



Local application of Safoof-e-aelwa in fissure in Ano: A case series

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Abstract

Introduction: Fissure in Ano is a split in the anoderm extending from anal verge for a variable distance. It is a painful condition. In Unani System of Medicine (USM), it is called *shiqaq-e-miqad*. In this study, we have studied four patients who attended surgical OPD of NIUM hospital block with complaints of pain during defecation and bleeding per rectum (P/R). On examination they were diagnosed as fissure in Ano and their sphincter tone was increased with tenderness on digital examination to that extent that we were unable to do proctoscopy. *Aelwa*, a Unani drug, in form of powder was applied locally at fissure site. It contains potent healing chemical contents.

Methodology: Four patients were taken into study after their written informed consent. *Sufuf-e-aelwa* was applied locally twice a day until complete healing of fissure was achieved.

Discussion: The patients usually present with burning and pricking pain at anal region. All the patients we enrolled were investigated routinely and their haematological and bio chemical values were within normal range. Viral markers were negative. Keeping in mind the safety and efficacy of *safoof-e-aelwa* in cases of fissure in Ano, we have used the same as local application.

Conclusion: All patients showed good response to the locally applied *safoof-e-aelwa*. Their fissures in Ano were healed completely within a short duration.

The aim of report is to acknowledge the effectiveness of *safoof-e-aelwa* in treating patients of fissure in Ano attending Jarahat OPD/IPD NIUM Hospital.

Keywords: fissure in ano/ *Shiqaq-e-miqad*, *safoof-e-aelwa*

Introduction

In unani system of medicine, *shiqaq-e-miqad* (fissure in Ano) is a very common and painful condition¹. It is a radial split in Anoderm extending from anal verge for a variable distance proximally toward dentate line but not beyond it^{1, 2}. Patient presents with sharp acute pain in perineum, pain is described as sharp, biting and burning etc¹. There are two type of fissure in Ano, first is acute fissure in Ano and other one is chronic fissure in Ano which presents with a tag of hypertrophied skin tag called sentinel pile and a hypertrophied papilla with a canoe shaped ulcer in between¹.

Acute fissure usually heals with conservative treatment which includes oral analgesic, stool softener, local anesthetic agents, high fibrous diet, and by using plenty of oral fluids². In chronic fissure and where conservative treatment fails in case of acute fissure, surgical management such as lord's dilatation of anal canal and lateral sphincterectomy should be done¹, but these surgical procedures are associated with many complications including haemorrhage, haematoma, perianal abscess, fistula, and faecal incontinence in 1:200 and permanent flatus incontinence in 1:20 cases respectively^{3, 4}. Hakeem Zakariya Razi mentioned in his book "*kitabul hawi*" that the use of *safoof-e-Aelwa* (*Aloe barbidensis*) for local application in the treatment of anal fissure was very much beneficial⁸.

We describe here, the cases who were suffering from fissure in Ano. They were managed conservatively by *safoof-e-aelwa*

as per description of Zakariya Razi in his book "*kitabul hawi*". The aim of this report is to acknowledge the effectiveness of *safoof-e-aelwa* in healing of fissure in Ano.

CASE-1

A female patient, age 32 years attended surgical OPD, NIUM on 26/12/16 with the complaints of bleeding P/R (on & off) and pain during defecation since last 10 years. She was admitted with these complaints with C.R no.307875 in female ward, NIUM. Patient did not have any past history of HTN/DM/Thyroid Disease/T.B. Patients B.P was 130/90 mm Hg. HIV/ HbsAg was Non Reactive/Negative. On local examination skin around anal verge was intact; a deep midline anterior fissure was present at 12, 0'clock position. On P/R Examination sphincter spasm and tenderness was +1 and thus proctoscopy not performed due to spasm & pain. Patient thus diagnosed as anterior fissure in Ano at 12, 0'clock position.



Fig 1: Before Treatment- Day 1 (27/12/16)



Fig 2: After Treatment-Day 8 (4/1/17)

Topical application of safoof-e-aelwa two times a day was done from day 1(27/12/16) to day 8 (04/01/2017). On examination after treatment fissure was completely healed with normal sphincter spasm and no tenderness.

CASE -2

A male patient, age 55 years came in surgical OPD of NIUM on 3/1/17 with complaints of pain during defecation and passage of hard stool from last 1 1/2 months and was admitted in Jarahat Ward with C.R No. 30930. Patient did not gave past history of DM/ HTN/ Any local trauma to perineum/thyroid disease/T.B. Patient’s B.P Was 118/76 mm Hg. HIV/HbsAg was Non Reactive/Negative and FBS -71mg/dl and PPBS-96mg/dl. On local examination skin around anal verge was intact and lax, no excoriation, a midline anterior acute fissure was present with no active bleeding on P/R Examination sphincter spasm and tenderness was +1 and proctoscopy was not performed due to pain. Hence, diagnosis was a midline anterior acute fissure at 12, 0’clock position.



Fig 3: Before Treatment Day – 1 (05/01/17)



Fig 4: After Treatment Day -9 (13/1/17)

Topical application of safoof aelwa two times a day was done from day 1 (5/1/17) to day 9 (13/1/17). On examination fissure was completely healed with sphincter tone normal and no tenderness.

CASE-3

A female patient of age 24 years came in Jarahat OPD of NIUM on 06/01/2017 with C.R.No. 309817. Patient was having the complaints of bleeding P/R (on & off) and passage of hard stool from last 20 days. Patient did not give past H/o HTN /DM/any trauma /T.B. Patient’s report of HIV/HbsAg was Non Reactive/Negative, and RBS was 72mg/dl and stool R/M was normal done on 6/1/17 in NIUM Lab. On local examination skin around anal verge was intact, no excoriation, a midline anterior fissure seen with no active bleeding and on P/R examination sphincter spasm was +1and proctoscopy was not done due to pain. Thus diagnosis was anterior midline acute fissure in Ano at 12, 0’clock position. On day 9, fissure in Ano was completely healed with normal sphincter spasm.



Fig 5: Before Treatment –Day 0 (6/1/17)



Fig 6: After Treatment – Day 9 (18/1/17)

CASE-4

A male patient, age 38 years came in Jarahat OPD of NIUM on 04/01/2017 with C.R. No. 308226 with the complaints of pain during defecation and passage of hard stool from last 14 days. Patient did not give past history of HTN /DM/any trauma/T.B. Patient’s report of HIV/HbsAg was non reactive/Negative. On examination skin around anal verge was intact, no excoriation, a midline posterior fissure was seen with no active bleeding and on P/R examination sphincter spasm was +1 and tenderness was present and therefore proctoscopy was not done due to pain. Thus diagnosis was posterior midline acute fissure in Ano at 6, 0’ clock position.



Fig 7: Before Treatment Day -0(4/1/17)



Fig 8: After Treatment Day-8 (11/1/17)

Topical application of safoof aelwa one time per day on OPD bases from 4/1/17 to 11/1/17. On examination fissure was completely healed with sphincter spasm was normal and tenderness was not there.

Diet Regime Schedule

1. High fibrous diet
2. Plenty of oral fluids

Discussion

According to unani system of medicine, aloe barbidensis (*aelwa*) has healing property hence heals those wounds which are difficult to heal. *Aelwa* has detergent property and anti-inflammatory properties thus does not produce irritation to deep wounds. It helps in approximation of the edges of wounds due to its *qabiz* effect [5, 6, 7]. Thus on the basis of above properties it can be seen that *aelwa* has a very good effect in healing of fissure in Ano. In this study, results show very surprising effect in healing of fissure in Ano. Thus topical application of *safoof-e-aelwa* will provide an inexpensive, highly effective, and alternate way for the management of anal fissure.

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