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Clinical approach to *vriddhi roga* W.S.R to *mootravriddhi*

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ABSTRACT

Vriddhi indicates pathological increase in *dosha & dhatu*. *Doshavriddhikaraahara -vihara* is the main cause for *vriddhi. Acharya Susrutha* has classified *vriddhiroga* into 7 types. *Vatadosha* is the main component in the development of *vriddhiroga.* In *Vriddhiroga Charaka* mentioned *Virechanadi chikitsa* can be adopted in *aamavastha* of *doshajavriddhiroga* and *Vranachikitsa* in *Pakvavastha*. In case of *medovriddhi, kaphajavriddhi, mootravriddhi , Patana, Seevana* followed by *Vranaropana chikitsa* should be adopted. *Mootravriddhi* is the type *vriddhi* is caused due to *vataprakopa* which leads to accumulation of *mootra* in *vrushana. Ambupoornadhrutivat kshoba, Mrudu, Saruk, Mootrakruchcha, Chalayanaphalakosha* are the signs and symptoms of *mootravriddhi.* It can be compared to vaginal hydrocele. The defect in obliteration of the vitello-intestinal duct is the main cause for hydrocele. Clinically it is classified into Congenital and Acquired, congenital hydrocele common at early age of life due to patent Vitello-intestinal duct.The acquired variety type is classified into Vaginal hydrocele, Infantile hydrocelebilocular hydrocele, encysted hydrocele, hydrocele of the hernia sac, hydrocele of the canal of the nuck, the other secondary hydrocele is Post herniorrhaphy hydrocele, Filarial hydrocele, Chylocele. Blood routine, urine routine, USG scrotum, aspiration are the main diagnostic criteria. The differential diagnosis of hydrocele is inguinal hernia, epididymal cyst, spermatocele, testicular tumour, infection, pyocele, haematocele, atropy of testis, infertility, hernia of hydrocele sac. Surgery is the choice of treatment; it includes subtotal excision, jobouleys operation, evacuation & evertion. Even *acharyas* also mentioned *shastra karma* for management of *mootravriddhi.*

Keywords: *Vriddhi, Mootravriddhi, Congenital hydrocele, Acquired hydrocele.*

INTRODUCTION

Vriddhi [1] is the one among the *vrushanaroga*. When the term *vriddhi* is not used with suffix/prefix, it indicates *vrushanavriddhi,* i.e., scrotal swelling. *Charaka* explained *vriddhi* in the context of *shotha*, thus according to *charaka* the

causes for *vriddhi* is same as the causes of *shotha*. *Mootravriddhi* can be compared with hydrocele. Hydrocele [2] – abnormal collection of fluid in tunica vaginalis of the scrotum, it may be congenital or acquired.

Nirukti

Vriddhi derived from vrudda dhatu. Vardhana: vardhayathithi/ (shabdakalpadruma). This term is used in many instances in Ayurveda & understood according to the context & situations. For Example- *vatajavriddhi* indicates pathological increase in *vata* which may leads to neurological, neuromuscular, degenerative diseases also indicates *vrushanaroga.* Similarly, with *pitta, kapha, rakta, medha & mutra.*

Nidana [3]

Kshara, amla, teekshna, ushna, gurubhojana by the person who is abhukta, krusha, amaya , balaheena, Excessive consumption of dadhi, ama, mrut, shaka, virudda – dushta-garaopasrushtaahara, Arsharogapeedita, Achesta, Na cha deha-shuddhi, Marmaupaghata, Vishamaprasuta, Mithyaupachara

Samprapti [4]

Generally *vata* moves downwards, when it vitiated alone or along with other *dosha* & *dhatu* by above *nidhana,* moves downwards, reaches *vankshana & mushka*, produces pain & swelling in *vrushana,* leads to *vriddhiroga.*

Poorva roopa [5]

Vasti, katimuskha & medhravedhana, Mutra nigraha, Phalakoshashopha.

Bheda [6]

Acharya Susrutha has classified Vriddhiroga into Vatajavriddhi, Pittajavriddhi, Kaphajavriddhi, Raktajavriddhi, Medajavriddhi, Antrajavriddhi, Mutrajavriddhi

Lakshana [7]

- In *Vatajavriddhi,* Patient will have features like *Vatapurnadhrutisparsha, Ruksha, Aheturuk*. In *Pittajavriddhi, Pakwaudumbarasadrusha, Daha, Ushma, Paka*.
- In *Kaphajavriddhi,* Sheeta, Guru, Snigdha, Kandu, Katina.
- In *Raktajavriddhi, krushnaphota, vruta, Daha, Ushma, Paka, Alparuk.*
- In *Medajavriddhi, Mrudu, Talaphalasadrushya, Sheeta, Guru, snigdha, Kandu, Katina*.
- In *Vruddhi* related with *aantra* patient will have features like *Vankshanashotha, Vrushanavriddhi, Aadhmana, Stambhana, Ruk, ruksha, Vatapurnadrutisparsha, Prapeedayantoantahaswanavaanprayaatipradh maapayannetipunaha cha muktaha:*
- *MootraVriddhi* is the type *vriddhi* is caused due to *vataprakopa* leading to accumulation of *mootra* in *vrushana.*

Paryaya [8]

Mushkavriddhi, Andakoshavriddhi, Vrushanavriddhi.

Nidana & Samprapti [9]

Mutravega Dharana, Vataprakopa & mootrasanga in vrushana.

Mootravriddhi Lakshana [10]

Ambupoornadhrutivatkshoba, Mrudu, Saruk, Mootrakruchcha, Chalayanaphalakosha.

Rogipareeksha

Darshana:-Ambupoornadrhutivatkshoba,
Sparshana:mrudu ,chalayanaphalakosha,
Prashna:- saruk ,mootrakruchcha

Samanya Chikitsa of Vriddhiroga

In Vriddhiroga, Charaka mentioned Virechanadi chikitsa can be adopted in aamavastha of doshajavriddhiroga and Vranachikitsa in Pakvavastha. In case of medovriddhi, kaphajavriddhi, mootravriddhi , Patana, Seevana followed by Vranaropanachikitsa should be adopted. Virechana, Vatanulomana, Mutralaaushadha. Shamanoushadis like Indrimulachurna, Vriddhiharalepa, Rupikamulalepa, Rudrajatamulalepa.
Mootravriddhichikitsa :Swedana karma, followed by creating tension by winding *vastra* at its higher level, Select lateral & lowest part of, which is devoid of major blood vessels, *Vyadhana karma* by *vrihimukha yantra,* followed by *Sthagika bandha.*

Mootravruddhi can be compared to Hydrocele

Hydrocele is one of the congenital & acquired abnormalities of early & late stage of life respectively. It is defined asan abnormal collection

of serous fluid in the tunica vaginalis of the testis or within some part of processes vaginalis.

Causes [11]

The Congenital causes are communication between peritoneal cavity & tunica vaginalis, Primary said to be idiopathic or in simple term it is the defect in production & reabsorption of secretions in tunica vaginalis, interference with drainage of fluid by the lymphatic vessels of the cord, the other causes can be due to diseases of testis & epididymis as Acute & chronic epididymo-orchitis, Syphilis & other chronic diseases of testis, Trauma, Lymphatic obstruction, Post herniorrhaphy hydrocele.

Types [12]

Clinically it is classified into Congenital and Acquired; Congenitally it is due to Processes vaginalis communicating with the peritoneal cavity, as communication orifice is too small, bowel does not descent, while lying down, fluid disappears gradually & while standing fluid recollect, and Hydrocele cannot be emptied by digital pressure as it causes inverted ink bottle effect. It can also be due to progressive effect of ascites, TB peritonitis.

The Acquired variety type is classified into Vaginal hydrocele [13], Infantile hydroceleBilocular hydrocele [14], Encysted hydrocele, Hydrocele of the hernia sac, Hydrocele of the canal of the neck, the other secondary that leads to hydrocele are Post herniorrhaphy hydrocele, Filarial hydrocele, Chylocele.

Primary hydrocele Occurs in middle age, Common in tropical countries Fluctuation test – positive, Initially transilluminant, later non-transilluminant, Testis is not palpable as it usually attains large sizeInfantile hydrocele, Tunica & processes virginals are distended up to the internal ring, No connection with general peritoneal cavity, Binocular hydrocele, It has got 2 intercommunicating sacs, one above & one below the neck of scrotum.

In Encysted hydrocele the fluid collection in a portion of patent funicular process part of tunica vaginalis but closed above and below. Hydrocele of hernia sac is due to adhesions of content of hernial sac. Fluid secreted collects in the hernial sac, Hydrocele of canal of the Neck. It occurs in female, in relation to round ligament, always in the inguinal canal.

The Secondary hydrocele variety is usually small, lax & testis usually palpable except filariasis, it can be very large. Filarial hydrocele & chylocele due to repeated attacks of filarialepididymitis. Usually large in size & sac is thickened. Post herniorrhaphy hydrocele. Due to damage to lymphatic vessels of tunica vaginalis, after surgery of inguinal hernia.

Pathophysiology

Due to above said causes, abnormal collection of fluid in tunica vaginalis Enlargement of scrotum, Hydrocele

Clinical examination [15]

A**ge wise in** congenital hydrocele common at early age of life, primaryhydrocele-0ver 40yrs of age, torsion of testis more common in teenage, carcinomatous swelling in late age of life, G**eographical distribution** wise it is common in tropical area**, occupation wise:** varicocele often develops in the men who are involved in the work which requires prolonged standing,

History of present illness

Haematocele: history of trauma followed by immediately swelling, torsion testis: pain starts immediately after strenuous work, filariasis: recurrent h/o fever, pain & swelling in spermatic & scrotum, tubercular epididymitis: mild ache & prolonged h/o scrotal swelling, history of systemic diseases.

Local examination includes inspection of skin & subcutaneous tissue, if wrinkled than its normal, acute epididymo-orchitis appears red oedematous, hydroceleskin become tense, subcutaneous veins will be prominent, oedematous, ulcers such as carcinomatous ulcer mainly present on anterior aspect, Tubercular ulcers mainly present on posterior aspect, along with multiple sebaceous cyst any gangrenous changes. Swelling may be unilateral / bilateral, size, shape, extentshould also be examined.Impulse on coughingis positive in inguinal hernia,varicocele, lymph varix, but negative in encysted hydrocele, vaginal hydrocele

On Palpation

The temperature, tenderness, size, shape, surface, extent, margin, consistency is examined along with following tests. F**luctuation** test will be positive in vaginal ,infantile & encysted hydrocele

and absent in seminoma , teratoma, & lipoma of spermatic cord, **Trans illumination test** will be positive in vaginal & encysted hydrocele and negative in pyocele, haematocele, inguinal hernia, **reducibility test is positive in** congenital hydrocele, varicocele , lymph varix reducible, vaginal hydrocele and in encysted hydrocele it is irreducible, E**pididymis should be palpated and is** normally firm nodular structure , attached to the posterior aspect of testis, tender in case of acute epididymo-orchitis. **Testis should not be palpated in** primary hydrocele asit is surrounded by large amount of fluid but in secondary hydrocele it is palpable due to laxity of sac, **spermatic cord is well palpated** at the root of scrotum between thumb & index finger simultaneously on both sides in condition such as tubercular& filariasis – where it is thickened along with mild tenderness also in acute epididymitis tenderness is more.

Investigation [16]

Blood examination reveals eosinophilia & microfilariain filariasis and lymphocytosis, ESR will be high in tuberculareepididymo-orchitis, Wassermann's reaction &Kahn test are positive in syphilitic orchitis.

Urine routine reveals increased pus cells, epithelial cells,infected urine, Tubercular bacilli are seen intuberculo-epididymitis,

USG Scrotum is done to rule out hydrocele, haematocele, tortion of testis, **Aspiration** of the content is milky in spermatocele, clear in epididymitis, amber colour in hydrocele, blood stained in secondary hydrocele due to testicular tumour.

Differential diagnosis [17]

Inguinal hernia, epididymal cyst, spermatocele, testicular tumour, infection, pyocele, haematocele, atropy of testis, infertility, hernia of hydrocele sac.

Treatment [18]

Surgery is the choice treatment, it includes subtotal excision, jobouleys operation, evacuation & evertion.

DISCUSSION

Vriddhi can be considered as one among the *vrishanaroga*, according to *charaka* the cause for *vriddhi* is same as the cause for *shotha*, *vriddhi* is of 7 types, on the basis of involvement of *dosha, dhathu*, *mootravriddhi* can be compared to hydrocele in modern science, in *mootravriddhi* the word *mootra* stands for the abnormal collection in the *vrushana* , in *ayurvedic* context *susruta* explained *vyadhana* , *vishravan* & *charaka* mentions *patana* & *seevana* in the treatment of *mootravriddhi* , the above mentioned treatments are followed even in the modern surgical management for hydrocele.

CONCLUSION

Vriddhi means increase, *Susrutha* mentioned *vriddhiroga* separately in terms of scrotal swelling, which is different from generalised *doshavriddhi*, the main cause for the *vriddhis* ,*vimargagamana* of *vata*, in hydrocele, abnormal collection of fluid is mainly due to variation in secretion & re absorption, *acharyas* have mentioned *shastrakarma* for management of *mootravriddhi*, even in modern science surgical intervention is the treatment of choice in hydrocele.

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