. 13 The distribution of nature of work (n=30).

| Nature of work | No. of cases | % of cases |
|----------------|--------------|------------|
| Strenuous      | 15           | 50.0       |
| Moderate       | 15           | 50.0       |
| Total          | 30           | 100.0      |

Values are n (% of cases).

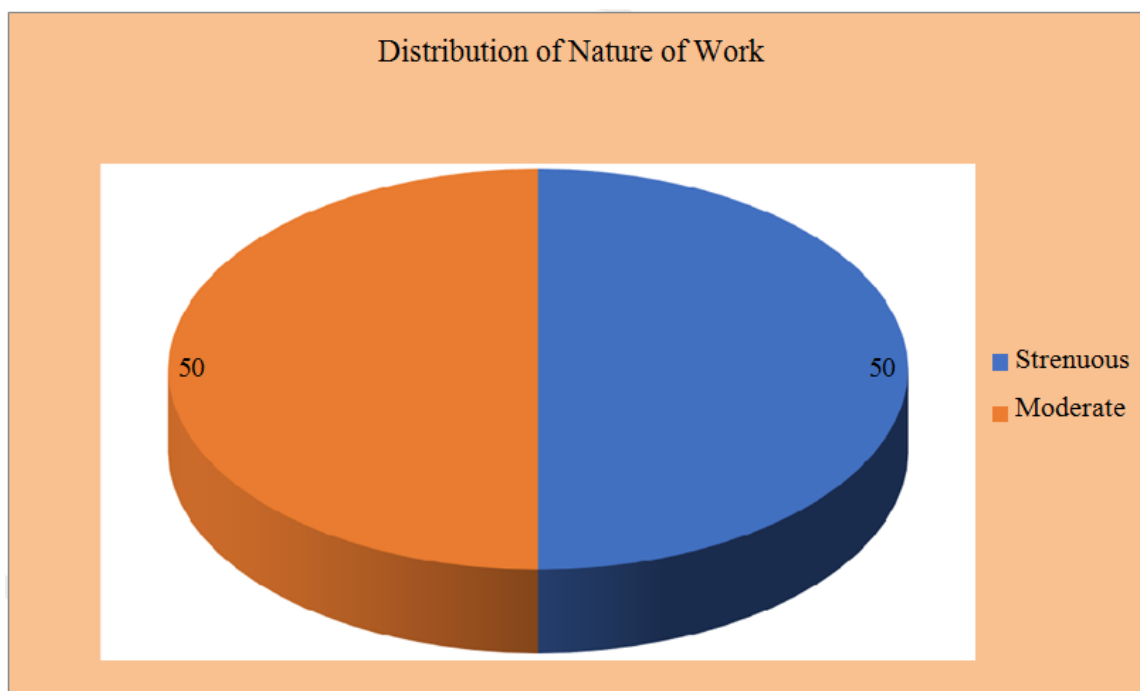


Figure No. 06: The distribution of nature of work (n=30).

Table No. 14: The distribution of type of diet preferred (n=30).

| Diet Type  | No. of cases | % of cases |
|------------|--------------|------------|
| Vegetarian | 3            | 10.0       |
| Mixed      | 27           | 90.0       |
| Total      | 30           | 100.0      |

Values are n (% of cases).

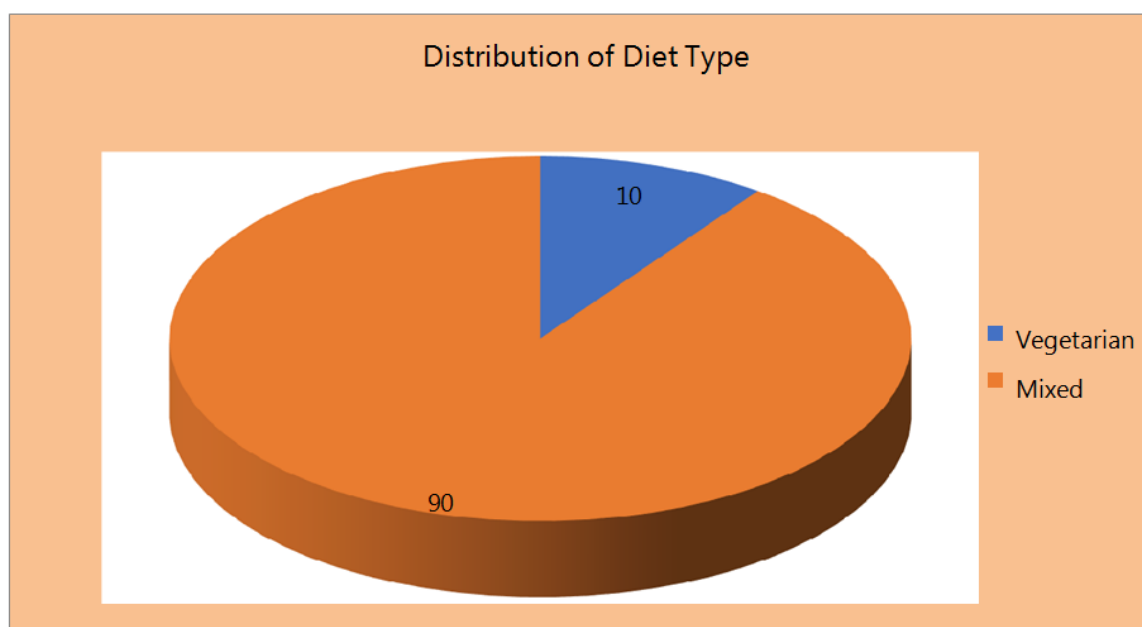


Figure No. 07: The distribution of type of diet preferred (n=30).

Table no. 15: The distribution of type of diet preferred (Spicy vs non-Spicy) (n=30).

| Diet Type | No. of cases | % Of cases |
|-----------|--------------|------------|
| Spicy     | 23           | 76.7       |
| Non-Spicy | 7            | 23.3       |
| Total     | 30           | 100.0      |

Values are n (% of cases).

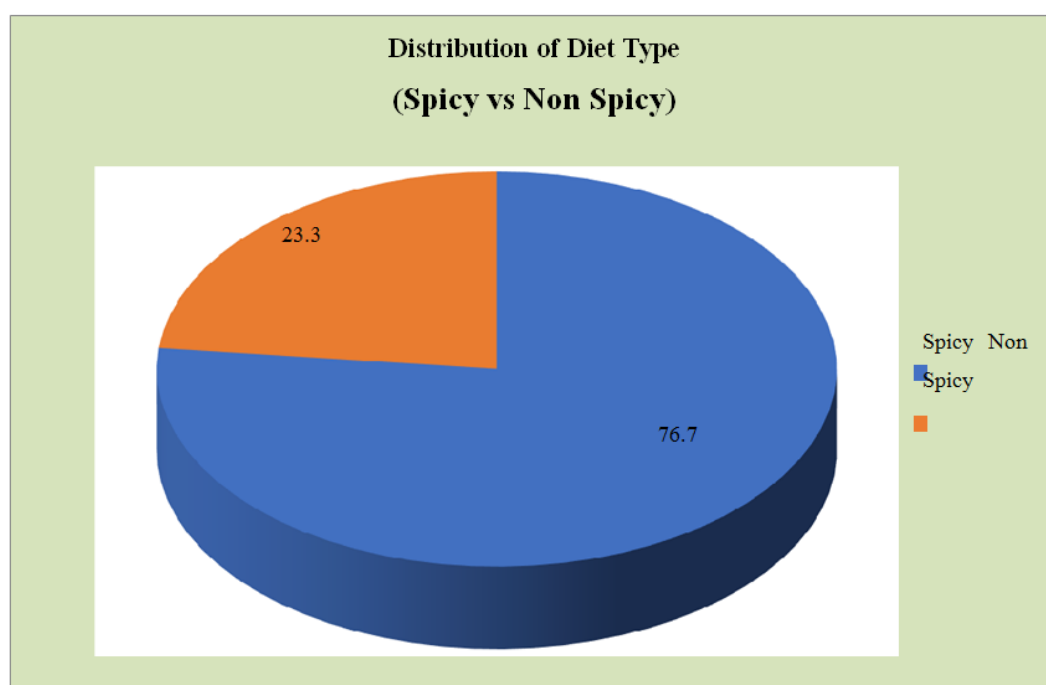


Figure No. 08 The distribution of type of diet preferred (Spicy vs non-Spicy) (n=30).

## DISCUSSION

*Bawaseer-e-Khooni* is a common anorectal disorder in which bleeding from the haemorrhoidal vessels is a prominent clinical feature. In Unani medicine, the disease is described in relation to derangement of humours, particularly *Saudavi Maddah*, thick or viscous

blood, and congestion of the vessels. Factors such as constipation, excessive straining, inappropriate dietary habits, and sedentary lifestyle may further aggravate the condition.

The present open-label, single-arm clinical study was undertaken to evaluate the efficacy of *Habbe Bawaseer* in uncomplicated Grade I and Grade II *Bawaseer-e-Khooni*. Forty patients were initially enrolled, of whom 30 completed the 28-day treatment and follow-up period. The efficacy assessment included important subjective symptoms—per-rectal bleeding, anal pain, anal pruritus, mass sensation and constipation—as well as objective assessment through proctoscopy and Hb%.

During the treatment period, progressive improvement in the clinical symptoms and examination findings was observed among the patients completing the study. Reduction in per-rectal bleeding is particularly important because bleeding is the principal manifestation of *Bawaseer-e-Khooni*. Improvement in associated symptoms such as pain, itching, mass sensation and constipation may also indicate an overall reduction in local irritation and haemorrhoidal congestion.

From a Unani perspective, the therapeutic effects of *Habbe Bawaseer* may be related to the combined actions of its ingredients, many of which possess traditionally recognized **Qabiz (astringent), Habis-e-Dam (haemostatic), Mujaffif (desiccative), Muhallil (resolvent), and Dafi'-e-Waram (anti-inflammatory)** properties. These actions may help reduce bleeding, local swelling, congestion and irritation associated with haemorrhoidal disease. Dietary advice provided during the study, particularly the recommendation for easily digestible food and avoidance of excessively spicy, fatty and temperamentally hot foods may also have supported bowel regulation and symptom control. The improvement in haemoglobin status, where observed, may be clinically relevant because recurrent rectal bleeding can contribute to reduced haemoglobin levels. Proctoscopic assessment provided an objective method for evaluating the local haemorrhoidal condition in addition to the subjective assessment of symptoms. However, the study has certain limitations. It was an open-label, single-arm study with a relatively small final sample of 30 patients and no control or comparator group. Therefore, the observed improvement cannot be attributed exclusively to the test drug with certainty. The relatively short treatment duration and loss to follow-up of some enrolled patients are additional considerations. Larger randomized controlled studies with longer follow-up are required to confirm the efficacy, safety, and long-term benefits of *Habbe Bawaseer*.

## CONCLUSION

The present clinical study suggests that *Habbe Bawaseer* may be beneficial in the management of uncomplicated Grade I and Grade II *Bawaseer-e-Khooni*. Improvement was assessed through reduction in major clinical symptoms, including per-rectal bleeding, anal pain, pruritus, mass sensation and constipation, together with objective parameters such as proctoscopic findings and haemoglobin levels. The therapeutic rationale is consistent with the Unani concepts of *Bawaseer* and the

traditionally described astringent, haemostatic, desiccative and anti-inflammatory actions of the formulation. Although the findings are encouraging, the absence of a control group and the limited sample size restrict the strength of the conclusions. Therefore, well-designed randomized controlled studies involving larger populations and longer follow-up are recommended to establish the efficacy, safety and sustained therapeutic benefits of *Habbe Bawaseer* in *Bawaseer-e-Khooni*.

## REFERENCES

1. Norman s Williams Christopher JKP Ronan O connel. bailey and love 's, short practice of surgery edition 25th pg. no: 1254.
2. Kona V. Conditions and diseases of digestive system, 2010. available at: <http://www.OmniMedicalsearch.com>.
3. Health Grades. Haemorrhoids. 2011. Available at: <http://www.rightdiagnosis.com>.
4. Schrock TR. Benign and malignant disease of anorectum in gastrointestinal surgery from D. editor. New York: Churchill living stone, 1985.
5. Brunicardi F, Andersen DK, Billiar TR, Dunn DL, Kao LS, Hunter JG, Matthews JB, Pollock RE, editors. Schwartz's Principles of Surgery. 11th ed. New York: McGraw-Hill Education, 2019. <https://doi.org/10.1016/j.jcol.2020.05.012>
6. Dennison AR, Whiston RJ, Rooney S, Morris DL. The management of Haemorrhoids. Am J Gastroenterol, 1989; 84: 475-81.
7. Sriram Bhat M.SRB'S manual surgery 7th edition. New Delhi: Jaypee brother medical publication, 2010.
8. Mjoosi A I A. Kamil al sinaa'at (Urdu Translation Kantoori). New Delhi: Idara kitab-ul-Shifa, 2010; 516-518.
9. Azam KM. Ikseere Azam (Urdu Translation by Mohammed Kabeeruddin), 2010; 661-673.
10. Kirmani NBA. Shareh Asbab (Tarjuma Kabir). New Delhi: Eijaz Publishing house, 2012; 2: 634-638.
11. Razi A.B. Kitabul Havi. Vol. 11. New Delhi: CCRUM, 2004; 28-43.
12. Jurjani A.H. Zakheera Khawarazam Shahi (Urdu Translation by Hadi Husain). New Delhi: Idara Kitab-ul-Shifa, 2010; 461-463.
13. Ibn Sina. Al Qanoon-fil-Tibb (Translation by Kantoori), Vol.3. New Delhi: Eijaz Publishing, House, 2010; 985-986.
14. Mohan harsh. Text book of pathology. 5th edition. New Delhi: Jaypee borthor medical publication, 2006; 597.
15. Bhandari KS. An evaluation of the effectiveness of rubber band and ligation as a modality of treatment of second-degree haemorrhoids. Dissertation submitted for M>S (General Surgery) in the Dept. of general surgery, BMC to RGUHS, Bangalore, Karnataka, 2006.
16. Philip HG, santhat N. principles and practices of surgery for colon, rectum and anus. 1st edition.

- London: quality medical publishing inc, 1992; 10-38.
17. <https://pubmed.ncbi.nlm.nih.gov/6745015/>
  18. Russel RCG, William SN, Bullstrode CJK, ED, Bailey and love; s short practice of surgery, 25th edition: Arnold Publication, 2010; 1115-34.
  19. Das Soman. A concise Text Book of Surgery. 6th edition. Kolkata: Published by Dr. S. Das, 2010; 959-962.
  20. Kumar and Clark Clinical Medicine, 6th edition. USA Edinburgh: Published By- W.B Saunders, 2005; 325-326
  21. Lohsirwat V. Haemorrhoids: from basic Pathophysiology to clinical management. World Journal of gastroenterology: WJG., 2012; 17: 2009-2017.
  22. Ali ZH, El-Sayyed NO, Taha NM. Effect of Conservative Measure in improving Haemorrhoid Stage and Relieving Symptoms among Patient with Haemorrhoid. Journal of Amrican Science, 2011; 9(9): 53-55.
  23. Tabari ABR. Moalajat **Buqratiya**. Vol.2. New Delhi: CCRUM, 1997; 392.
  24. Arzani A. Tibb-e-Akbar (Urdu Translation Mohd Husain). Deoband: Faisal Publications, 507.
  25. Maseehi A. Kitab-ul-Umda-fi-Jarahat. Vol.2. New Delhi: CCRUM. Publish No. 35. 251.
  26. Mjoosi A I A. Kamil al sinaa'at (Urdu Translation Kantoori). New Delhi: Idara kitab-ul-Shifa, 2010; 516-518.
  27. Kabeeruddin M. Molejat Shareh Asbab (Tarjuma Kabir). Vol.2, New Delhi: Eijaz Publishing house, 2012; 634-638.
  28. Ibne Zuhar Abu Marwan Abdul Malik, Kitabut Taiseer fil Madawa Wat Tadbeer. New Delhi: CCRUM, 1986; 152.
  29. Ibn Sina. Al Qanoon-fil-Tibb (Translation by Kantoori), Vol.3. New Delhi: Eijaz Publishing, House, 2010; 985-986.
  30. Hakeem md kabeeruddin, alqarabadeen, part1, 180.
  31. From SRB's manual of surgery 7edition, 1030
  32. From Cleopatra to Obama: A Look at Haemorrhoids History [Internet] cited on 6 Jan 2013. Available from <http://gracethOmas.hubpages.com/hub/From-Cleopatra-to-Obama>
  33. Khubchandani I, Paonessa N, Khawaja A. Surgical treatment of haemorrhoids. 2nd edition. London: Springer, 2009; 1.
  34. Bhandari KS. An evaluation of the effectiveness of rubber band ligation as a modality of treatment of second-degree haemorrhoids. Dissertation submitted for M.S. (General Surgery) in the Dept. of General surgery, BMC to RGHS, Bangalore, Karnataka, 2006.
  35. Statistics by country for Haemorrhoids. Wrong diagnosis. NIH publication No; 94-1447, NIDDK, 1994. Available from
  36. URL: <http://www.wrongdiagnosis.com/h/Haemorrhoids/stats-country-htm>.
  37. Alqamari Abul Mansoorul Hasan bin Nooh. Ghina Muna. New Delhi: CCRUM, 2008; 319.
  38. Magrill D, Sekaran P. Maimonides: an early but accurate view on the treatment of haemorrhoids. Postgrad Med J., 2007; 83(979): 352-354.
  39. Kirmani Nafees Bin Auz. Sharah Asbab (Translation by Mohammad Kabeeruddin). Vol.2. New Delhi: Eijaz Publishing House; YNM, 635.
  40. P.A. Haas, Haas. G.P et al. The Prevalence of Hemorrhoids. Hemorrhoids, 1983 July; 26(7); 435-9. Available from URL: <http://www.the-doctors.com/diseases/Haemorrhoids.htm>.
  41. Gbenga Bello. How To Detect Hemorrhoids. Article Snatch.com Symptoms of Hemorrhoids. Available from URL: <http://www.article-snatch.com/ArticleSymptoms-of-Hemorrhoids-How-To-Detect-Hemorrhoids-Early11552530>.
  42. T. Scott. Haemorrhoids [Internet] cited on 22 March 2013. Available from <http://www.scottthorntonmd.com/portals/22/images/1/Haemorrhoids2004.pdf>.
  43. Majoosi Ali Ibne Abbas. Kamil us Sanaa'h (Translation by Ghulam Hasnain Kantoori), New Delhi: Idara Kitabus Shifa, 2010; 516-18.
  44. Majoosi. Kamil al sinaa'at (Urdu Translation), New Dehli, Idara akitab-ul-Shifa, Jan. 2010; 516-517.
  45. Hasan H, Zakheera Khawarazam Shahi (Urdu Translation), New Dehli, Idara akitab-ul-Shifa, Jan. 2010; 461-463.
  46. Arshad Ali Marwat. Evaluation of triple rubber band ligation for haemorrhoids. Gomol Journal of Medical Sciences, July-December, 2010; 8(2).
  47. Ajmal, K. Haaziq. Dehli. Hindustani Dawakhana, 1997; 254-255.
  48. Yasmeen S, Rais-ur- Rahman. Understanding and management of haemorrhoid in the Perspective of unani system of medicine. Indian Journal of Unani Medicine, 2012; 5: 153-159.