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# A Comprehensive Review on *Mutra Vriddhi* W.S.R. Hydrocele

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## ABSTRACT

*Mutravriddhi* (Hydrocele) is a prevalent condition encountered in the surgical department. It involves an abnormal accumulation of fluid within the tunica vaginalis, situated between the parietal and visceral layers. This condition is quite common and can lead to scrotal swelling and discomfort in men; however, the rupture of a Hydrocele is an unusual occurrence in standard clinical practice. It results from a disruption in the balance of fluid secretion and reabsorption within the tunica vaginalis. Simply put, it represents a type of swelling in the skin pouch that contains the testicles, known as the scrotum. In this paper, we have conducted a comprehensive review study on *Mutravriddhi* (Hydrocele) from both traditional and modern scientific perspectives.

***KEYWORDS:*** *Ayurveda, Hydrocele, Mutravriddhi, Surgery.*

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## INTRODUCTION

*Vriddhi* is the condition in which vitiated *Dosha* in the lower abdomen enter the channels of scrotum and produce swelling. *Vriddhi* classified in 7 types namely; *Vataja, Pittaja, Kaphaja, Shonitaja, Medoja, Mutraja* (Hydrocele), *Antraja* (Hernia). An abnormal buildup of fluid between the parietal and visceral layers of the tunica vaginalis is referred to as a hydrocele. Hydrocele very common occurrence that produces scrotal lump and pain in males.

***Mutravriddhi:***

*"मूत्रसन्धारणशीलस्य मूत्रवृद्धिर्भवति"|*

*"सा गच्छतोऽम्बुपूर्णा दृतिरिव क्षुभ्यति मूत्रकृच्छ्रवेदनां वृषणयोः श्वयथुं कोशयोश्चापादयति" |*

*"तां मूत्रवृद्धिं विद्यात्;"||*

*Mutra vriddhi* is the condition in which *vrusana* (Scrotum) get swollen due to accumulation of fluid.

***Nidana*:** *Mutravega Avarodha* (Suppuration of natural urge of urination)

***Lakshana:***

- *Vrushana* wings like a bag filled with water while walking.
- *Mutrakriccha* (Dysuria)
- *Vrusanyo Vedana* (Pain in both testis)
- *Koshayo Shvayatu* (Odema in scrotum)

***Chikitsa:***

*Swedana* followed by wrapping the swelling with a cloth.

Puncturing by *vrihimukha shastra* (Trocar) on the most dependent part lateral to the raphe.

Then canula open on both sides should be introduced and drain the fluid (Tapping)

After removing canula, *Sthagika Bandha* should be applied

***Mutravriddhi* correlation is Hydrocele.**

**Hydrocele:**

Abnormal collection of serous fluid in the tunica vaginalis is called as hydrocele.

**Hydrocele fluid:**
Amber colored contains water, salt, albumin, cholesterol and tyrosine crystal fibrinogen.

**Mechanisms** where the hydrocele can develop: 4 important mechanisms.

1. An excess of fluid production.
2. Insufficient fluid uptake.
3. Creation of a connection to the peritoneal cavity through a patent vaginalis.
4. Disruption, akin to filarial hydroceles, of the lymphatic drainage in scrotal tissues.

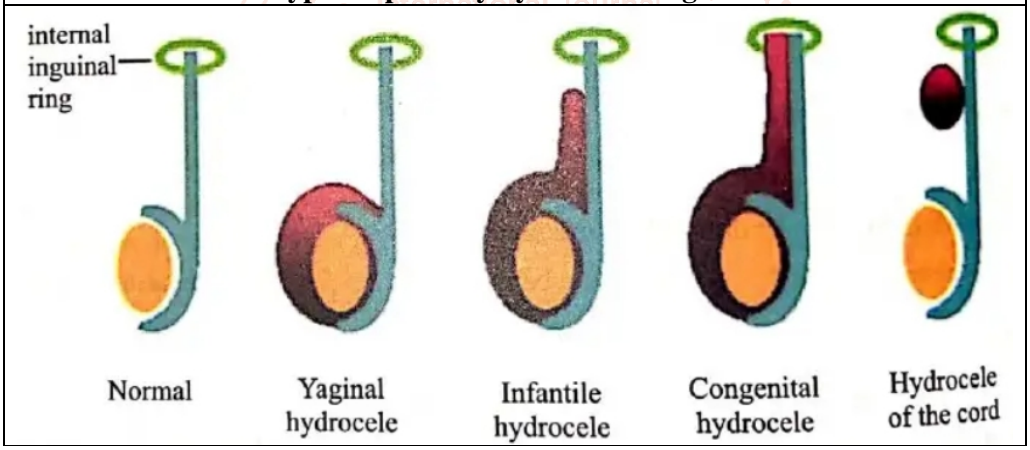
**Types:**
Hydroceles are divided into two types: primary and secondary.

**Primary Hydrocele:**
The processus vaginalis of the spermatic cord typically fuses either at term or within 1-2 years after birth, effectively closing off the connection between the abdomen and the scrotum. However, the distal section remains open as the tunica vaginalis envelops the testis, forming a potential space where fluid can gather, potentially resulting in hydrocele formation.

Depending on where the processus vaginalis is obliterated, there are four classifications of primary hydrocele.

1. **Congenital Hydrocele:** This type arises when the processus vaginalis is still open and maintains a connection with the peritoneal cavity. This link permits the flow of peritoneal fluid, although it is too narrow to allow the contents of the abdomen to herniate through.
2. **Infantile Hydrocele:** In this scenario, the processus vaginalis is closed off at the deep inguinal ring level. Nevertheless, the section beyond this point remains open, allowing for fluid to accumulate.
3. **Vaginal Hydrocele:** Here, the processus vaginalis stays open only around the testes, and as fluid builds up, it makes the testes difficult to palpate.
4. **Encysted Hydrocele of the Cord:** In this case, both the proximal and distal segments of the processus vaginalis are obliterated, while the central segment remains open, leading to fluid accumulation within it.

**Types of primary hydrocele: diagrams**




**Secondary Hydrocele:**
This typically happens due to an underlying issue, such as an infection (filariasis, tuberculosis of the epididymis, syphilis), an injury (trauma, post-herniorrhaphy hydrocele), or cancer. Generally, this form of hydrocele is small, except for secondary hydrocele caused by filariasis, which can be significantly large.

**Primary & Secondary Hydrocele:**

| | Primary hydrocele | Secondary hydrocele |
|---|---|---|
| **Causes** | Defective absorption of fluid due to damage to the endothelial wall by low grade infection.<br>Defective lymphatic drainage. | Excessive production of fluid due any cause. Acute chronic epididymo-orchitis. Syphilitic infection of testis.<br>Malignant disease of testis.<br>Trauma. |
| **Types** | 1. Congenital hydrocele<br>2. Infantile hydrocele<br>3. Vaginal Hydrocele<br>4. Encysted Hydrocele of the Cord | - |

| | | |
|---|---|---|
| **Clinical features** | Swelling of scrotum associated with discomfort.<br>Enlargement scrotum on one or both side with notch at middle of affected side of scrotum. | Swelling of scrotum (Small). |
| **Size** | Moderate, Big | Small |
| **Consistency** | Tensely cystic | Lax, Cystic |
| **Palpation on the testis** | Difficult | Easily palpable |
| **Fluctuation test** | Positive | |
| **Transillumination** | Positive in majority cases | Usually, negative |
| **Treatment** | Partial excision & eversion | Treat the primary case |

**Differential Diagnosis:**

Differential diagnoses of hydrocele include: Inguinal hernia, Epididymal cyst, Spermatocele, Testicular tumor, Scrotal edema, Varicocele.

**Prognosis:**

The outlook for congenital hydrocele is very positive, whereas the prognosis for adult-onset hydrocele is contingent upon its underlying cause. Congenital hydroceles usually resolve on their own by the end of the first year. If they persist, surgical correction is possible with a high success rate and favorable long-term outcomes. When performed by skilled surgeons, hydrocele repair has a minimal risk of testicular injury or recurrence. The prognosis for adult-onset hydrocele largely hinges on the underlying cause. For example, the prognosis for filarial hydrocele is influenced by its size and the extent of lymphatic obstruction.

**Complication:**

Hematocele occurs due to trauma, Calcification of hydrocele sac, Infertility, Pyocele: Infected hematocele, Atrophy of testis.

**Diagnosis:**

A physical examination might include the doctor applying pressure to your groin area or asking you to cough in order to observe any variations in swelling. To assess the presence of abdominal fluid more effectively, they may shine a light through your scrotum. Through a physical examination alone, a physician is often able to identify most hydroceles.

The doctor or surgeon may ask for imaging tests to support their diagnosis, including:

1. Subcutaneous ultrasound: High-frequency sound waves allow an ultrasound to visualize the soft tissues in your pelvis, including your testicles. This is the most commonly requested imaging test if a patient is diagnosed with hydrocele.

2. CT scan (computerized tomography): A CT scan, which is a type of X-ray, produces three-dimensional images of your testicles by capturing cross-sectional images of your body, or slices. A CT scan offers greater accuracy compared to a standard X-ray.

**Treatment:**

**Aspiration:**

The hydrocele can be drained through needle aspiration. In this procedure, a doctor inserts a long needle into the sac to remove the fluid. Subsequently, they may perform sclerotherapy by injecting substances into the hydrocele to inhibit fluid accumulation. This treatment is particularly advantageous for adults who are at a higher risk of surgical complications.

**Surgical Indication:**

Anesthetic and surgical supplies: Anesthesia is typically administered either locally or generally. Pre-medication, which may include oral diazepam or intramuscular morphine, is necessary, while local anesthesia can be utilized during the procedure. A local infiltration of 7–10ml of 1% lidocaine is administered. The local anesthesia is completed after 5-7ml of intradermal infiltration at the incision site. For the Lord procedure, eight Allis forceps are required, along with standard surgical instruments. Bipolar forceps can assist in coagulation and minimize 'electrical trauma' to the testis. The anesthesia and surgical instruments are most commonly either general or loco-regional. Local anesthesia, which must be combined with the procedure, is an option alongside pre-medication (oral diazepam or intramuscular morphine). The spermatic cord is localized where it exits the external inguinal ring, pressing against the pubic bone. A 1% lidocaine infiltration of 7–10ml is used, and the local anesthesia concludes with 5–7ml of intracutaneous infiltration near the incision site. Standard surgical instruments are necessary, and the Lord procedure specifically requires eight Allis forceps. Bipolar forceps may be beneficial for coagulation and to reduce 'electrical trauma' to the testicles.

**Medical Techniques:**

To address hydrocele, various surgical techniques are utilized. Men typically shave their penis and scrotum, followed by the application of antiseptic to thoroughly cleanse the area. Surgical approaches may involve a midline scrotal incision or an incision made

between moving blood vessels. For bilateral cases, the midline approach is preferred, while the transverse method is considered safer for local hydrocele and anesthesia.

In general, all procedures entail making a small incision in the skin and completely removing the testis. If lumbar blocks are employed as local anesthesia, pain (colic) may arise due to traction on the affected vessels.

**The Andrews Procedure:** This technique is commonly known as the "bottle" operation. A 2–3-centimeter incision is made in the hydrocele or tunica vaginalis, the area surrounding the testicle, to facilitate the transfer of sperm. This process may ultimately involve securing the trimmed edges around either the everted sac or the exposed chord structures. The subsequent step is to perform a two-layer closure.

**The Jaboulary or Winkleman Method:** After delivering the testis through a tunica incision, the majority of the sac is removed, leaving a small scratch on the edges of the testicle.

Once the remnant has been everted, any bleeding can be promptly controlled with a running suture encircling the cord, ensuring the free edges are closed. To prevent compromising blood flow to the testicles, a careful measure of the margins is loosened around the cord. This method is also employed to excise the parietal tunica vaginalis near the testicle and epididymis. To assist with hemostasis, electroshock therapy may be applied to the margin. A standard bilayer closure is then utilized to seal the scrotum.

**Conclusion:**

*Mutra vriddhi* denotes a condition characterized by swelling of the *vrusana* (scrotum) caused by an abnormal accumulation of fluid between the parietal and visceral layers of the tunica vaginalis, referred to as a hydrocele. This review study seeks to offer insights into the understanding, prevention, diagnosis, and effective treatment of this condition.

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