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Review Article

A Review on concept of Mutravruddhi

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ABSTRACT

Mutravruddhi is one of the most common type of Vriddhiroga. When one of the vitiated *dosha* travels downward in the *phalakoshvahini* and produce giant swelling is known as *vrudhhi*. Due to *mutravegadharan*, *mutra* accumulates and reaches to *phalakosha* which leads to *mutravruddhi*. Acharyas mentioned shastra karma for management of mutravruddhi. Mutravruddhi can be compared to hydrocele. A hydrocele is a collection of serous fluid between the two layers of the tunica vaginalis which normally surrounds the testis. This is the most common benign scrotal swelling and has been estimated to occur in as many as 1% of the adult male population. A change in scrotal size can be a Disturbing physical change for any adult male. Scrotal pain during intercourse of physical activity; Discomfort related to the enlarged scrotum, cosmetic appearance of the scrotum, concerns of the damage to the reproductive organs or possible malignancy are reasons why men seek evaluation for any increase in scrotal size. Hydrocele may also develop in boys and adult men due to any injury or inflammation within the scrotum. In management of mild hydroceles scrotal support is generally recommended. In severe condition surgical drainage required. The treatment of choice in hydrocele is surgical intervention.

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INTRODUCTION

Hydrocele comes from the Greek *Hydros*(water) and *kele* (mass). Hydrocele is an abnormal accumulation of serous fluid in the tunica vaginalis. Hydroceles are of two types congenital and acquired. Acquired hydroceles are further classified as Primary Vaginal Hydrocele (Idiopathic) and Secondary Hydrocele (Secondary to epididymal or testicular disease). The exact mechanism of idiopathic hydrocele formation is not known. Factors such as increased serous fluid secretion, absence of efferent lymphatics, and insufficient reabsorption of fluid secreted by the mesothelium are conceivable clarifications. Hydroceles can be unilateral or bilateral and can cause variable degrees of enlargement of the scrotum without pain. Tumor, infection, or trauma may result to acquired hydrocele.

ETIOLOGY

According to Ayurveda:¹

Mutravruddhi occurs in them who habitually withhold urine; it swings like a drum while walking and dysuria, pain in both the testes and oedema in the scrotum are produced; that is known as the *mutravruddhi*.

According to modern:²

Defective absorption of fluid by the tunica vaginalis, probably due to damage to the endothelial wall by low-grade infection.

Excessive production of fluid as in secondary hydrocele.

Interference with drainage of fluid by lymphatic vessels of the cord.

Communication with the peritoneal cavity.

CLASSIFICATION:**Acc. to Ayurveda :**³

Acharya sushrutahas mentioned 7 types of vruddhi

1. vatajvruddhi
2. pittajvruddhi
3. kaphajvruddhi
4. raktajvruddhi
5. medajvruddhi
6. mutrajvruddhi
7. antra vruddhi

Acc. To modern :⁴

Hydrocele is of two types

1. Primary hydrocele
2. Secondary hydrocele

1. **Primary hydrocele-** It is a common in young adults, middle age, and old age. Processus vaginalis of the spermatic cord is connect in infants or after birth with in 1 to 2 years of age, which obliterate peritoneal cavity and scrotum connection. In Primary hydrocele ,often there is no definite cause as it depends upon the site of obliteration of processus vaginalis. It is of six types :

- **Vaginal hydrocele:** It is the most common type of the primary hydrocele. The liquid in the tunica vaginalis of the testis however does not reach out into the line and does not speak with the peritoneal hole.
- **Congenital hydrocele:** Processus vaginalis communicates with the peritoneal cavity. As this communicating orifice is too small, bowel does not descend and so hernia usually will not develop. While
- lying down, fluid disappears gradually and while standing fluid recollects.
- **Infantile hydrocele:** Here tunica and processus vaginalis (hydrocele) are distended up to internal ring, but sac has no connection with the general peritoneal cavity.
- **Encysted hydrocele of the Cord:**It is the fluid collection in a portion of patent funicular process part of the tunica vaginalis; but closed above and below; located in inguinal/inguinoscrotal/scrotal part which
- is fluctuant and transilluminant. On gentle traction to the testis, the swelling becomes less
- mobile (*traction test*).
- **Funicular hydrocele:** This is a rare condition, which is a result of abnormal obliteration of the deep inguinal ring. The processes vaginalis remain patent up to the top of the testis.
- **Abdomino scrotal hydrocele (Bilocular hydrocele, Hydrocele en-bissac) :**Hydrocele has got two intercommunicating sacs, one above and one below the neck of the scrotum. Upper one lies superficial or in the inguinal canal or may insinuate itself between the muscle layers

tuberculosis of the epididymis, syphilis or neoplastic processes, and yet most hydrocoeles are idiopathic.

CLINICAL FEATURES:**According to Ayurveda :**⁵

Drutirivakshubhyati, mutrakruchha, vrushanavedana, kosha shwayathu.

Acc. to modern ;⁶

Small size hydroceles may be painless, but when they reach a larger size, the spermatic cord pulls the weight causing dull aching pain. Heaviness of a swollen scrotum develop the discomfort. Swelling may be reduce in the morning and increase later in the day. Large hydrocele may obstruct (urination).

Testis is not palpable as it usually attains a large size (unlike secondary hydroceles which are small, except in filarial hydrocele).

Fluctuant(elicited by, fixing the hydrocele with hand and feeling for the fluid movement using fingers placed in twoperpendicular directions).

Initially transilluminant(elicited in front of the swelling, side to side), but long-standing hydrocele is nontransilluminant (due to thickened dartos, thickened spermatic fascia, thickened hydrocele sac, infected content, chylousfluid,often filarial hydrocele, haematocele).

Can get above the swelling(you can feel only cord structures and nothing else at the root of the scrotum, unlike in hernia).

Testicular sensation can be elicited in vaginal hydrocele by transmitting the pressure sensation through the fluid.

INVESTIGATION:

Ultrasonography

TREATMENT:**Acc. to acharayas :**⁷

Swedana karma(sudation)

Vyadhana karma by vrihimukha yantra.

Visravana (Drainage)

Sthagika Bandh (Coconut Bandage)

Acc. to modern-⁸

Primary underlying and acquired hydroceles is subsiding. If hydrocele is congenital, becomes complicated, and symptomatically do not resolve spontaneously then surgery is the best treatment of choice.

1. Subtotal excision of the sac
2. Jaboulay's operation
3. Evacuation and eversion
4. Lord's plication
5. Sharma and Jhawer's technique

Subtotal excision of the sac :

If the sac is thick, in large hydrocele and chylocele, subtotal excision of the sac is done (as tunica vaginalis is reflected on to the cord structures and epididymis posteriorly, total excision leads to orchidectomy with division of cord).

Jaboulay's operation :

This operation is done for small and medium size hydrocele. In this, hydrocele sac (tunica vaginalis) is opened through a scrotal incision, the fluid is drained out and the edge of the sac is everted and stitched back of the testis.

Evacuation and Eversion :

Evacuation and eversion of the sac behind the testis (after eversion, everted sac is sutured with chromic catgut by continuous sutures) is done.

Lord's plication :

If the sac is small, thin and contains clear fluid, either Lord's plication, i.e. tunica is bunched into a "ruff" by placing series of multiple interrupted chromic catgut sutures so as to make the sac to form fibrous tissue (It is relatively avascular and so haematoma will not occur).

Sharma and Jhawer's technique :

After evacuation, the sac with the testis is placed in a newly created pocket between the fascial layers of the scrotum

CONCLUSION

Mutravridhi compared to hydrocele. A swelling in the scrotum is collection of water like fluid between the two

layers of tunica vaginalis membrane of testis causing hydrocele. Small size hydroceles may be painless but large size hydrocele causes dull aching pain and swelling in scrotum. Acharyas sushruta mentioned shastra karma in the management of Mutravridhi. In severe condition surgical drainage is required.

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