

A Descriptive study on causes of Moolam (Haemorrhoids).

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ABSTRACT

Background

In Siddha literatures, causes of *Moolam*(Haemorrhoids) were explain in detailed. Which includes taking Rhizomes, spicy foods, Uncooked foods, fast foods,constipation,less consumed fibre food, less intake of water, Starvation, Prolonged sitting and other cause were analysed in this study. In additional that hereditary, ascites and post-pregnancy complications were precipitating secondary etiological factors for *Moolam*(Haemorrhoids).

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Aim and Objective: To found the various causes of *Moolam noi*.

Methods: Cross sectional Descriptive study was conducted by 108 typical *Moolam* patients reporting to outpatient department at Government Siddha Medical College and hospital, Palayamkottai, Tirunelveli from June 2018 to September 2018.

Result: According to this study, *Moolam* was more common in males 62.96%, comparatively in females (37.03%). The Causes of *Moolam* were constipation 87.03%, taking spicy foods 76.85%, less consumed fibre food 62.03%, less intake

of water 48.14%, prolonged sitting 46.29% and taking fast foods 27.77%.The final report of the study was concluded that 86.11% patients were eaten mixed diet.

Conclusion: According to the study in Siddha system of medicine has been described various causes of *Moolanoi* and it can be correlated in Siddha aswell as modern text books.This will be essential role of siddha physicians to early diagnosis, prognosis and prevention of the disease. Further literary and clinical studies are necessary in future.

Key words: *Moolanoi*, Haemorrhoids, *Moolarogham*, *Asana noigal*.

INTRODUCTION

Siddha system is well founded under the basic principles of nature and its elements. Treatment and prevention is the basic aim of the siddha system of medicine. Siddha insists to lead a healthy life both physically and mentally. They classified the disease under Thridosa theory. "Anilapithathondhamalathumoola mvarathu" [Anilam- Vatham, Pitha-Pitham]. As per Theraiyarderangement of vatham and pithahumor due to lifestyle changes diet and deeds resulting Moolam. Vathahumor and Pithahumor get affected in Moolanoi (Haemorrhoids). According to Yugi vaidiya sinthamani 800, Moolanoi was classified into 21 types, In this 12 were curable and 9 were incurable. In Moolanoi, constipation develops due to effects of Keelvaikanal. So the symptoms like constipation, loss of appetite, bleeding, mental depression, decreased body fluids are developed. In Modern aspect, Haemorrhoid disease is one of the most common ano-rectal disorders, which is troubling the mankind since time immemorial. Although haemorrhoid disease is not fatal, it creates physical and

psychological discomfort due to its nagging symptoms such as anal bleeding, pain and itching sensation and significantly influences the quality of life. Haemorrhoids develop due to the thickening of veins in the anus causing the swelling and itching in the rectum and anus. They became disease when swollen or inflamed. Internal haemorrhoids are often painless, bright red rectal swelling when defecating. External haemorrhoids often result in pain and swelling in area of the anus. Causes are increased pressure in abdomen, irregular bowel habits, low fibre diets, during pregnancy, prolonged straining or sitting in one place, hereditary, other factors includes obesity, chronic cough, etc..

MATERIALS AND METHODS

A four month duration study from June 2018 to September 2018 was conducted in the Government Siddha Medical College and Hospital, Palayamkottai. The study was started after obtaining the ethical clearance from the Institutional Ethical Clearance (IEC). Patients were first checked for eligibility

for inclusion in the present study and then only their informed consent was obtained. If the patient was not willing to participate in the present study, then they were not included in this study.

The Objective of this study to describe the various causes of *Moolam*(Haemorrhoids).It was a cross sectional descriptive study. The data was collected in the pre-designed questionnaire for this study. In which patients with the symptoms of pain, bleeding, discharge, protrusion of pile mass were included. The other symptoms like rectal cancer, uterine prolapse, anal fissure, rectal prolapse were excluded.

This study includes both the sex and detailed history was taken regarding the disease. A total number of 108 patients were included. In this study, eligible participants were between the age 20-60. Personal profiles of every included patient were recorded. In this questionnaire both modified and non-modified risk factors including age, sex, address, anthropometry, smoking , alcohol consumption, family history, diet history, occupation, educational status

were recorded. For the conformation of diagnosis of haemorrhoids inspection of ano-rectal examination was performed.

DISCUSSION

Using this questionnaire data from the clinical trial recording detailed information about bowel habits, diet, body mass index and personal habits we found that constipation was associated with increased risk of having haemorrhoids. More specifically , low fibre diet, increased BMI, less intake of water, during pregnancy straining, taking spicy foods and sour foods, loss of appetite were all associated with an increased risk.

Johanson and Sonnenberg compared the epidemiology of haemorrhoids and constipation in a study that utilized several national surveys. They found that, in contrast with haemorrhoids, constipation was more common with increasing age, low socioeconomic status. In follow up to this study, Delco et al. published a case control study using administration data and found that codes for constipation were associated with an

increased risk codes for haemorrhoid disease.

This study found that high fibre diet which decreases the risk of haemorrhoids. The hypothesis is that a high fibre diet reduces the risk of constipation which is associated with haemorrhoids.

Obesity was associated with haemorrhoids. The increased BMI which increases the risk of haemorrhoids. As per this study, maximum percentage of participants is in obesity condition. Haemorrhoids commonly complicate pregnancy. An estimated 85% of pregnant women in their second and third trimester have haemorrhoids. Whether a history of pregnancy increases the risk of haemorrhoids following pregnancy is less well understood.

Table no:1 Percentage of Sex

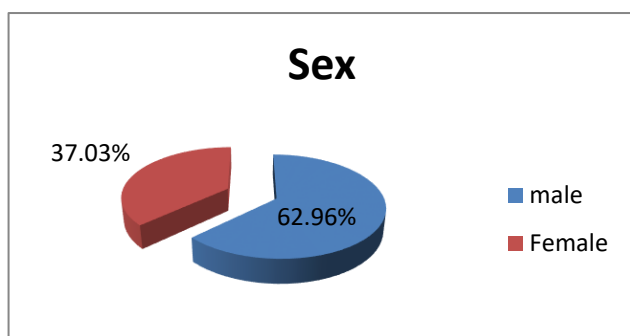


Table no:2 Percentage of age

AGE	NUMBER	PERCENTAGE
20-29 years	12	11.11%
30-39years	32	29.62%
40-49years	31	28.70%
50-59years	33	30.55%

Table no:3 Percentage of foodhabits.

Food habits	Number	Percentage
veg diet	15	13.88%
Mixed diet	93	86%

RESULTS

In this study totally 108 cases were recorded. In this, maximum cases were at the age between 50-60 years. In which, among both sex male was affected more than female. Male was 68 members (62.96%) and female was 40 members(37.03%). This study shows maximum patients were taking mixed type of diet was 93 members(86.11%); were as vegetarians was 15 members (13.88%). In this study, body mass index plays an important role. BMI < 20 was 0.92%; 20-25 was 32 members(29.62%); 25-30 was 75 members(69.44%). The causes were analysed that patient with constipation was 94members(87.03%);

taking spicy food was 83 members(76.85%); low fibre food was 67 members(62.03%); less intake of water was 52 members (48.14%); sitting in a place for long time was 50

members(46.29%);starvation was 38 members(35.18%); taking fast foods was 30 members(27.77%) ;during pregnancy was 11 members(10.18%); hereditary was 9(8.33%).

Table no 4: Causes of Moolam

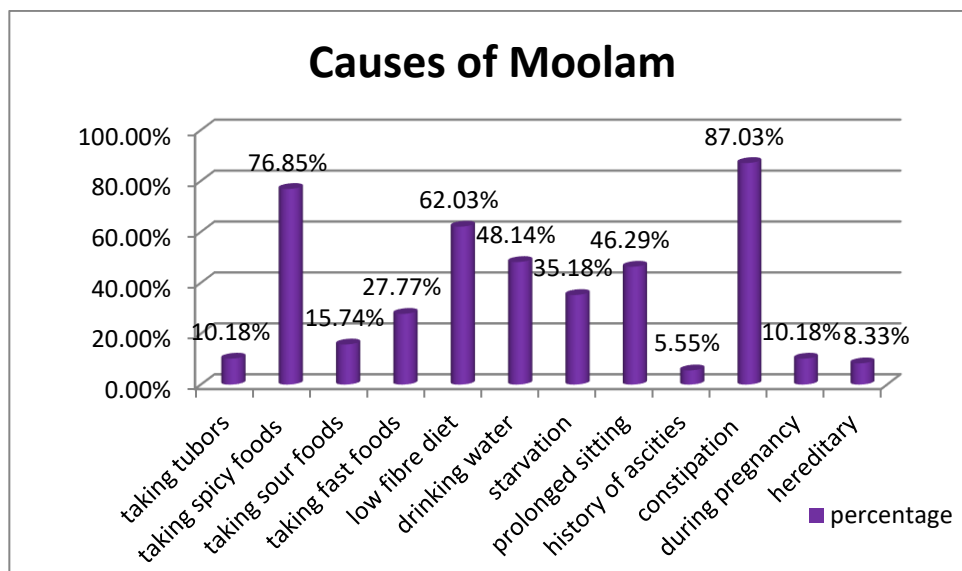


Table no:5 Percentage for BMI

BMI	Number	Percentage
<20	1	0.92%
20-25	32	29.62%
25-30	75	69.44%

CONCLUSION

The present study examined a number of causes that have been classically associated with *Moolam* (haemorrhoids).In the present study, main emphasis was to observe the causes of *Moolam* in studied population.In this

study ,we observed that modifiable causes (lifestyle, dietary habits, occupation,etc..)are almost equally important for the development of haemorrhoids as the non- modifiable causes(age, genetic and hereditary makeup).Low-fibre diet, constipation, high intake of spicy foods, prolonged

sitting in one place, less intake of water were associated with an increased risk of *Moolam* (Haemorrhoids). However, contrary to expectation, pregnancy and heredity were associated with a reduced risk. *Moolam* (Haemorrhoids) was more common in males and age above 30 years. So the patients were suggested to adopt healthy lifestyles in terms of dietary habits and to do exercise. This will be an essential role of Siddha physicians to early diagnosis, prognosis and prevention of the disease. Further literary and clinical studies are necessary in future.

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