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Review On Ayurvedic And Modern Concept Of *Mutravidhi*

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ABSTRACT: -

Mutravidhi is one of the most common type of *Vridhi roga*. It is also known as *vrishan vridhi*. Accumulation of *mootra* in *vrishana* is main cause of *vrishan vridhi*. *Vridhi* means pathological accumulation of *dosh* and *dhatu*, but *mutravridhi* is mainly due to increase *vata dosha*. *Acharyas* mentioned *shastra karma* for management of *mutravridhi*. *Mutravidhi* can be compared to hydrocele. Swelling in the scrotum is collection of water like fluid between the two layers of tunica vaginalis membrane of testis causing hydrocele. It may be congenital or acquired or associated with certain severe underlying diseases. It is more common in infant but can also occur at any age later in life. Painless scrotal swelling is more commonly seen in hydrocele. In management of mild hydroceles bed rest and scrotal support is generally recommended. In severe condition surgical drainage required. The treatment of choice in hydrocele is surgical intervention.

Keywords : *Mutravidhi*, *Sastra karma*, Congenital hydrocele,



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INTRODUCTION

A hydrocele is observable serous fluid-filled sac commonly found in the scrotum, and normally found in the pelvic regions and external genitalia. Tunica vaginalis is the fold of peritoneum wrapped around the testicle. Tumor, infection, or trauma may result to acquired hydrocele. Etiology of Hydrocele is idiopathic but it can be considered as abnormal absorption in the serous membranes and imbalance of fluid secreted in the tunica vaginalis. A congenital hydrocele is a free communication with the peritoneal cavity due to processus vaginalis closes soon at birth but when it remains patent it works as a developed sac.

ETIOLOGY

According to acharyas-

1. *Nidana* (etiology) of *mutravridhi* (hydrocele) are excessive intake of *Kshara* (alkaline), *Amla* (sour), *Ushna* (hot), *Teekshna* (sharp), *Gurubhojan*, by the person who is *krush* (lean), *abhukta*, *amaya*, *balaheen*, and excessive use of *ama*, *dadhi mrut*, *shaka*, *virudha anna* etc. Due to which *vata dosha* get aggravated and moves downward, alone or along with other *dosha* and *dhatu* and accumulate in the *Vankshan* (inguinal region) and *Mushka* (testes), result in pain or swelling in *vrishana* (scrotal region) leading to *vridhiroga*.^[1]
2. According to *madhava nidana*, a man who keeps controlling frequency of urine repeatedly, gets urinary tract disease. He feels pain while urinating. Round curved edema occurs in the testicles.^[2]
3. According to *acharya charak*, due to the outbreak of *vata, pitta, kapha*, it goes back to its place in the perforation of the testicle under the internal inguinal region, it is called hydrocele.^[3]

According to modern science.^[4]

1. Excessive secretion of fluid (secondary hydrocele).
2. Fluid absorption is defected.
3. Congenital causes are communication between peritoneal cavity & tunica vaginalis.
4. Interference with drainage of fluid by lymphatic vessels of the cord.

Classification^[5] : Acc. to *Acharaya Susruta Vridhi* is of 7 types :

1. *Vata vridhi*
2. *Pittaj vridhi*
3. *Kaphaj vridhi*
4. *Raktaj vridhi*
5. *Medoj vridhi*
6. *Mutra vridhi*
7. *Antra vridhi*

Acc. to modern^[6]-

1. **Primary hydrocele-** It is common in young adults, middle age, and old age. *Processus vaginalis* of the spermatic cord is connected in infants or after birth within 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 :
 1. **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.
 2. **Congenital hydrocele:** There is a patent *processus vaginalis* in congenital hydrocele. This communication allowed fluid from the abdominal cavity to collect in the scrotum. If this communication is wider a congenital hernia results.
 3. **Infantile hydrocele:** This is an uncommon type case, *processus vaginalis* gets obliterated at the level of the deep inguinal ring but there is no connection with the peritoneal cavity.

4. **Encysted hydrocele of the Cord:** Both the proximal and distal portions of processus vaginalis get intersect while the central portion remains patent and fluid accumulates within it.
5. **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.
6. **Abdomino scrotal hydrocele (Bilocular hydrocele, Hydrocele en-bissac) :** This is rare condition. In this condition two intercommunicating fluid sacs are found; one above & one below. The upper sac has no communication with processus vaginalis and perhaps herniated tunica vaginalis from below (testis).

2.Secondary hydrocele – Secondary hydrocele is commonly caused by the trauma, infection, injury, filariasis, tuberculosis of the epididymis, syphilis or neoplastic processes, and yet most hydrocoeles are idiopathic. Neoplasms may include rhabdomyosarcoma (most common), adenocarcinoma, mesothelioma, or neuroblastoma.

Clinical Features:

According to *ayurveda*^[7]

Vrishnavridhi, aadhmana, stambhana, ruksha, mutrakrich ,vedna, vankshanashotha, ambupurnadrutisparsha, sa-ruk, chalyanaphalakosha.

Acc. to modern- Small size hydrocoeles 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).

INVESTIGATION:

- Trans illumination test
- Ultrasonography
- Duplex ultrasonography

- Pain abdominal radiography

TREATMENT:

Acc. to acharayas^[8]-

1. *Swedana karma*(sudation)
2. *Vyadhana karma by vrihimukha yantra.*
3. *Patana* (incision)
4. *Seevana* (stitching)

Acc. to modern^[9]- Primary underlying and acquired hydrocoeles is subsiding. If hydrocele is congenital, becomes complicated, and symptomatically do not resolve spontaneously then surgery is the best treatment of choice.

1.Eversion of sac (EOS)/ 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.

2. Lord's procedure-This is mainly indicated for large (huge) size hydrocele. In this operation hydrocele sac placcation is done by several catgut bites in the everted sac. The whole tunica is bunched at the edge of the testis then sutured back.

* Plication – A surgical procedure in which a body part is strengthened or shortened by pulling together folds of excess material, and suturing them into place.

3. Excision of Sac (Hydrocelectomy)-

Indicated in thickened sac as in filariasis or in haematocele. Whole sac is excised, and the remaining part is sutured back by continuous catgut.

4. Treatment of congenital hydrocele-

In congenital hydrocele, herniotomy i.e.; excision of hernia sac is done as fluid is present in layer of processus vaginalis (Which communicates with peritoneal cavity).

Do's and Don'ts^[10]

Do's	Don'ts
<i>sanshodhan karma, basti karma, raktamokshan, swedna, lepa, castor oil, goumutra, shigru fruit, punarnava, agnimatha, haritki, rasna, vaman karma, shatghrut, ushan jala, atkra, agnikarma, and sira-vedha</i>	<i>anoop mansa, dahi, mash, pist-anna, dushit-anna, guru dravyas, shukra-vega dharan.</i>

DISCUSSION

Acc. to *Acharya Sushruta*, *Vridhi* is the one among the *Vrishanvridhi*. *Mutravidhi* is compared to hydrocele. It is abnormal fluid collection in the *vrishana*(scrotal region). Small size hydroceles may be painless but when they attain larger size, the spermatic cords pull the weight and cause a dull aching pain. Large hydroceles be able to obstruct urination. *Acharya susruta* classified the *Vridhi* is 7 types. Its etiology is largely unknown but *Needan Sevan* (etiological factors) or imbalance of fluid in the membrane of tunica vaginalis are most common cause of hydrocele. *Acharyas* mentioned *Swedan, Vydhan, Patana, Sevan* as management.

CONCLUSION

Mutravidhi is 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 susruta* mentioned *shastra karma* in the management of *Mutravidhi*. In severe condition surgical drainage is required.

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