

**EFFICACY OF AGNIKARMA IN EPIDIDYMO-ORCHITIS WITH
SPECIAL REFERENCE TO VATAJA VRIDDHI- A CASE STUDY****Dipali Rohidas Shinde^{1*}, Rajendra Sonekar² and Rajendra Amilkanthwar³**¹MS Scholar Department of Shalyatantra, Government Ayurved College, Nanded.²Professor & H.O.D Department of Shalyatantra, Government Ayurved College, Nanded.³Associate Professor, Department of Shalyatantra, Government Ayurved College, Nanded.Article Received on
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Dr. Dipali Rohidas Shinde
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Epididymo-orchitis is caused by viral, filarial, bacterial, sexually transmitted infections and trauma.^[1] Common features of epididymo-orchitis are pain, fever and tenderness in testes. The disease can be correlated with Vridhi Roga in Ayurveda. In present case study patient diagnosed with epididymo-orchitis was treated with Agnikarma. This treatment procedure is mentioned in Sushruta Samhita chikitsa sthan.^[5] After all routine investigations Agnikarma was done on Bilateral angushthamula once and follow up taken on third and eighth day after agnikarma. Agnikarma over Angushthamula showed significant decrease in swelling of testis and reduced symptoms like pain. Before treatment and after treatment measurements of size of bilateral testes was done. Positive results obtained in eight days. Hence from results of this case study it was found that Agnikarma has significant role in

treatment of epididymo-orchitis.

KEYWORDS: Vriddhi roga, Agnikarma, Angushthamula, epididymo-orchitis.**INTRODUCTION**

Inflammation of epididymis with testis is known as epididymo-orchitis. Orchitis is due to infection through blood, lymphatics or epididymis.^[1] There are various causes of epididymo-orchitis including viral, filarial, bacterial, sexually transmitted infections and trauma. Pain in the testis with epididymis, fever, tenderness in testis are common features of epididymo-orchitis.^[1] In modern medicine epididymo-orchitis is treated and antibiotics and analgesics with scrotal support.

In Ayurveda the disease is best correlated with the 'Vridhhi' roga, that is the enlargement of Phalakosha (Scrotum). According to Sushruta there are seven types of Vridhhi Roga.^[2] Among Vridhhi Roga, particularly Vataja condition is best matched with orchitis. Vitiated Doshas pass through the channels of scrotum and cause swelling in Phalakosha.^[2] In Vataja Vridhhi, Vataparipurna Bastimiva Vatataam (Sac filled with air), Parushata (dry and hardness), Animitta Anila Ruja (pain) in the Phalakosha are the clinical features.^[3]

Agnikarma has been one of the peculiar parasurgical procedure described in Sushruta Samhita. Sushruta has referred Agni in Agropaharaniya Adhyaya as Upayantra and Anushastra.^[4] Agnikarma is one which gives instant relief from pain by balancing local Vata and Kapha dosha without any untoward effect. Sushruta has mentioned Agnikarma at Angaviparyay (Contralateral) Angushthamula in the management of Vataja and Kaphaja Vridhhi Roga.^[5]

This study is to assess utility and efficacy of the ancient mode of treatment in scientific era. In this case study a patient suffering from bilateral epididymo-orchitis was treated with Agnikarma. This treatment procedure is described in Sushruta Samhita chikitsa sthan, Vridhhi upadansha shlipada chikitsa adhyaya.

Hypothesis

Agnikarma at contralateral Angushthamula is effective in management of epididymo-orchitis.

AIMS

1. To study the efficacy of Agnikarma in the management of epididymo-orchitis.

OBJECTIVES

1. To find an alternate, inexpensive, safe and effective management technique for epididymoorchitis.
2. To assess utility and efficacy of the ancient mode of treatment in the scientific era.

METHODOLOGY

Patient's present illness

Patient presented with complains of Swelling and pain at Right scrotal region since one week. Patient gave history of trauma while driving bike. Patient took some coconservative treatment from private hospital but didn't get relief. Hence he visited Shalyatantra OPD of Government Ayurved College and Hospital, Nanded.

Patient's general history

- Medicinal history- No history of any major systemic illness
- Surgical history- No any surgical history
- Allergic history- No history of allergy to dust or any drug
- Blood transfusion history- No history of blood transfusion
- Catheterization history- No history of urine retention or catheterization.
- Family history- No history of any major systemic illness
- Personal history-

Issues- one male child (12 months) Appetite- Normal

Occupation- Driver Urine- Regular

Addiction- Tobacco chewing Stool- Regular

Diet- Mixed diet

General examination

- General condition- Fair, Afebrile No icterus
- Blood Pressure- 120/80mm of Hg No clubbing of nails
- Pulse Rate- 78/min No inguinal lymphadenopathy
- No pallor

Systemic examination

- CVS - S1S2 Normal, No murmur
- CNS - Conscious and oriented to time, place and person
- RS - AEBE clear, No crepts, no wheezing
- P/A - Soft, Non-tender

Local examination

- Swelling present over bilateral scrotal region. Fluctuation test - Negative.
 - Bilateral testes separately palpable, tender. Transillumination test - Negative.
 - Coughing impulse- Absent. Tenderness - Present
 - Swelling not reducible. Local temperature- Present.
- Getting above swelling possible.

Investigations

- WBC- 14,040/mm³ BT- 2.17min

- Hb- 13.4mg/dL CT- 3.45min
- PLT- 223k/mm³ HIV- Negative
- BSL (Random)- 101mg/dL HbsAg- Negative
- Sr. Urea- 42mg/dL VDRL- Negative
- Sr. Creatinine- 1.96mg/Dl

Treatment Given (Agnikarma)

Instrument used: Red hot lohashalaka.

- Purvakarma: (Preoperative)
 - After all routine investigations, Agnikarma was planned for the patient.
 - Proper informed written consent taken.
 - Horizontal and vertical lengths of both testes measured with measuring tape before treatment.
- Pradhankarma. (Operative)
 - Patient made to lie on table in supine position.
 - Proper position given for Agnikarma on Bilateral greater toes.
 - Agnikarma done over bilateral Angushthamula with the help of red hot Lohashalaka.
- Pashchatkarma: (Postoperative)
 - Darvyadi Ghrit applied at the site of burn and dressing done.
 - Scrotal support was given.
 - Patient was explained to take care of burn wound.
 - Follow up taken on 3rd and 8th day after Agnikarma.

RESULTS

Measurements	Before Treatment	After Treatment
Right testis (Vertical length)	12cm	6 cm
Right testis (Horizontal length)	11 cm	5 cm
Left testis (Vertical length)	9 cm	5 cm
Left testis (Horizontal length)	8 cm	5 cm



DISCUSSION

Agnikarma over Angushthamula showed significant decrease in swelling of testes and reduced symptoms like pain, local temperature too.

Probable mechanism of action in this treatment may be explained as, According to Ayurveda, Usually pain and swelling arise due to blockage of Vata dosha. Vrushan(Scrotum) is the location of Apana Vayu.^[6] Hence due to blockage or prakopa of Apana vayu pain and swelling develops in in the testes. Agnikarma at Angushthamula probably helps in anulomana and shaman of prakupita Apana vayu. Hence pain and swelling in the epididymis and testes are significantly reduced after agnikarma. Positive results obtained in 8 days.

CONCLUSION

Pain and swelling are the major symptoms in Epididymo-orchitis. These symptoms are significantly relieved after Agnikarma with Lohashalaka over contralateral Angushthamula. Agnikarma probably works by anulomana and shaman of prakupita Apana vayu in Scrotum. Hence Agnikarma has significant role in treatment of Epididymo-orchitis.

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