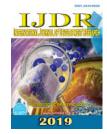


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LITERATURE REVIEW ON VARIOUS TYPES OF MOOLAM IN SIDDHA, AYURVEDHA AND **HOMEOPATHY SYSTEM OF MEDICINE**

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Key Words:

Siddha, Moolam Arsas, Ayurvedha, Homeopathy. Our human body is made up of ninety six thathuvams. Alterations in any thatuvam results in Pathological states.Moolam results from derangement of Vatham and Pitham. This is best illustrated in the verse. "Anila Pithathonthamalathu Moolam Varathu- Tharayarsekarapa. It is fact that 50 - 85% of the world's population will be affected by haemorrhoids at one or another episode in their life time. Although uncomfortable and embarrasing in nature, it is not normally serious condition and only a small number seek medical attention, according to Ayurveda, a disease which tortures patient's vital force (prana) as enemy is called as 'Arsha" In Ayurveda "Acharya Sushuta" give a unique order in the management of arsas, Bheshaj Chikitsa, K. Shara Chikitsa, Agni Chikitsa, Shahstra Chikitsa. According to Homeopathy, Hemorrhoids are dissful displacement. The condition affects 39 - 52% of adults. The prevalence of hemorrhoids in extremely high is misterm other industrialized societies.

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INTRODUCTION

Siddha System lead to human healthy life both physically and mentally. They classified the disease on the basis of Thiridhosa theory. Suint Agasthiyar Identified 4448 disease and one, among them is Eruvai Mulainoi. Saint, Yugi classified Moolanoi 21 types. Moolam in siddha means, the area Moolathram or root. Moolatharam has been given maximum important in siddha system, as it is energy producing centre of the body (Kundalini). if the early stage is not being taken come of it may lead to complications and to be corrected with surgery. In Moolanoi, increased, Keelvaitanal stimulates vatha humor these totally stimulalipithahumor, censtipationdecrelops due to affect of Keeraikanal. So, the symptoms like loss of appetite emaciation, mental depression, decreased body fludis and blood volume are developed Agatriyar Paripooranam said,

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9 types of Moolam, JeevaRatchaamirtham describes Moolanoi 4 types, In Ayurveda Susautasaid, 3 types of Moolam, same time, another one ancient surgery book, medicine and surgery In ancient India, said 6 types of 'Larsha' (by Ko, K.H.Krishna Murthy) In According to homeopathy view, tuine are 2 types of Moolam, that is Internal and external. Ayurveda is generally recognized in true west as an alternative are complementary form of therapy. Ayurveda medicine in Holistic in nature addressing the conditions of the mind, body, and spirit. It's concerned with bringing the body back into balance to alleviate symptoms of illness. A centrastanet is ayurvedic medicine is the idea that, 3 doshas or body types. Pitta, vadha, and kapha Fire (Pitta), Air (Vata), Water (Kapha) and a person with one dominant dosha win display physical or emotional chacteristics consistent with that elevant Vathammanifests as ten vaayus in the body. Among them those having connections with the anualcanal such as abannan, Samaanan and Viyaanan get deranged simultaneously, maadis having connections with the modaathaaram that is Guhu and suzhumurai along with

other thatthavams produce systemic manifesationspitham in the body manifests as fine types viz, Anal Pitham, Ranjagum, Praagagam, Aalosagam and santhigam most of the pitha types gots affected in Moolam.

Aim & Objectives

To list out the types of moolam in literature collections from ayurvedha, siddha and homeopathy To compare the types of moolam in selected text books

Review of literature

Siddha aspect: Siddha system of medicine highlights the practice of medicine as the art of restring the sick to health. Siddha medicine maintained the respectability in keeping the society in normal health and relieving people from common diseases. This system essentially leads towards a new dimension of life helping in the process of flowering of human personality. According to this system the physiological function of human body is regulated by the three vital humours namely.

- Vaatham
- Pittham
- Kabham

Derangement of these three humors causes disease. According to Yugi Vaidhya Chinthaamani, Raththa moolam is one among the twenty-one types of Moola Noi. The world "Moolam" means Principal or Important one. In Siddha, "Moolam" means the area Moolaathaaram, one of the six psychic centers in the human body. These centers are considered as six pillars of life.

MOOLAATHAARAM

Moolaathaaram is the first and important psychic center, situated at the base of spinal column between the anus and genitalis. It has the control of the excretory organs the penis, the anus and the colon. The moolaathaaram area is the seat of coiled kundalini, the vital sakti or energy force. This center is the root of all growth and awareness of the divinity. The ascent of kundalini sakti from the moolaathaaram area through the other psychic centers ends at chandra mandalam (fontanelle region or crown of head). As the union of sakthi and siva takes place here, the aspirant enjoys the heavenly bliss (Siva Yogam). These verses implies about the state of supreme peace, bliss and divinity by arousing kundalini sakti from moolaathaaram area.

Thathuvam aspect: Moolaathaaram area is situated in akkini mandalam. Akkini mandalam is the portion or region extending from the sacral plesus to the hypogastric center (navel region). Vaatham area is below the navel. So predominating boothams out of pancha boothams are vaayu, aahaayam and theyu. Theyu is fo rakkini mandalam and rest for the vaatha area. This structure makes this area more kinetic (due to vaayu) and thermal energies (due to theyu) facilitate the normal act of micturition, defaecation and parturition. The bootham involved for these normal action is neer. Vaayu and aahayam together constitute Vaatham. Vaatham manifests as ten types in the body. The various types of Vaatham which are concerned with moolatharam are.

- Abaanan
- Samaanan

- Praanan
- Devadhathan •

Abaanan is vaayu having theyu predominance in its structure. In relation to malaasayam it effectively expels faeces since it has both kinetic (due to being a vaayu) and metabolic thermal energies (due to theyu). Samaanan lies equaly from navel to foot and controls other vaayus and helps in digestion and absorption. Praana vaayu takes its course via moolaathaara area and it takes saaram from here and disperses to all the tissues of the body, in addition to its main function of respiration. Dhevadhatthan is related with the mental state of a human being. It normally resides in the rectum and is responsible for anxiety, quarrelling and laziness. Theyu in malaasayam manifests as moolaakini. Moolaakkini, a kind of akkini in the body gives the required metabolic thermal energy to malaasayam and facilitate the normal act of visarkkam. Neer bootham carries out the act of visarkkam in the kanmenthriyam, eruvaai. The action of neer bootham is very essential since uncontrolled action by vaayu, aahaayam and they may result in pathology. In the ten Naadis, the malaasayam naadi is Guhu. Suzhumunai naadi also ahs its base in the moollathaaram. These naadis carryout coherent action of other systems in normal acts of digestion, absorption and defaecation.

Control by narambu: In Therayar narambu soothiram, nine narambugal are held responsible for deglutination, digestion, absorption and defaecation. Out of these one narambu is solely responsible for the purpose of visarkkam. This narambu divides into four branches in the moolaathaaram and supplies larges intestine, ordinary bladder, spleen (Kaariral), Uterus (Pavalappai), Lungs (suvaasapai). This narambu in association with other thathuvams such as, ten vaayus carrys the act of Visarkkam.

Moola Noi: Moola noi, a disease that occurs in and around Moolaathaaram. The word, Moolam means Principal or Important one, as already mentioned. So, disease of the Moolam or Moolaathaaram area is also principal disease to be treated first. In Moolaroga sigitcha bodhini, the term "Moolam" implies root, out growth, which describes tuber like our growth or root like structures around the anus. Of all the diseases, Moola Noi is the subtle disease, that needs special medication. Moola Noit includes a wide variety of ano rectal diseases. It is also called as Adimulai noi, Arippu noi or Mulai noi.

Types of Moolam: Moola Noi has been classified into various types by different authors, some of the types are tabulated below. In Yugi Vaidhya Chinthaamani, Yugi munivar describes twenty-one types of Moola Noi, of which Raththa moolam is one among them. Agathiyar Paripooranam describes nine types of moola noi. It includes Raththa Moolam one among them.

Types are

1. Neer Moolam	8 Aazhi Moolam	15.	Mega Moolam
2. Chendu Moolam	9 Thamaraga Moolam	16.	Pavuthira Moolam
Mulai Moolam	10 Vali moolam	17.	Granthi Moolam
Siru Moolam	11 Azhal Moolam	18.	Kutha Moolam
Varal Moolam	12 Iiya Moolam	19.	Pura Moolam
Raththa Moolam	13 Thontha Moolam	20.	Churukku Moolam
Seezh Moolam	14 Vinai Moolam	21.	Chavvu Moolam

- UI Moolam
- Pura Moolam
- Rathitha Moolam
- Seezh Moolam
- Mulai Moolam
- Moola Paandu
- Vali Moolam
- Azhal Moolam
- Liya Moolam

Sustruta – Samhita: Piles produced by each dosa separately and having few mild symptoms, those produced by combination of any two dosas, those situated in the second fold-are all yapya (persisting for long time); that which is more than one year old, produced by the combination of all the three dosas and which is congenital should be rejected. The person in whom, all the folds of the rectum have develped piles, apana vata getting obstructed in its downward movement, combining with yana vata, diminishes the heat (warmth of the body) of the person (kills him). Thus ends the Second chapter by name Arsas Nidanam in Nidana sthana of Susruta samhitta.

Ayurveda Aspect: We will now expound the diagnosis of Arsas (piles): as revealed by the venerable Dhanvantari. Arsas bheda - kinds of piles - Arsas is of six kinds - one each from vata, pitta, kapha, sonita (blood), sannipata and sahaja (congenital) Nidana - samprapti - causes and pathogenesis -In persons who are not self controlled (regarding foods and activities) who indulge in things which aggravates the dosas such as, use of incompatible foods, over-eating, more of copulation, sitting on ones heels, riding on animals, suppression of the urges of the body etc especially, the dosas getting aggravated either individually or in combination of two or all three or together with blood, spread out and travelling through the main dhamani (arteries - blood vessels) in the downward direction reach the guda (rectum) and produce sprouts of muscle in the gudavali (folds of the rectum) especially in persons who have weakness of digestive power, these sprouts grow in size due to contact (friction) by grass, sticks, stone pebbles and lumps of cloth etc or by touch of cold water; these sprouts are called Arsas (pile masses).

Notes - Though ancient authors have included small peg-like growths in different parts of the body under the term, "arsas (piles)' generally, yet this terms is especially reserved to the sprouts developing in the rectum only, unless any other organ is mentioned specifically along with it. Vyana vata getting aggravated and associating with slesma (kpaha) gives rise to peg like, immovable sprouts in the exterior skin; these are called as Carmakila or arsas (of the skin). Some verses here. In these sprouts (carmakila), pricking pain is produced by vata; tumor like. growth and colour sam eas of skin are produced by kapha; dryness, black colour, smoothness and profound hardness, are produced by pitta and rakta together. So far. were described the symptoms of arsas (piles) eloborately; those which are common to all were described in brief earlier; the physician should understand these clearly and then begin their treatment. When symptoms of two dosas are seen in the piles, then it is to be understood as produced by combination of two dosas, such combination being of six kinds.

Sadhyasadhyata – prognosis – After the disease develops, these symptoms (premonitory symptoms) only become well manifest. Rupa – signs and symptoms – Vataja arsas – In that

produced by vita, pile masses are dry, slight red or of many colours, irregular in their middle, resembles flower of kadamba and rundikeri, nadi, mukula (flower bud) or suci mukha (eye of the needles) in shape; person suffering by these, expels hard facces with pain, feels pain in the waist, back, flanks, penis, anus and area of the unbilicus; he becomes a patient of abdominal tumor, prostate enlargement and splenomegally because of this (piles) only; his skin, nails, eyes, teeth, mouth, urine and facces all become black. Pittaja Arsa - In that caused by pitta, pila masses are blue at their tip, thin, spreading, yellowish or similar to liver (in colour); resembles the tongue of the parrot in shape, bulged in the middle like barley or the mouth of the leech and exuding fluid; the patient suffering from this, expels liquid facces mixed with blood, fever, burning sensation, severe thirst and fainting develop as complications; his skin, nail, eyes, teeth, mouth, urine and faeces become yellow. Arshas (Hemorrhoids), Ayurvedic Types, Causes and Symptoms

Definition of Arshas: The disease in which the mamsa ankuras (fleshy masses) which occur at the opening of guda marga (anus), obstructs the pathway and troubles the person like an enemy is called Arshas.

Pathogenesis of Arshas: The vitiated doshas (vata, pitta and kapha) contaminate the twak (skin), mamsa (muscle) and meda (fat) tissues and cause mamsa ankuras (fleshy masses) at the anal opening. These masses are called Arshas.

Types of Arshas

Arshas is of 6 types, they are:

- Vataja Arshas (caused by vitiated vata)
- Pittaja Arshas (caused by vitiated pitta)
- Kaphaja Arshas (caused by vitiated kapha)
- Sannipataja Arshas (caused by simultaneous vitiation of all the 3 doshas)
- Raktaja Arshas (caused by vitiated blood, bleeding piles)
- Sahaja Arshas (congenital haemorrhoids or hereditary)
- Read related: Buttermilk Home Remedy For Hemorrhoids [Video]

Vataja Arshas Causes of Vataja Arshas

- Kashaya excessive consumption of astringent foods
- Katu excessive consumption of pungent foods
- Tikta excessive consumption of bitter foods
- Ruksha excessive consumption of dry foods
- Sheeta excessive consumption of cold foods
- Laghu excessive consumption of light foods
- Pramita ahara taking food in deficit quantities (against the quantity needed) or eating after the time for food has elapsed
- Alpa ahara very less food
- Teekshna Madhya excessive consumption of strong alcohol
- Maithuna – excessive indulgence in sex
- Langhana fasting in excess
- Sheeta desha cold places
- Sheeta kala cold season
- Vyaayama excessive indulgence in physical exercises

- Shoka grief
- Vata excessive exposure to breeze
- Atapa excessive exposure to heat of the Sun

Symptoms of Vataja Arshas – Nature of arshas or pile mass:

- Shushka dry
- Chimachimanvita tingling sensation
- Mlaana pale
- Shyava blackish blue
- Aruna yellowish red
- Stabdha hard
- Parusha / khara rough on touch
- Vakra haphazard, crooked
- Mithovi sadrusha split and broken
- Vishputita cracks
- Resembling the fruits of bimbi (ivy gourd), karkandu (jujube), kharjura (dates), karpasa phala (fruit of cotton, cotton seeds), siddartha (mustard) etc

Associated symptoms

- Shira shula headache
- Parshwa shula pain in flanks
- Amsa shula pain in scapular region
- Kati shula low back pain
- Uru shula thigh pain
- Vankshana shula pain in groin
- Kshavathu sneeze
- Udgaara belchings,
- Hrid graham tightness in the chest
- Arochaka anorexia
- Kasa cough
- Shwasa shortness of breath
- Agni vaishamya metabolic errors
- Karna nada tinnitus
- Bhrama giddiness
- Grathita, stokam, sashabdam pravahikam loose stools or dysentery with pellet like stools, coming in less quantity along with sound, blood, froath, mucus and with delayed evacuation
- Gulma abdominal tumour
- Pleeha spleen enlargement etc

Pittaja Arshas Causes of Pittaja Arshas:

- Katu ahara excessive consumption of pungent foods
- Amla ahara excessive consumption of sour foods
- Lavana ahara excessive consumption of salt or salty foods
- Ushna ahara excessive consumption of hot foods
- Vyaayama excessive exercise
- Agni excessive exposure to fire
- Atapa excessive exposure to heat of Sun
- Ushna desha living in hot areas / places
- Krodha anger
- Madhyam excessive consumption of alcohol
- Asooyanam jealousy
- Vidahia ahara, pana, bheshaja excessive consumption of corrosive foods, drinks and medicines

- Teekshna ahara, pana, bheshaja excessive consumption of irritating foods, drinks and medicines
- Ushna ahara, pana, bheshaja excessive consumption of hot foods, drinks and medicines

Symptoms of Pittaja Arshas–Appearance of arsha (pile mass):

- Neela mukha blue tipped
- Rakta red coloured
- Peeta yellow coloured
- Asita black coloured
- Mrudu soft on touch
- Snigdha unctuous
- Tanu, visra, asru visraavini dilute, foul smelling discharges
- Shuka jihwa shape resembling the tongue of parrot
- Yakrut khanda shape resembling the piece of Liver
- Jalauka vaktra resembling the mouth of leech

Associated symptoms

- Daha burning sensation
- Paka suppuration
- Jwara fever
- Sweda excessive sweating
- Trushna thirst
- Murcha fainting
- Arati discomfort,
- Moha loss of consciousness, confusion
- Ushna, drava neela ushna peeta rakta varcha stools which are hot, watery, blue, yellow, or red coloured
- Harit peeta haaridra twak nakhadayaha green, yellow or turmeric discolouration of skin, nails, eyes etc.

Kaphaja Arshas

Causes of Kaphaja Arshas:

- Madhura ahara excessive consumption of sweet foods
- Snigdha ahara excessive consumption of unctuous or oily foods
- Sheeta ahara excessive consumption of cold foods
- Lavana ahara excessive consumption of salt or salty foods
- Amla ahara excessive consumption of sour foods
- Guru ahara excessive consumption of heavy to digest foods
- Avyayama lack of exercise, sedentary life habits
- Diva swapna sleeping in day time
- Shayya sukha comfortable bedding
- Asana sukha comfortable seating
- Prag vata excessive exposure to wind blowing from east direction
- Sheeta desha living in cold areas / places
- Sheeta kala excessive exposure to cold climate
- Achintanam lack of worries

Symptoms of Kaphaja Arshas: Appearance of Arshas (pile mass):

• Mahamula – deep rooted mass

- Ghana thick, heavy
- Manda ruja mild pain
- Sitaa white in colour
- Utsanna swollen
- Snigdha unctuous
- Stabdha hard
- Vrutta rounded
- Guru heavy
- Sthira stable
- Pichchila slimy
- Stimita feeling as if covered with wet cloth
- Shlakshana smooth
- Kandu itching
- Sparshana priya feels comfort on touching
- Kareera samana shape of Capparis deciduas
- Panasasthi samana shape of seed of jack fruit
- Gostana samana shape of udder of cow

Associated symptoms

- Vankshna anaha heaviness in groin (hernia)
- Payu avakarshana pulling pain in anus
- Vasti avakarshana pulling pain in urinary bladder
- Nabhi avakarshana pulling pain in navel region
- Kasa cough
- Shwasa dyspnoea
- Hrullasa excessive salivation, nausea
- Praseka excessive watering in the mouth
- Aruchi tastelessness
- Peenasa cold, running or stuffy nose
- Meha urinary disorders
- Shiro jadya heaviness of head
- Shishira jwara fever with cold and chills
- Klaibya impotence
- Agnimandya sluggish digestion
- Chardi vomiting
- Vasaabha sa kapha pureesha stools appearing like muscle fat and mixed with phlegm
- Pravahika dysentery
- Na sravanti no discharges
- Na bhidyanti will not open up easily
- Pandu snigdha twak adi pallor of skin, nails, eye etc

Tridoshaja Arshas: Causes – all the causes which aggravate the doshas individually taken together Symptoms – mixture of symptoms mentioned in arshas caused by vitiation of individual doshas

Homeopathy Aspect

Synonym

Piles

In Greek, HAIMA = Blood RHOOS = Flowing

In Latin, PILA = A ball

Saccular dialatations of the rectal venous plexus (or) cushion is formed by the superior and inferior rectal (haemorrhoidal) veins, which is in normal anatomical structure. **Incidence:** All adults are prone to the development of symptomatic hemorrhoids and the prevalence is about 50% of the adult population. Men are affected roughly twice more frequently than women.

Definition: External skin tags are redundant fold of skin that arises from the anal verge. Internal Haemorrhoids arise from the superior rectal (haemorrhoidal) venous plexus above the Hilton's line and are covered by columnar epithelium of the rectum. External haemorrhoids arise from the inferior rectal (haemorrhoidal) venous plexus below the Hilton's line and are covered by anal squamous epithelium.

Internal haemorrhoids: Internal Haemorrhoids are exceedingly common. Exentially the condition, is a dilatation of the internal venous plexus with an enlarged displaced anal cushion. Because of the communication between the internal and external plexuses, if the former becomes engorged, the latter is liable to become involved also.

Internal Haemorrhoids are

Vascular Haemorrhoids: In this type, there is extensive dilatation of the terminal superior rectal venous plexus. It is commonly found in adults particularly in men.

Mucosal Haemorrhoids: In this type, there is sliding down of the thickened mucous membrane, which conceals the underlying veins.

Aetiology

Hereditary: It is often seen in members of the same family.

Anatomical

- It has long been suggested that internal pile is a natural consequence of adaptation of erect posture of mankind.
- Absence of valves in the superior rectal veins
- The veins passing through the rectal musculature 10cm above the anus will cause occlusion of the veins and congestion during defecation.
- The radicles of superior rectal vein lie unsupported in loose submucous connective tissue of the rectum.

Exciting Causes: Straining to expel constipated stood causes dilatation of the venous plexus. Once dilatation of the venous plexus as well as partial prolapse would occur, with each bowel movement it would stretch the mucosal suspensory ligament. Over purgation and diarrhoea of colitis, dysentery, enteritis etc aggravate latent haemorrhoids.

Physiological Cause: Some Surgeons have regarded the extensive venous plexus of the upper anal canal as physiological. The pathology of the so called venous plexus is in fact, a corpus cavernous with direct arterio venous communication. This plexus termed as Corpus Cavernosum Rectum, is a normal constituent in the upper third of the anal canal. Hyperplasia of the corpus cavernosum rectum may result from failure of mechanism controlling the arteriovenous shunts producing superior rectal veins varicosity and hemorrhoids.

Diet: Low roughage 'western' diet may excite haemorrhoid formation whereas adding bulk or bulk forming compounds can prevent haemorrhoid formation.

1.	Neer Moolam	-	Inflammatory Bowel disease (IBW)
2.	Sandu Moolam	-	Thrombosedextemal Hemohoids
3.	Mulai Moolam	-	Sentinal Pile
4.	Sittru Moolam	-	Adenomatous Coloreetal Polyps
5.	Varal Moolam	-	Colorectal Non-Neoplastic Polyps
6.	Ratha Moolam	-	Internal Haemorrhoid
7.	Seezh Moolam	-	KaposisSarconza
8.	Aazhi Moolam	-	Strangulated Haemorrhoids
9.	Thamuruga Moolam	-	Internal Haemorrhoids 4 th degree
10.	Vaatha Moolam	-	Interno external Haemorrhoids
11.	Pitha Moolam	-	PrelapsedHaemorrhoids
12.	Silaethuma Moolam	-	Anal warts candy
13.	Thondha Moolam	-	Rectial cancer
14.	Vinai Moolam	-	Irrituble bowel syndrome
15.	Mega Moolam	-	Gonococealproctitis
16.	Pewthira Moolam	-	Anal fistula
17.	Kirandhi Moolam	-	Lymphogranulomavenereum
18.	Kutha Moolam	-	Rectal prolapse
19.	Pura Moolam	-	Perianal paget's disease
20.	Surukku Moolam	-	Anal stenosis
21.	Savvu Moolam	-	Perianal tuberculosis

Secondary Haemorrhoids: Haemorrhoids may be secondary to a few conditions. These are

- Carcinoma of the rectum, which compresses the superior rectal veins and gives rise to haemorrhoids.
- Pregnancy compresses superior rectal veins and also causes secodnary laxity of smooth muscle of the veins. Similarly Uterine tumors compresses the superior rectal veins.
- Stricture of urethra or enlarged prostate will cause increased intrabdominal pressure and will raise the venous pressure in the superior rectal veins producing haemorrhoids.
- Portal hypertension rarely produced haemorrhoids, eventhough it is the junction of portal and systemic veins.

Pathogenesis: Elegant Histological studies have shown that haemorrhoids are normal features of the human anatomy. They have three important parts,

- Lining (rectal mucosa or anoderm),
- Stroma (blood vessels, smooth muscle, supporting connective tissue)
- Anchoring connective tissue (which secures the haemorrhoids to the sphincter mechanism).

With age and other aggravating factors, the anchoring and supporting connective tissue deteriorates, causing the haemorrhoids in patients with chronic constipation, diarrhoea, pregnancy or pelvic tumors-conditions that decrease pelvic venous pressure.

In certain individuals, the internal sphincter becomes hypertrophic and the anal outlet becomes functionally narrowed. At sttining, the faecal bolus acts as an obturator, forcing the haemorrhoidal Cashion to descend through the hypertrophic sphincter, enlarge and become syraptomatic.

Pathology: Through a Proctoscope the internal haemorrhoid is well visualised and can be divided into three parts. These are:

- Pedicle
- Body of Itnernal haemorrhoid
- Associated external haemorrhoid

Pedicle: Each internal haemorrhoid has a pedicle in the rectum just above the anorectal ring. The pedicle is covered with pale pink mucous and through it, a large tributary of the superior rectal vein can be seen, Occasionally a pulsating artery may be felt at the pedicle.

Body of internal haemorrhoid: After the pedicle, the body of the internal haemorrhoid continues distally and ends at the Hilton's line. The body is covered by bright red or purple mucous membrane.

Associated external haemorrhoid: It lies between the Hilton's line and the anal margin and is covered by. The blue veins can be seen through the skin. Associated external haemorrhoid is present in long continued cases of internal haemorrhoid. Each primary internal haemorrhoids contains main terminal divisions of superior rectal vein and artery. There are three main terminal divisions of such superior rectal vessels arranged in three characteristic positions,

• Left laternal (3 O'clock)
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- Right posterior (7 O' clock)
- Right anterior (11 O' clock)

In lithotomy position, these can be visualised. Besides these primary haemorrhoids, there may be small secondary haemorrhoids in between.

Clinical Features

Bleeding: The principle and earliest symptom is bleeding. Bleeding is bright red, painless and occurs along with defaecation (a 'splash in the pan'). At first the bleeding is slight and may continue intermittently for months or years.

Constipation: Longstanding constipation leads to the development of haemorrhoids and hence it is the commonest and prominent feature in the clinical history.

Prolapse: It is a later symptom. In the beginning prolapse is minimal. According prolapse, haemorrhoids can be divided into four degrees.

First degree - Haemorrhoids that bleed but do not come out of the anus

Second Degree - Haemorrhoids comes out only during defecation and are reduced spontaneously after defecation.

Third Degree - Haemorrhoids comes out only during defecation and do not return by themselves but need to be replaced manually and then they stay reduced.

Fourth degree - Haemorrhoids, that permanently prolapse. At this stage great discomfort is complained of with a feeling of heaviness in the rectum.

Pain: Pain is not a characteristic feature of heamorrhoid unless there is associated thrombosis or there is associated fissure - in - ano.

Mucous Discharge: It is a particular symptom of prolapsed haemorrhoids, which softens and excoriates the skin at the anus. This mucous discharge is due to enlarged mucous membrane. Pruritus ani will be caused by such mucous discharge.

Anaemia: It is often seen in long standing cases of haemorrhoids due to persistent and profuse bleeding.

Proposed Methods

Research type: Literature review from siddha, ayurvedha, homeopathy text books

Research design (literature review)

Compare the types of moolam in siddha, ayurvedha, homeopathy.

Research period: 4 months (April to August 2019)

Data collection: Collecting instrument - selected text books

Analysis method: Descriptive statistics.

METHODS

Excel sheet

Conclusion: Siddhas system said about Moolam is (According to Yugi) 21 types. Ayurvedha system said about Moolam (According to Sushurtha) 3 types. Hemopathy system said about moolam is (According to S. Das Surgery) 2 types patient should decide follow the treatment whether Siddha or Aurvedha and Hemopathy, systems of medicine patient can get good result. It may be combined treatment also (Heomopathy and siddha) or (siddha aaqurvedha) or (Aqurvedha & Hemeopathy) also good result.

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