

Review Article

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## AYURVEDA PERSPECTIVE ON PHIMOSIS IN CHILDREN AND ROLE OF *SHALYA CHIKITSA* IN DISEASE MANAGEMENT

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### Abstract

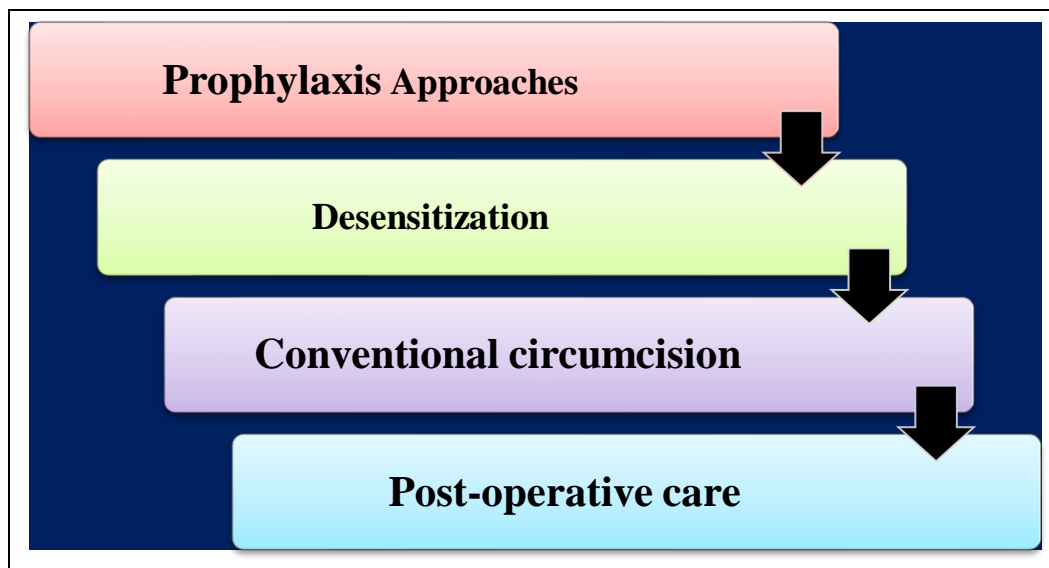
*Niruddha Prakash*; is the condition known as phimosis involving imbalance in the *Vata Dosha*, leading to the constriction of the *Shishnacharma*, which covers the *Mani*. This constriction results in the obstruction of urine flow and an inability to retract the prepuce. The recommended treatment outlined in the Ayurvedic scriptures involves the dilatation of the preputial meatus using the *Niruddhaprakash Nadiyantra*, along with the application of *Vatadosh Shamak* medicated oil. Surgical intervention is advised if these measures prove ineffective. Complete separation of these tissues, necessary for the complete retraction of the prepuce and exposure of the entire glans, which is known to occur naturally up to the age of 17 years. This fact underscores the potential for misdiagnosis of phimosis. Consequently, circumcision is often considered the treatment of choice for cases where other interventions fail.

**Key-Words:** *Ayurveda, Phimosis, Niruddha Prakash, Niruddhaprakash, Nadiyantra*

## Introduction

Phimosis refers to a condition where the prepuce or foreskin of the glans penis cannot be retracted, leading to a restricted urine stream during urination. This often causes the ballooning of the prepuce and recurrent episodes of urinary tract infections (UTI). While many newborn boys naturally experience a non-retractable foreskin, known as physiological Phimosis, this usually resolves without treatment within the first few years, typically between 3 to 6 years of age. Ayurveda describes this condition as *Nirudhaprakasha* [1-4].

In cases of pathological phimosis, the prepuce becomes adhered to the glans due to adhesions or scarring resulting from infections, inflammation, or trauma. Effective management is crucial, especially when pathological phimosis coexists with recurring episodes of UTIs. Various treatment options are available based on the severity of the adhesions. These include the application of local steroid creams or oils, manual retraction, dilatation, and ultimately, circumcision. The various steps involved in surgical interventions are depicted in **Figure 1**.



**Figure 1: Approaches of surgical interventions for phimosis**

Male circumcision, commonly known as foreskin cutting, is a widespread practice globally, motivated by various factors such as cultural, religious and medical. Statistics suggest that approximately one third of males worldwide undergo circumcision. In the

medical context, the most common reason for male circumcision is phimosis, a condition characterized by the narrowing of the foreskin's opening, which inhibits its retraction over the glans [4-7].

Ayurveda outlines a corresponding ailment known as *Niruddha Prakash*, sharing similarities with Phimosis. Given the associated risks of morbidity and mortality related to circumcision procedures and anesthesia, there is a growing emphasis on reviewing the treatment of *Niruddha Prakash* as described in Ayurvedic classics.

### ***Niruddha prakash* (Phimosis) in Children:**

In the ancient *Ayurvedic* texts, *Sushrutacharya* categorizes *Niruddha Prakash* as a *Kshudra roga*. In *Astanga Samgraha*, it is referred to as *Niruddhamani* and is included in the category of *Guhyaroga*. When the *Vatadosh* affects the *Shishnacharma*, covering the *Mani* and blocking the *Mutrasrota*, it results in *Mandadhara* without pain.

In Ayurveda, the origin of phimosis is attributed to both congenital factors, particularly in newborns, and acquired causes, such as injury to the prepuce. Similarly, in contemporary medical understanding, phimosis is classified into two types: physiological, which is congenital, and pathological, which arises as a consequence of inflammatory conditions affecting the glans or prepuce. Physiological phimosis, commonly observed in infants, is a result of insufficient separation between the inner preputial skin and the glans penis. In contrast, pathological phimosis is caused by scarring, infection, and inflammation, leading to the development of a fibrotic cicatrix at the preputial aperture, necessitating medical intervention.

### **Clinical features of Phimosis:**

- Difficulties during urination
- Straining and compromised urine stream
- Potential discomfort often manifested as burning sensations during urination

**Ayurveda Management W.S.R. to Surgical Treatment:** The treatment plan outlined in Ayurvedic texts suggests various steps for addressing *Niruddha Prakash*. *Acharya Sushruta*

proposes the use of a *Louha Nadi*, an iron probe with openings at both ends, which is smoothed with *Ghrit* and then slowly inserted into the preputial opening. This is followed by a *Mani Parishek*, involving the application of *Vasa* and *Majja* of crocodile and pig, along with *Vataghna* medicated *Chakratail*. The consecutive use of larger *Nadi* over three days is recommended, with a diet of *Snigdha Anna* during the treatment [7-9].

### Steps of Surgical Interventions:

- ✓ Injection of tetanus toxoid intramuscularly for prophylaxis
- ✓ Injection of Xylocaine subcutaneously to ensure sensitivity
- ✓ Conventional circumcision involves the complete excision of the phimotic foreskin. This technique has been evolved into a standard neonatal operation in the United States and certain European countries, owing to its purported benefits in terms of hygiene and cancer prevention. This procedure not only resolves phimosis but also helps to prevent its recurrence. Additionally, it serves to reduce the likelihood of incidence of urinary tract infections.
- ✓ Administration of *Panchtikta Ghrit Guggul*, as post-operative care for its wound-healing properties.

### Dilatation:

According to *Acharya Sushruta*, the management of *Niruddha Prakash* involves a dilation procedure using *Ubhayamukhi Nadi Yantra*. A correctly sized *Nadi Yantra*, dipped in *Ghrita*, is gently introduced into the narrow preputial opening. This process is repeated every three days, gradually increasing the size of the *Nadi Yantra*.

### Circumcision:

In specific cultural contexts, circumcision is a customary practice performed during the birth of a male child. *Acharya Sushruta* has suggested an incision over the prepuce, while avoiding the *Sevani*, if the dilation procedure fails to improve the condition, treating it akin to an accidental wound. Clinically, recurrent urinary tract infections and genuine phimosis represent the primary indications necessitating circumcision for phimosis management.

However, an alternative surgical approach, preputioplasty, has gained momentum in recent times. This technique aims to ensure ease of retraction while preserving the preputial covering and thereby maintaining the sensitivity of the glans epithelium. In cases where a young child has a non-retractile foreskin, no immediate treatment is deemed necessary. When the condition involves balanitis xerotica obliterans, circumcision often proves curative, although topical steroid cream might be beneficial if the glans penis is affected. In instances resistant to other treatments, a formal meatotomy may be necessary. In emergency scenarios, such as when catheterization is required but proves challenging, alternative measures may be required [7-10].

## Conclusion

Distinguishing between phimosis and non-retractile prepuce, which is common in young children, is crucial. For pediatric cases of phimosis, contemporary non-surgical interventions, including the use of topical steroids and adhesiolysis, have proven to be effective, safe, and cost-efficient. It is imperative for caregivers to be informed about these treatment options for managing phimosis. In cases where surgical intervention is necessary, it is recommended to opt for conservative plastic surgical techniques rather than the conventional approach of circumcision.

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