



Case Series

EFFECTIVENESS OF *ATHIMADHURA CHOORANAM* IN THE MANAGEMENT OF *MOOLAM* (HEMORRHOIDS)

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ABSTRACT

Moolam (hemorrhoids) is a prevalent anorectal disorder described in Siddha literature, primarily resulting from the derangement of *Vatham* and *Pitham*. It is characterized by symptoms such as pain, bleeding per rectum, itching, and prolapse. Globally, hemorrhoids affect a significant proportion of the adult population, impacting quality of life. *Athimadhuram* (*Glycyrrhiza glabra*), a well-known Siddha drug, possesses demulcent, anti-inflammatory, and mild laxative properties, which may be beneficial in the management of *Moolam*. **Objective:** To evaluate the clinical effectiveness of *Athimadhura Chooranam* in the management of *Moolam* (hemorrhoids) and to assess changes in symptom severity after treatment. **Methods:** A non-randomized observational case series study was conducted among 20 patients diagnosed with internal hemorrhoids, attending the OPD. *Athimadhura Chooranam* was administered at a dose of 2gm twice daily with honey as an adjuvant for a duration of 45 days. Clinical assessment was carried out using the hemorrhoidal disease Symptom Score (HDSS), which evaluates pain, itching, bleeding, soiling, and prolapse. **Results:** The study demonstrated a statistically highly significant reduction in HDSS scores, with mean values decreasing from 8.90 ± 2.49 before treatment to 0.95 ± 0.94 after treatment ($p < 0.001$). Symptom-wise analysis revealed marked improvement in anal pain, itching, bleeding, and prolapse. Anal pain reduced in 60% of patients, itching in 70%, and bleeding in 50% of cases. The formulation showed better efficacy in patients with first- and second-degree hemorrhoids. **Conclusion:** *Athimadhura Chooranam* is effective in significantly reducing the severity of symptoms associated with *Moolam* and demonstrates potential as a safe, cost-effective Siddha therapeutic option, particularly in early-stage hemorrhoids. However, further large-scale randomized controlled trials are recommended to validate these results and establish standard treatment protocols.

INTRODUCTION

Moolam, described in Siddha system of medicine, is a common anorectal disorder that can be correlated with hemorrhoids in modern medicine. It is characterized by symptoms such as pain, bleeding per rectum, itching, swelling, and prolapse. Hemorrhoids are defined as varicosities of the hemorrhoidal venous plexus in the anal canal and represent one of the most prevalent gastrointestinal conditions affecting adults worldwide.

It is estimated that nearly 50% of individuals experience hemorrhoidal symptoms at some point in their lifetime, particularly between the ages of 45 and 65 years.

According to Siddha literature, *Moolam* is primarily caused by the derangement of *Vatham* and *Pitham*, often associated with improper dietary habits, suppression of natural urges, constipation, excessive intake of spicy and hot foods, and sedentary lifestyle. Classical texts emphasize that "*Anilapitha thonthamallathu moolam varathu*," indicating the combined involvement of *Vatham* and *Pitham* in the pathogenesis of the disease. Based on Siddha concepts, *Moolam* is classified into multiple types, reflecting variations in humoral imbalance and clinical presentation.

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In modern medicine, hemorrhoids are classified as internal and external, and further graded into four degrees based on the extent of prolapse. The pathophysiology involves increased intra-abdominal pressure, venous congestion, and weakening of supporting connective tissue, often aggravated by chronic constipation, low-fiber diet, pregnancy, and prolonged straining.

Although various treatment modalities such as dietary modification, pharmacotherapy, and surgical interventions are available, many of them are associated with recurrence, complications, or higher cost. Hence, there is a growing need for safe, effective, and economical therapeutic options.

Athimadhuram (*Glycyrrhiza glabra*), a well-known medicinal plant in Siddha system, possesses demulcent, anti-inflammatory, and mild laxative properties. It is traditionally indicated in the management of *Moolam* and other gastrointestinal disorders. The present study aims to evaluate the clinical effectiveness of *Athimadhura Chooranam* in the management of *Moolam* using both modern (HDSS) and Siddha (*Neikuri*) assessment parameters.

AIM & OBJECTIVES

To evaluate the effectiveness of *Athimadhura Chooranam* in *Moolam* (hemorrhoids).

MATERIALS AND METHODS

Study Design

This study was designed as a non-randomized observational case series.

Study Setting

The study was conducted at the Outpatient Department (OPD) of Govt. Siddha Medical College and Hospital, Palayamkottai, Tamil Nadu.

Study Duration

The duration of the study was 4 months.

Sample Size

A total of 20 patients diagnosed with *Moolam* (internal hemorrhoids) were included in the study.

Sampling Method

Non-random sampling method was adopted.

Inclusion Criteria

- Patients aged between 18 and 60 years
- Both male and female patients
- Patients presenting with symptoms such as:
 - Pain or discomfort in the anal region
 - Itching or irritation
 - Bleeding per rectum
 - Swelling around the anus
 - Constipation
- Diagnosed cases of internal hemorrhoids

Exclusion Criteria

- Patients above 60 years
- Fistula in ano
- Fissure in ano
- Anorectal malignancy
- Pregnant and lactating women
- Patients with diabetes mellitus
- Patients unwilling to participate

Intervention

- Drug: Athimadhura Chooranam
- Botanical name: *Glycyrrhiza glabra* Linn.
- Part used: Root
- Dose: 2 grams
- Frequency: Twice daily (BD)
- Adjuvant (*Anupana*): Honey
- Duration of treatment: 45 days

Assessment Criteria

Hemorrhoidal Disease Symptom Score (HDSS)

Clinical symptoms were assessed using HDSS, which includes:

- Pain
- Itching/discomfort
- Bleeding
- Soiling
- Prolapse

Each parameter was graded on a 5-point scale (0–4), with total score ranging from 0 to 20.

2. Siddha Assessment

Neikuri examination was performed before and after treatment to evaluate humoral changes.

Data Collection Procedure

Detailed history including demographic data, clinical features, and duration of illness was recorded using a structured proforma. Patients were followed up periodically, and assessments were carried out at baseline and after completion of treatment.

Statistical Analysis

Data were entered in MS Excel and analyzed using SPSS version 21. Paired t-test was applied to compare pre- and post-treatment HDSS scores. A p-value of less than 0.05 was considered statistically significant.

Ethical Considerations

- The study protocol was reviewed and approved by the Institutional Ethics Committee (IEC No: [GSMC/5676/P&D/Res/IEC/2014]). The study was registered in the Clinical Trials Registry of India (Registration No: CTRI/2025/09/095322).
- Informed consent was obtained from all participants prior to enrollment.

- Patient confidentiality was maintained throughout the study.
- The study was conducted in accordance with ethical guidelines.

Demographic Distribution

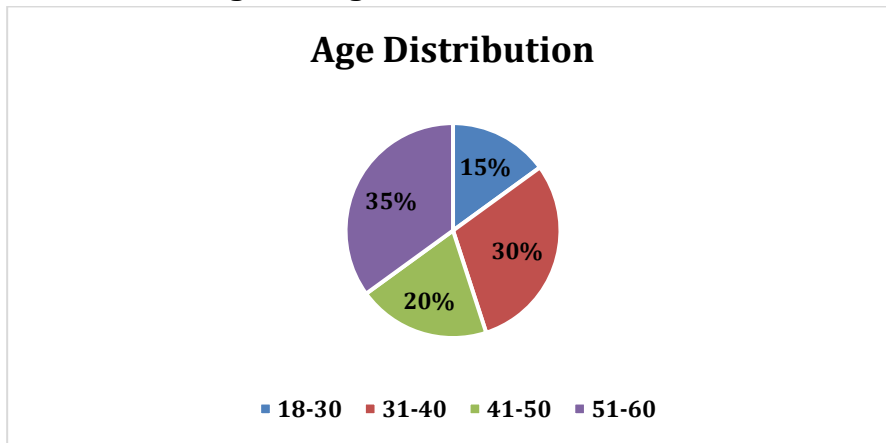
RESULTS

A total of 20 patients diagnosed with *Moolam* (internal hemorrhoids) were included in the study and completed the treatment protocol.

Table 1: Age Distribution of Patients (n = 20)

Age Group (years)	Number of Patients	Percentage (%)
18-30	3	15%
31-40	6	30%
41-50	4	20%
51-60	7	35%

Figure 1: Age Distribution of Patients



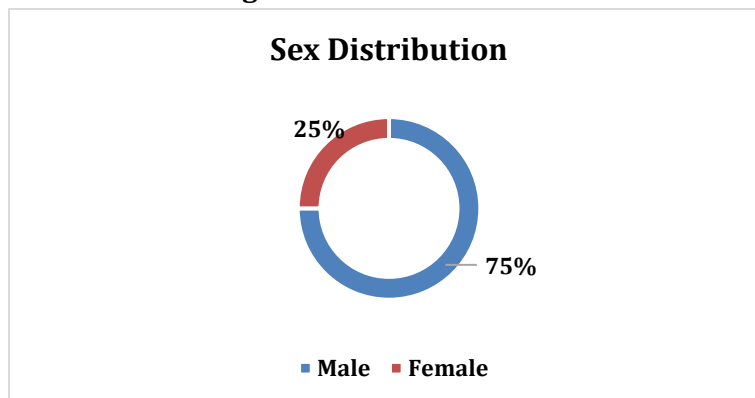
Interpretation

Majority of patients (35%) belonged to the age group of 51–60 years, indicating higher prevalence in middle-aged and elderly individuals.

Table 2: Sex Distribution (n = 20)

Sex	Number of Patients	Percentage (%)
Male	15	75%
Female	5	25%

Figure 2: Sex Distribution

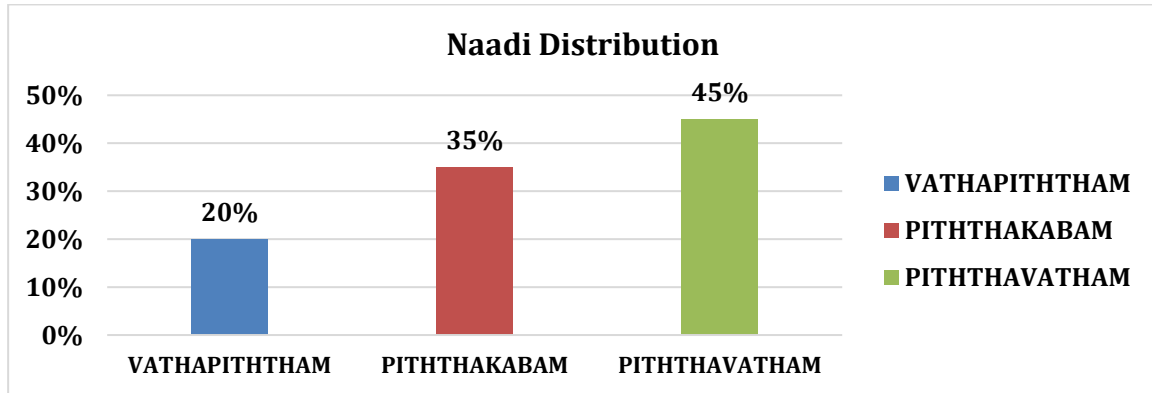


Interpretation

Male predominance (75%) was observed in this study.

Clinical Profile**Table 3: Naadi Distribution (n = 20)**

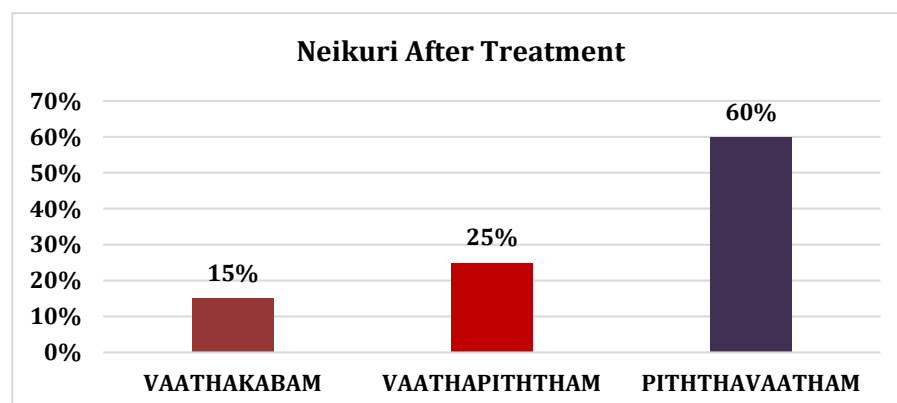
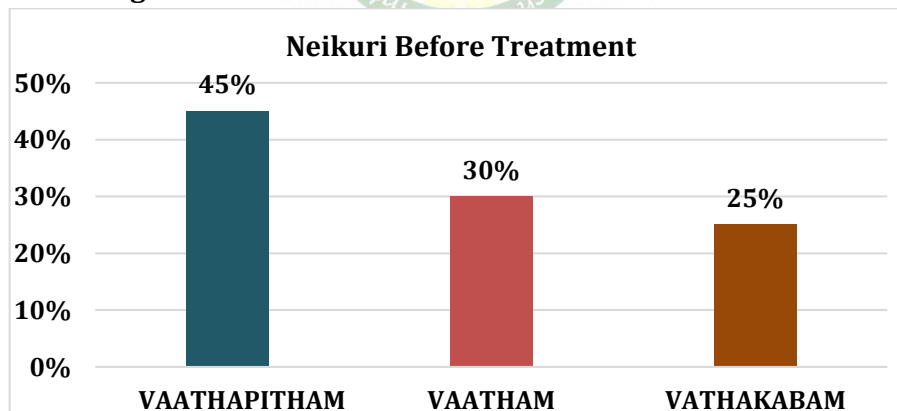
Naadi Type	Number of Patients	Percentage (%)
<i>Vatha-Pitham</i>	4	20%
<i>Piththa-Kabam</i>	7	35%
<i>Piththa-Vatham</i>	9	45%

Figure 3: Naadi Distribution**Interpretation**

Piththa-Vatham Naadi was predominant (45%), supporting Siddha concept of *Vatha-Pitha* involvement in *Moolam*.

Table 4: Neikuri Pattern Before and After Treatment (n = 20)

Neikuri Pattern	Before Treatment	After Treatment
<i>Vaatha-Pitham</i>	9	5
<i>Vaatham</i>	6	—
<i>Vaatha-Kabam</i>	5	3
<i>Piththa-Vatham</i>	—	12

Figure 4: Neikuri Pattern Before and After Treatment

Interpretation

Neikuri pattern shifted towards *Piththa-Vatham* in majority of patients after treatment, indicating correction of humoral imbalance.

Table 5: Change in *Neikuri* Pattern (n = 20)

Pattern Change	Number of Patients	Percentage (%)
Changed	13	65%
Unchanged	7	35%

Interpretation

Neikuri changes were observed in 65% of patients, suggesting therapeutic effect at humoral level.

HDSS Score Analysis**Table 6: Comparison of HDSS Scores Before and After Treatment (n = 20)**

Parameter	Mean $\pm$ SD
Before Treatment	8.90 $\pm$ 2.49
After Treatment	0.95 $\pm$ 0.94

Statistical Test: Paired t-test

t-value: 16.250

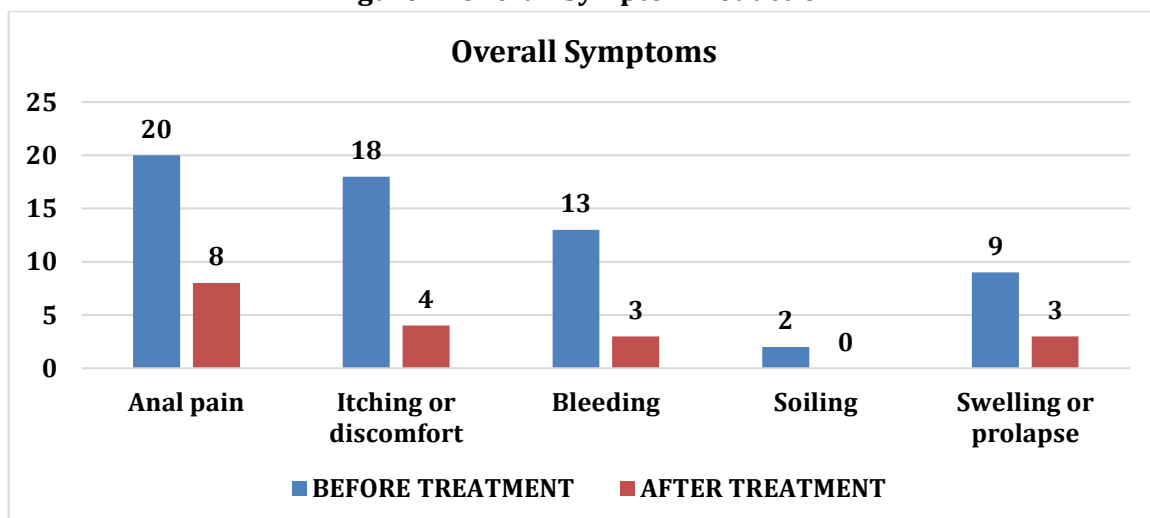
p-value: < 0.001 (highly significant)

Interpretation

There was a statistically highly significant reduction in HDSS scores after treatment, indicating marked clinical improvement.

Symptom-wise Improvement**Table 7: Overall Symptom Reduction (n = 20)**

Symptom	Before Treatment	After Treatment
Anal pain	20	8
Itching/discomfort	18	4
Bleeding	13	3
Soiling	2	0
Swelling/prolapse	9	3

Figure 7: Overall Symptom Reduction**Interpretation**

Significant reduction was observed in all major symptoms, particularly pain, itching, and bleeding.

Individual Symptom Improvement (Percentage)

- Anal pain reduced in 60% of patients.
- Itching/discomfort reduced in 70% of patients.
- Bleeding reduced in 50% of patients.
- Swelling/prolapse reduced in 30% of patients.
- Soiling showed minimal occurrence and resolved completely.

Interpretation

Maximum improvement was observed in itching and pain, followed by bleeding and prolapse.

Overall Interpretation of Results

The study findings demonstrate that *Athimadhura Chooranam* produced significant clinical improvement in patients with *Moolam*. The reduction in HDSS score confirms its effectiveness in alleviating symptoms. Additionally, the observed changes in *Neikuri* patterns suggest restoration of humoral balance according to Siddha principles.

DISCUSSION

The present case series evaluated the clinical efficacy of *Athimadhura Chooranam* in the management of *Moolam* (hemorrhoids) using both modern (HDSS) and Siddha (*Neikuri*) assessment parameters. The findings demonstrated a statistically highly significant reduction in HDSS scores ($p < 0.001$), along with notable improvement in individual symptoms such as pain, itching, bleeding, and prolapse.

From a Siddha perspective, *Moolam* is primarily attributed to the derangement of *Vatham* and *Pitham*, often precipitated by constipation, improper dietary habits, and suppression of natural urges. In this study, the predominance of *Piththa-Vatha Naadi* (45%) and *Vaatha-Pitham Neikuri* patterns before treatment supports classical textual descriptions that emphasize the involvement of these humors in the pathogenesis of *Moolam*. Following intervention, a shift in *Neikuri* patterns was observed in 65% of patients, indicating restoration of humoral equilibrium. This change suggests that the therapeutic action of *Athimadhura Chooranam* extends beyond symptomatic relief and contributes to systemic correction of deranged *Kuttram*.

From a modern biomedical standpoint, hemorrhoids are associated with increased venous pressure, vascular congestion, inflammation, and weakening of supportive connective tissue. Chronic constipation and straining play a major role in disease progression. The significant reduction in HDSS scores observed in this study reflects improvement across multiple domains, including pain, bleeding, and prolapse, which are key clinical indicators of disease severity.

The therapeutic efficacy of *Athimadhura Chooranam* can be explained through its pharmacological properties. *Athimadthuram* (*Glycyrrhiza glabra*) is known to possess anti-inflammatory, demulcent, antioxidant, and mild laxative effects. Glycyrrhizin and flavonoids present in the drug contribute to reduction of inflammation and mucosal irritation. The demulcent action soothes the anorectal mucosa, thereby reducing burning sensation and itching. Its mild laxative property helps in relieving constipation, reducing straining during

defecation, and subsequently decreasing venous pressure in the hemorrhoidal plexus. These mechanisms collectively contribute to the reduction of symptoms and prevention of disease progression.

The use of honey as an adjuvant (*Anupanam*) may have further enhanced the therapeutic effect due to its wound-healing, antimicrobial, and soothing properties, which are beneficial in anorectal conditions. Additionally, adherence to dietary advice, particularly increased intake of fiber-rich foods, played a supportive role in improving bowel habits and clinical outcomes.

The study also indicates that *Athimadhura Chooranam* is more effective in early stages (Grade I and II hemorrhoids), where structural damage is minimal and functional correction is possible. Limited improvement in advanced cases may be due to irreversible anatomical changes such as prolapse and fibrosis, which require surgical intervention.

Despite the promising results, certain limitations must be considered. The study had a small sample size, lacked a control group, and had a short duration of follow-up. Therefore, the findings cannot be generalized without further validation.

Overall, the study establishes a meaningful correlation between Siddha concepts of humoral imbalance and modern understanding of hemorrhoidal pathology. *Athimadhura Chooranam* appears to act through both systemic humoral correction and local pharmacological effects, making it a valuable, safe, and cost-effective therapeutic option in the management of *Moolam*.

CONCLUSION

The present study demonstrates that *Athimadhura Chooranam* is effective in the management of *Moolam* (hemorrhoids), as evidenced by a statistically significant reduction in Hemorrhoidal Disease Symptom Score (HDSS) and marked improvement in key clinical symptoms such as pain, itching, bleeding, and prolapse. The observed changes in *Neikuri* patterns further indicate correction of underlying *Vatha-Pitha* derangement, supporting the Siddha concept of disease management.

The formulation appears to exert its therapeutic effect through a combination of demulcent, anti-inflammatory, and mild laxative actions, thereby addressing both the symptoms and contributing factors such as constipation and mucosal irritation. Better outcomes were observed in early-stage (Grade I and II) hemorrhoids, suggesting its usefulness as a first-line conservative management.

Athimadhura Chooranam can be considered a safe, cost-effective, and non-invasive therapeutic option for patients with *Moolam*. However, due to limitations such as small sample size and absence of a

control group, further large-scale randomized controlled studies are recommended to validate these findings and establish standardized treatment protocols.

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