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A CRITICAL REVIEW ON THE ROLE OF *VRIDHDDAMAN LEPA* IN THE MANAGEMENT OF *MUTRAVRIDHI* (PRIMARY HYDROCELE)

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Abstract

Primary hydrocele is a common scrotal swelling caused by abnormal collection of serous fluid around the testis, usually within the tunica vaginalis. In *Ayurveda*, the clinical condition can be understood under *Mutravridhi*, which is described as one type of *Vriddhi Roga*. It is mainly associated with vitiation of *Vata* and obstruction or abnormal accumulation in the scrotal region. The disease presents with painless or mildly painful scrotal enlargement, heaviness, discomfort, and cosmetic concern. Conventional management often includes aspiration or surgery, but recurrence, fear of surgery, cost, and post-operative discomfort create the need for safer conservative approaches in selected cases. *Vridhddaman Lepa* is a local therapeutic application described for reducing scrotal swelling and relieving symptoms related to *Mutravridhi*. The probable action of *Lepa Chikitsa* may be understood through local absorption, reduction of *Shotha*, correction of local *Srotorodha*, and pacification of vitiated *Vata-Kapha Dosha*. This review aims to study the role of *Vridhddaman Lepa* in the management of primary hydrocele with special reference to *Mutravridhi*. Classical Ayurvedic texts, modern surgical literature, and available review-based information were studied to understand the disease concept, pathogenesis, therapeutic rationale, and probable mode of action of the formulation. The study suggests that *Vridhddaman Lepa* may be useful as a non-invasive, supportive, and symptom-relieving approach in uncomplicated cases of primary hydrocele.

Keywords: *Vridhddaman Lepa*, Primary Hydrocele, *Mutravridhi*, *Vriddhi Roga*, *Lepa Chikitsa*, Scrotal Swelling

Introduction

Primary hydrocele is a condition in which fluid accumulates around the testis, commonly within the tunica vaginalis. It usually appears as a scrotal swelling that may be painless in the early stage but can later cause heaviness, dragging sensation, discomfort during walking, and mental distress due to cosmetic appearance. It is commonly seen in males and may occur due to imbalance between secretion and absorption of fluid around the testis.[1]

In *Ayurveda*, primary hydrocele can be correlated with *Mutravridhi*, which is explained under *Vriddhi Roga*. The word *Vriddhi* means abnormal enlargement or increase. When the enlargement occurs in the scrotal region due to involvement of urinary or fluid-related factors, it is understood as *Mutravridhi*. The condition mainly involves vitiation of *Vata Dosha*, along with obstruction in channels and local accumulation of fluid-like content.[2]

Although surgical procedures are commonly advised in modern practice for hydrocele, many patients hesitate due to fear of surgery, post-operative pain, cost, recurrence, and complications. Therefore, Ayurvedic local therapies such as *Lepa Chikitsa* become important in selected uncomplicated cases. *Vridhddaman Lepa* may help in reducing swelling, heaviness, and local discomfort by its possible *Shothahara*, *Vata-Kapha Shamaka*, and local channel-clearing actions.[3]

Aim and Objectives

Aim

To review the role of *Vridhddaman Lepa* in the management of primary hydrocele with special reference to *Mutravridhi*.

Objectives

- To study primary hydrocele in relation to *Mutravridhi*.
- To understand the Ayurvedic pathogenesis of *Mutravridhi*.
- To review the possible therapeutic role of *Vridhddaman Lepa*.
- To assess the probable mode of action of *Lepa Chikitsa* in scrotal swelling.

Material and Methods

This review study was carried out by collecting information from classical Ayurvedic texts, modern surgical books, published research articles, review papers, and available clinical

literature related to *Vriddhi Roga*, *Mutravridhi*, primary hydrocele, and *Lepa Chikitsa*. The collected material was analyzed conceptually to understand the disease process, Ayurvedic correlation, pathogenesis, symptoms, treatment principles, and probable action of *Vridhddaman Lepa* in primary hydrocele.

Conceptual Study

Primary hydrocele is mainly characterized by collection of fluid in the scrotal sac, leading to gradual enlargement of the scrotum. The swelling is usually soft, cystic, fluctuant, and transilluminant. In many cases, pain is absent, but heaviness and discomfort are common complaints. The condition may remain stable for a long time or may gradually increase in size.

In Ayurvedic understanding, *Mutravridhi* is one among the types of *Vriddhi Roga*. The disease is related to abnormal enlargement in the scrotal region, where vitiated *Dosha* disturb the normal function of local channels. Due to *Vata Prakopa*, there is derangement of normal movement and regulation of fluids. Associated *Kapha* involvement may lead to heaviness, stability, and swelling. This makes the condition clinically similar to hydrocele.[4]

Lepa Chikitsa is an important external therapeutic procedure in *Ayurveda*. It acts locally over the affected area and helps in reducing swelling, pain, stiffness, heaviness, and inflammation. *Vridhddaman Lepa* is applied over the affected scrotal region with the purpose of reducing abnormal enlargement and supporting local healing. Its action may be due to local penetration, stimulation of circulation, reduction of fluid stagnation, and pacification of vitiated *Dosha*.[5]

Concept of *Mutravridhi (Primary Hydrocele)*

Mutravridhi is a condition in which abnormal swelling occurs in the scrotal region due to involvement of urinary or fluid-related pathology. The enlargement may appear gradually and is commonly associated with heaviness and discomfort. In modern comparison, it can be understood as primary hydrocele because both conditions show fluid accumulation and scrotal enlargement.

Role of *Vata Dosha*

Vata Dosha plays a major role in the pathogenesis of *Mutravridhi*. It controls movement, circulation, and proper functioning of channels. When *Vata* becomes vitiated, it disturbs

normal regulation of fluids and produces abnormal accumulation. In hydrocele, this can be compared with imbalance between secretion and absorption of fluid.[7]

Role of *Kapha Dosha*

Kapha Dosha contributes to heaviness, stability, coldness, and swelling. In *Mutravridhi*, the scrotal swelling is often heavy and slowly progressive, which shows *Kapha* dominance. Due to *Kapha* involvement, the swelling may remain stable and non-inflammatory for a long duration.

Role of *Srotorodha*

Srotorodha means obstruction of channels. In *Mutravridhi*, obstruction in local channels may lead to retention or stagnation of fluid in the scrotal region. This concept is closely related to impaired absorption of fluid in hydrocele. Therefore, removal of obstruction and restoration of normal flow are important treatment principles.

Importance of *Lepa Chikitsa*

Lepa Chikitsa is a local application therapy used in various painful and swollen conditions. It provides direct action at the affected site. Depending on the ingredients used, *Lepa* may act as *Shothahara*, *Vedanasthapana*, *Vata-Kapha Shamaka*, and *Srotoshodhaka*. In *Mutravridhi*, local application may help in reducing scrotal swelling and discomfort.[8]

Role of *Vridhddaman Lepa*

Vridhddaman Lepa is specifically used for reducing abnormal scrotal enlargement. Its probable action may include reduction of swelling, stimulation of local circulation, correction of fluid stagnation, and improvement in local tissue tone. It may be useful in uncomplicated primary hydrocele where conservative management is preferred.

Samprapti of Disease

Nidana Sevana
↓
Improper diet, lifestyle, strain, trauma, or local weakness
↓
Vata Prakopa with associated *Kapha Dushti*
↓
Disturbance in normal movement and regulation of fluid
↓
Agni Mandya and mild local tissue weakness
↓

Formation of *Ama* and vitiation of local *Dosha*
↓
Srotorodha in scrotal region
↓
Impaired absorption and stagnation of fluid
↓
Abnormal accumulation around testis
↓
Scrotal enlargement, heaviness, dragging sensation
↓
Clinical manifestation of *Mutravridhi*
↓
Modern correlation with Primary Hydrocele

Primary Hydrocele[9]

Primary hydrocele is a common benign scrotal condition in which clear serous fluid collects between the parietal and visceral layers of the tunica vaginalis around the testis. It usually presents as a painless, gradually increasing scrotal swelling. In many patients, the swelling is soft, cystic, fluctuant, and transilluminant. The size may increase slowly over time and may cause heaviness, dragging sensation, discomfort during walking, cosmetic concern, and anxiety.

Etiology of Primary Hydrocele

Primary hydrocele generally develops due to an imbalance between secretion and absorption of fluid by the tunica vaginalis. In normal condition, a small amount of fluid is present around the testis for free movement. When fluid production increases or absorption decreases, accumulation occurs and hydrocele develops.[10]

Common causes and contributing factors include:

- Idiopathic fluid accumulation around the testis.
- Defective absorption of fluid by tunica vaginalis.
- Chronic low-grade irritation of tunica vaginalis.
- Minor trauma or repeated local strain.
- Lymphatic obstruction in the scrotal region.
- Age-related weakness of local tissues.
- In some cases, infection, inflammation, or filariasis may act as associated factors, but these are more commonly related to secondary hydrocele.

Clinical Features of Primary Hydrocele

Primary hydrocele usually develops slowly and is commonly painless in the early stage. The patient often notices gradual enlargement of one side of the scrotum. In large hydrocele, walking, sitting, sexual activity, and routine work may become uncomfortable.[11]

Important clinical features are:

- Gradual scrotal swelling.
- Usually unilateral, but may be bilateral.
- Painless or mildly painful swelling.
- Heaviness in scrotal region.
- Dragging sensation.
- Smooth and cystic swelling.
- Fluctuation may be present.
- Transillumination test is usually positive.
- Testis may not be separately palpable in large hydrocele.
- Skin over swelling is usually normal.
- No cough impulse in simple primary hydrocele.

Types of Hydrocele

Hydrocele may be broadly classified as:

- **Primary Hydrocele:** Fluid accumulation without any obvious underlying disease of testis or epididymis.
- **Secondary Hydrocele:** Hydrocele occurring due to infection, trauma, tumor, filariasis, tuberculosis, or inflammation.
- **Congenital Hydrocele:** Occurs due to patent processus vaginalis in children.
- **Encysted Hydrocele of Cord:** Fluid collection along the spermatic cord.
- **Infantile Hydrocele:** Hydrocele extending up to the deep inguinal ring but not communicating with the peritoneal cavity.

Diagnosis of Primary Hydrocele

Diagnosis is mainly clinical. Proper examination helps to differentiate hydrocele from hernia, testicular tumor, epididymal cyst, varicocele, and scrotal edema.

Diagnostic methods include:

- Inspection of scrotal swelling.
- Palpation for cystic consistency and fluctuation.
- Transillumination test.
- Ultrasonography of scrotum for confirmation.
- Doppler study if vascular pathology is suspected.
- Urine examination if urinary symptoms are present.
- Blood investigations if infection or filariasis is suspected.

Differential Diagnosis

Primary hydrocele should be differentiated from other scrotal swellings because treatment varies according to the cause.

Important differential diagnoses are:

- Inguinal hernia.
- Epididymal cyst.
- Spermatocele.
- Varicocele.
- Testicular tumor.
- Hematocele.
- Pyocele.
- Scrotal edema.
- Filariasis-related scrotal swelling.

Modern Management of Primary Hydrocele

In modern medicine, treatment depends on the size of hydrocele, symptoms, age of patient, and associated complications. Small and asymptomatic hydrocele may be kept under observation. Large or symptomatic hydrocele usually requires surgical treatment.

Main treatment options are:

- **Observation:** Used in small, painless, and uncomplicated hydrocele.
- **Aspiration:** Fluid is removed by needle, but recurrence is common, so it is not preferred as a permanent treatment.
- **Aspiration with Sclerotherapy:** A sclerosant is injected after aspiration to prevent recurrence, but pain, inflammation, and recurrence may occur.
- **Hydrocelectomy:** Surgical removal or repair of the hydrocele sac is the most accepted treatment for large and symptomatic hydrocele.
- **Lord's Procedure:** Plication of sac, commonly used for thin-walled hydrocele.
- **Jaboulay's Procedure:** Eversion of sac, commonly used in larger hydrocele.
- **Subtotal Excision of Sac:** Used when sac is thickened or large.

Complications of Untreated Hydrocele

Most primary hydroceles are benign, but long-standing or very large hydrocele may lead to discomfort and functional problems.

Possible complications include:

- Increase in size of swelling.
- Difficulty in walking.
- Dragging pain and heaviness.
- Pressure effect on testis.
- Cosmetic and psychological discomfort.
- Infection in rare cases.
- Thickening of hydrocele sac.
- Difficulty in examining testis properly.
- Rarely, underlying pathology may remain hidden if proper evaluation is not done.

Probable Mode of Action of *Vridhddaman Lepa*

- The local application may act directly over the scrotal swelling.
- It may help in reducing *Shotha* by improving local circulation.

- It may pacify vitiated *Vata* and *Kapha Dosha*.
- It may reduce heaviness and dragging sensation.
- It may help in clearing local *Srotorodha*.
- It may support gradual absorption of accumulated fluid.
- It may provide a non-invasive approach in selected uncomplicated cases.
- It may reduce discomfort and improve patient confidence.

Findings of Study

- Primary hydrocele can be clinically correlated with *Mutravridhi*.
- *Mutravridhi* mainly involves scrotal enlargement due to abnormal fluid accumulation.
- *Vata Dosha* plays an important role in disturbed movement and fluid regulation.
- *Kapha Dosha* contributes to heaviness, stability, and swelling.
- *Srotorodha* may be considered an important pathological factor in fluid retention.
- *Vridhddaman Lepa* may help in reducing swelling and local discomfort.
- *Lepa Chikitsa* offers direct local action over the affected region.
- The therapy may be useful as a conservative approach in uncomplicated primary hydrocele.
- Severe, infected, painful, or complicated hydrocele requires proper surgical assessment.
- More clinical studies are needed to establish the efficacy of *Vridhddaman Lepa* with objective parameters.

Discussion

Primary hydrocele is generally considered a benign condition, but it can affect the daily life of the patient due to swelling, heaviness, dragging sensation, difficulty in walking, and psychological discomfort. In modern practice, surgical management is commonly advised when the swelling is large or symptomatic. However, in early and uncomplicated cases, conservative Ayurvedic management may be considered under proper supervision.[12]

From the Ayurvedic point of view, the condition can be understood as *Mutravridhi*, where vitiated *Vata* and *Kapha Dosha* produce enlargement in the scrotal region. *Vata* causes abnormal movement and disturbed regulation, while *Kapha* produces heaviness and

accumulation. The concept of *Srotorodha* also explains the retention of fluid due to obstruction or impaired local drainage. Therefore, the treatment should aim at reducing *Shotha*, pacifying *Vata-Kapha*, and improving local channel function.[13]

Vridhddaman Lepa may be useful because it acts directly on the affected area. Local application provides better contact with the diseased site and may help in reducing swelling, discomfort, and heaviness. Its probable effect can be explained through *Shothahara*, *Vata-Kapha Shamaka*, and *Srotoshodhaka* actions. Still, the treatment should be selected carefully according to the size of hydrocele, duration, symptoms, and presence or absence of complications.[14]

Conclusion

Primary hydrocele can be understood in *Ayurveda* under the concept of *Mutravridhi*, where abnormal scrotal enlargement occurs due to vitiation of *Vata-Kapha Dosha* and local *Srotorodha*. *Vridhddaman Lepa* appears to be a useful external therapeutic approach in selected uncomplicated cases due to its possible swelling-reducing, channel-clearing, and *Vata-Kapha Shamaka* actions. It may help in reducing scrotal heaviness, discomfort, and gradual swelling. However, complicated, painful, infected, or very large hydrocele should be assessed surgically, and further clinical studies are required to validate the therapeutic efficacy of *Vridhddaman Lepa*.

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