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A Siddha Management of *Veli Moolam*(External Hemorrhoids) with internal medicines: A Case Report

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Abstract

External hemorrhoids, a common anorectal condition, are characterized by swelling, pain, itching, and burning sensations around the anus, significantly affecting the patient's quality of life. This case report presents the management of external hemorrhoids in a 52-year-old male patient, who reported to the OPD of the Siddha Clinical Research Unit, Goa, with the complaints of swelling around the anus for three months, associated with pain for the same duration, and itching and burning sensations persisting for the last two months. The patient was treated with *Siddha* medicines including *Rasagandhi Mezhugu* – capsule 2,twice a day for 48 days and *Karunai Ilagam*- 3 g, twice a day for 48 days as internal medicines. These formulations, known for their anti-inflammatory, analgesic, and wound-healing properties, were administered under close monitoring. Following treatment, the patient experienced a marked reduction in anal swelling, pain, itching, and burning sensation. Symptomatic improvement was observed progressively, with near-

Complete resolution of complaints by the end of 48 days with no external mass around anus. No adverse effects or complications were reported during or after the treatment period. This case highlights the effectiveness of *Siddha* medicines in the holistic management of *Veli Moolam*(external hemorrhoids),offering a safe, affordable, and sustainable therapeutic approach. Further clinical studies are warranted to validate these results in larger populations.

Introduction

Moolam, one of the most significant ano-rectal disorders described in Siddha medicine, is broadly cor related with hemorrhoidal disease in modern medical science. The term *Moolam* is derived from *Moolatharam* (root), considered an important energy center in Siddha philosophy. Saint Yugi, one of the eminent Siddhars, classified *Moola Noi* into 21 distinct types based on symptoms, size, shape, color, and nature of the pile mass. These include conditions comparable to internal hemorrhoids, external hemorrhoids, anal fissures, rectal prolapse, fistula, and even rectal malignancies. Among them,*Vaatha Moolam* and *Pitha Moolam* are often associated with hemorrhoidal manifestations[1,2].

According to Siddha concepts, the pathogenesis of hemorrhoids involves derangement of *Vatham*(responsible for intestinal peristalsis) and *Pitham*(governing metabolism and absorption).The faulty dietary practices—such as excessive intake of pungent, spicy,and salty foods—along with sedentary lifestyle, emotional stress,

chronic constipation, and suppression of natural urges, aggravate these humors. This leads to impaired functioning of *Udal Thaathukkal*(basic body constituents), particularly

Saaram(plasma), *Senneer*(blood), and *Kozhuppu*(fat tissue), resulting in venous congestion, swelling, and pain in the anal region.

From a modern perspective, hemorrhoids are dilated and inflamed vascular cushions of the anal canal. External hemorrhoids, in particular, arise distal to the dentate line and are often more symptomatic due to their rich somatic innervation. Patients commonly present with swelling, pain, itching, and burning sensation in the perianal region, with or without thrombosis. The global prevalence of hemorrhoids is estimated to be 4.4%, and in India the burden is significant due to dietary insufficiency in fiber, irregular bowel habits, and lifestyle changes.

The *Siddha* system emphasizes early medical intervention to prevent chronicity and surgical complications. Internal formulations such as *Mezhugu*(medicated wax),

Ilagam(electuary), and external applications are traditionally employed for their anti-inflammatory, analgesic and wound-healing properties. They also aim to restore the deranged humoral balance, improve digestion, and relieve venous stasis[3,4].

In this context, the present case report discusses the Siddha management of External Hemorrhoids in a 52-year-old male patient who presented with swelling, pain, itching, and burning sensation around the anus. The treatment with *Rasagandhi Mezhugu* and *Karunai Ilagam* demonstrated significant symptomatic relief, reinforcing the potential of Siddha medicine in the holistic and effective management of hemorrhoidal disorders.

Case Report

Patient Information

On June 25, 2025, a 52-year-old male patient, attended the OPD of the Siddha Clinical Research Unit, Goa with complaints of swelling around the anus for three months, associated with pain in the anal region for the same duration,and itching with burning sensation in the anal area persisting for the last two months.

History of Present and Past Illness

The patient recalled that the symptoms initially began three months ago with swelling around the anus, followed by increasing pain during defecation and prolonged sitting. Over the subsequent weeks, he noticed itching and burning sensations, particularly

worsening at night and after consuming spicy food. He denied any history of rectal bleeding, discharge, or systemic symptoms such as fever, fatigue, or weight loss.

He reported occasional constipation but no history of chronic gastrointestinal illness. He has no known history of diabetes, hypertension, tuberculosis, or other chronic systemic diseases. The patient has not undergone any surgical interventions in the past and has not been on long- term medications. There is no significant family history of anorectal disorders or gastrointestinal malignancy.

The patient had not previously taken any specific medical treatment for his current condition except for temporary symptomatic relief with sitz baths and over-the-counter topical applications, which provided only minimal benefit. His primary concern was persistent swelling, pain, and burning sensation, which interfered with his daily activities and quality of life[5,6].

Primary Complaints

The patient complains of swelling around the anal region and pain in the anal area for the past 3 months, associated with itching and a burning sensation in the anal region for the past 2 months.

Assessment of Personal History

Diet: Mixed, with frequent spicy and oily food intake; Habits: No tobacco or alcohol use; Marital Status: Married; Allergic History: Nil; Appetite: Normal; Bowel: Constipation occasional;1–2times per day;Bladder:Normal,5–6times per day; and Sleep: Mildly disturbed due to anal discomfort.

Assessment of General Examination

Temperature:98.6°F; Blood Pressure:128/78mmHg; Pulse Rate:76 beats/minute; Heart Rate:76 beats/minute; Respiratory Rate:18 breaths/minute; Height:167cm; Weight:70kg and Body Mass Index: 25.1 kg/m² (overweight)

Assessment of Systemic Examination

Gastrointestinal Tract

(GIT):Abdomen soft, non-tender, no organomegaly; Respiratory System (RS):Normal vesicular breath sounds,no added sounds;Cardio vascular System(CVS):S1,S2 heard, no murmurs; and Central Nervous System (CNS): Intact, oriented to time, place, and person.

Local Examination (Per Rectal)

Inspection revealed external hemorrhoid swelling at the anal margin. The lesion was tender on palpation with associated perianal inflammation. No active bleeding or discharge was observed at the time of examination.

Treatment Administered

- *Rasagandhi Mezhugu*– 2 Capsule, BD, administered for 48 days[6,8].
- *Karunai Ilagam*–3gm, twice daily, administered for 48 days[7].

Follow-up and Outcome

Over the treatment period (June 25 – August 12, 2025), the patient reported progressive reduction in swelling, pain, and burning sensation. By the end of 48 days, there was marked symptomatic relief, with resolution of itching and significant reduction in anal discomfort.No adverse effects were noted during the course of treatment.

Table 1: Follow-up Observation Form

Follow-upVisit	**1st Visit**	**2ndVisit**	**3rdVisit**	**4thVisit**
General Observations				
Appetite	Normal	Normal	Normal	Normal
Bowels	Constipation occasional	Regular	Regular	Regular
Sleep	Disturbed (dueto pain)	Mildly disturbed	Normal	Normal
Micturition	Normal	Normal	Normal	Normal
Blood pressure (mmHg)	128/78	126/80	124/78	126/80
Pulse	76/minute	74/minute	72/minute	72/minute
Patient'sObservation				
Pain	Moderate	Mild	Mild(occasional)	Absent
Swelling	Moderate	Mild	Mild	Absent

Itching	Moderate	Mild	Mild(occasional)	Absent
Burning sensation	Moderate	Mild	Mild	Absent
Clinician'sobservation				
Tenderness	Moderate	Mild	Mild	Absent
Inflammation	Moderate	Mild	Mild	Absent
Discoloration	Red	Reduced	Colorofscar	Normal
LocalExamination	Externalpilemass present	Reduced swelling	Further reduced swelling	Pile mass resolved

Figure 1: Prognosis of the disease

1st Visit	2nd Visit	Final Visit
		

Discussion:

External hemorrhoids, or *Veli Moolam* in *Siddha* terminology, represent a common anorectal condition affecting quality of life due to pain, swelling, itching, and burning sensations in the perianal region. In the Siddha framework, hemorrhoids are conceptualized under *Moolam*, which Saint Yugi classified into 21 distinct subtypes based on clinical features,shape,size,and associated symptoms. Among these, *Sendu Moolam* corresponds to thrombosed external hemorrhoids, while *Vaatha Moolam* and *Pitha Moolam* represent mixed and prolapsed variants. The present case of a 52-year-old male patient with swelling, pain, and burning around the anus correlates well with *Siddha* descriptions of *Veli Moolam*, particularly aligning with *Sendu Moolam* due to the acute pain, localized swelling, and tenderness observed on examination.

From a Siddha etiological standpoint, the disease arises from derangement of *Vatham* and *Pitham*. Faulty food habits—excessive

consumption of spicy, pungent, and oily foods— together with occasional constipation, sedentary lifestyle, and disturbed sleep aggravated *Vatham*, impairing peristaltic activity, and further provoked *Pitham*, manifesting as burning, in flammation, and discomfort. This case highlights several such precipitating factors: irregular bowel habits, preference forspicy foods, and emotional distress due to persistent pain. Yugi' s verses describe those disturbances of *Abanavayu*(a subtype of *Vatham*) and faulty regulation of *Keelvai kanal* channels lead to constipation, pain, and systemic depletion, all of which were evident in this patient's clinical presentation.

From a biomedical perspective, external hemorrhoids are engorged venous cushions distal to the dentate line. Thrombosis or inflammation of these veins produces sudden, painful swelling, often tender to palpation, with or without bleeding. The patient's perianal swelling, pain on defecation and prolonged sitting, and perianal inflammation correspond exactly to this clinical picture. Risk factors such as constipation and overweight status (BMI 25.1 kg/m²) may have contributed to venous stasis and symptom chronicity.

The Siddha therapeutic approach in this case employed *Rasagandhi Mezhugu* and *Karunai Ilagam*, administered for 48 days. These internal formulations are documented in Siddha literature for their anti-inflammatory, analgesic, detoxifying, and wound-healing actions. *Rasagandhi Mezhugu*, a mercurial preparation, is traditionally indicated in chronic inflammatory conditions and has immunomodulatory and analgesic activity. *Karunai Ilagam*, prepared from yam(*Amorphophallus paeoniifolius*),is valued for its astringent,digestive,and anti-hemorrhoidal effects. Together, these formulations address both symptomatic relief and correction of humoral imbalance by reducing inflammation (*Pitham*) and regulating bowel function (*Vatham*)[9,10].

The progressive clinical improvement observed in this patient substantiates the classical Siddha claims. By the second follow-up, there was significant reduction in swelling, tenderness, and burning sensation, accompanied by normalization of bowel habits. By the end of the treatment, the hemorrhoidal swelling had resolved, with absence of pain, itching, or burning. This favorable outcome without adverse events indicates that *Siddha* formulations not only alleviate acute symptoms but may also prevent recurrence by addressing the underlying humor

imbalance. The absence of systemic side effects further strengthens their safety profile when compared to modern pharmacotherapy, where topical corticosteroids or surgical excision are often associated with complications or recurrence.

Interestingly, the case also demonstrates the holistic aspect of Siddha care. Improvement in bowel regularity, sleep, and appetite observed during follow-ups reflect restoration of overall humoral balance (*Uyir Thathukkal*), beyond mere local healing. Such systemic improvements emphasize the strength of Siddha medicine in treating not only the lesion but also the contributing internal milieu.

In comparison, modern management of external hemorrhoids primarily involves conservative care (fiber supplementation, sitz baths, topical agents), with excision recommended for thrombosed hemorrhoids within 72 hours of onset. While effective in acute settings, recurrence remains common, and long-term lifestyle modification is often inadequately addressed. In this case, Siddha therapy offered sustained improvement over 48 days, suggesting an alternative or complementary role in chronic and recurrent hemorrhoidal disease[11,12,13,14].

However, limitations must be acknowledged. This is a single case observation, and the natural course of external hemorrhoids, which may resolve spontaneously, cannot be entirely ruled out. Yet, the chronicity of three months prior to intervention and the steady symptomatic resolution after initiation of Siddha therapy support a genuine therapeutic effect. Further controlled clinical studies with larger cohorts are warranted to validate these findings, evaluate recurrence rates, and establish standardized Siddha treatment protocols for external hemorrhoids.

Conclusion

Based on the clinical findings in this case, Siddha internal medicines—*Rasagandhi Mezhugu* and *Karunai Ilagam*—offered a safe and effective therapeutic approach for managing *Veli Moolam*(external hemorrhoids). The patient demonstrated progressive reduction in anal swelling, pain, itching, and burning sensation, with complete resolution of the external hemorrhoidal mass by the end of 48 days. No adverse effects or complications were observed during or after treatment. This outcome highlights the potential of Siddha medicine in the holistic, cost-effective, and well-tolerated management of external hemorrhoids. However, further clinical studies on larger populations are required to scientifically validate these

findings and establish standardized Siddha treatment protocols.

Perspective from thePatient

The patient:"I had swelling, pain,and burning around my anus for three months, which made daily activities and sitting very difficult. Over-the-counter medicines and sitz baths gave me only temporary relief. I attended the OPD of the Siddha Clinical Research Unit, Goa, where the doctor prescribed *Rasagandhi Mezhugu* capsules and *Karunai Ilagam* for 48 days. Gradually, the swelling, pain, and itching reduced,and by the end of treatment,the discomfort had completely disappeared. I was able to pass stools easily without pain, and my sleep and daily routine improved. I feel much relieved and satisfied with the treatment, and there has been no recurrence since completion of therapy."

Declaration of Patient's Informed Consent

The patient provided written informed consent for this case report to be published. He agreed to share his clinical details for academician research purposes, with the understanding that his name and personal identifiers would not be disclosed.The patient was made aware that while every attempt would be made to maintain confidentiality, complete anonymity could not be guaranteed.

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Conflicts of interest

None

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