



**EFFECTIVE SIDDHA MANAGEMENT OF EPIDIDYMO-ORCHITIS (*Andavadham*) - A
CASE STUDY**

**M.K.Sangeetha ^{*1}, K. Rajakumar ², M. R. Srinivasan ³, M. Chithra ², I. Nithyamala ⁴,
S. Dinesh ⁵**

^{*1} Siddha Physician, Dr. Rajkumar, Siddha Clinic, Chromepet, Chennai 600045, Tamil Nadu, India.

² Resident Medical Officer, National Institute of Siddha, Chennai 600047, Tamil Nadu, India.

³ Emergency Medical Officer, National Institute of Siddha, Chennai 600047, Tamil Nadu, India.

⁴ Medical Officer, National Institute of Siddha, Chennai 600047, Tamil Nadu, India.

⁵ Consultant at Dr. Rajkumar's Siddha Clinic, Chromepet, Chennai 600047, Tamil Nadu, India.

ABSTRACT

A 29-years old male patient from Chennai compliant with Pain and swelling over the right scrotal region, tenderness felt over the right scrotal area, painful micturition, and mild to moderate fever on and off for the past week. He was diagnosed with a right epididymal-orchitis with ultrasonogram, equated to *Andavatham* in the Siddha system of medicine. He was treated with both internal and external Siddha medication for 48 days. There was no adverse reaction or events observed during treatment. The combination therapy of both internal and external Siddha medicines made a remarkable reduction in Pain, swelling, tenderness, fever, and burning micturition. The ultrasonogram results relieve normal right epididymis and no pampiniform-plexus dilatation of the right testis.

KEY WORDS: *Andavatham, Epididymo-orchitis, Pampiniform-plexus, Siddha medicine.*

Corresponding Author: M.K.Sangeetha, Siddha Physician, Dr. Rajkumar, Siddha Clinic, Chromepet, Chennai 600045, Tamil Nadu, India

1. Introduction

Inflammation of epididymis & testis is called epididymo-orchitis. Bacterial infections from the kidney, bladder, urethra (UTI), prostate, and STD (syphilis, gonorrhoea) are frequent causes. Mumps is another common cause of in children for orchitis. Clamediasis and E.coli are the most familiar causative organisms. Tuberculosis is another common cause of epididymal orchitis. Symptoms include pain, swelling, & redness in the affected side of the scrotum. It may or may not be associated with fever or fever with chills. The affected side becomes red hot, firm & tender [1].

Treatment includes broad-spectrum antibiotics, analgesics & anti-inflammatory drugs, rest, and scrotal-support is also needed. If the tubercular infection is present, AKT is to be started. The patient usually gets relief from pain and fever with this standard treatment, but firmness and swelling may take several months to resolve completely. Few patients, however, do not respond to this traditional treatment. The condition may lead to abscess formation, ischemic damage to the testis, and atrophy of the testis [2].

In surgical interventions like I & D, orchietomy is needed per the condition. So effective management of acute & chronic epididymal-orchitis is still a problem for surgeons despite higher antibiotics. Siddha's system of medicine has an excellent solution in resistant cases that do not respond to standard conservative management. Siddha's medical management reduces notable symptoms like pain, tenderness, swelling, and firmness significantly. In a present case study, we got fabulous results after treatment with Siddha medication.

2. Materials and Methods

2.1. Case Presentation

A 29-year-old male patient visited our private clinic with the following symptoms and seeking Siddha treatment.

1. Pain and swelling over the right scrotal region for 1 week,
2. He was complaining of repeated urinary tract infections for the past 6 months for which he took medication from modern medicine,

3. Initially, he got only relief from getting allopathic medicine. Gradually he developed mild tenderness over both scrotal regions, especially over the right scrotum,

4. After the onset of this presentation, he developed swelling along with notable pain over the right scrotal region,

5. Painful micturition (on and off),

6. No history of haematuria,

7. History of mild to moderate fever (on and off).

2.2. Examination

1. Tenderness felt over the right scrotal region.

2. Palpable swelling of the epididymis, starting with the tail at the lower pole of the testis and spreading towards the head of the upper pole of the testis with or without the involvement of the testicle.

All the investigations were thoroughly done including urine complete analysis, urine culture and sensitivity, HIV and VDRL etc. Also, the patient was advised to the ultrasonogram - scrotum, out of which we came to the final conclusion that he was suffering from right epididymo-orchitis.

2.3. Treatment

Table 1: Treatment Protocol

Day	Medicine	Dosage	Adjuvant	Duration
1	For Purgation <i>Murukkan vithai mathirai</i>	2 once a day in the early morning on an empty stomach	Ginger juice	1 day
2	Rest - the patient was instructed not to consume any medicines			
3	<i>Kazharchi chooranam mathirai</i>	2 twice a day	Hot water	48 days
	<i>Karuppu Vishnu chakkaram mathirai</i>	2 twice a day	Honey	
	<i>Silasathu parppa mathirai</i>	2 twice a day	Hot water	
	<i>Nerunjil kudineer</i>	60 ml - twice a day - before food on an empty stomach		
	<i>Mayana thailam</i> External application over the affected regions at bedtime	Q.S		

Patient was instructed to consume the above said medicine for a period of 48 days (One Mandalam). Along with internal medication and external medication pathyam and apathyam (diet protocol suitable to the patient and disease) are also instructed to the patient which helps in early prognosis and management of the condition, according to the Siddha system of medicine. Hence

the patient was advised to avoid bitter gourd, brinjal, tamarind, chicken, egg, seafood, fast food and bakery items, food made up of maida.

3. Results

Before treatment, the patient had Pain and swelling over the right scrotal region. He complained of repeated urinary tract infections, swelling, and significant pain over the right scrotal area. Painful micturition (on and off) and also a history of mild to moderate fever (on and off). He underwent an Ultrasonogram scrotum which revealed thickened hypoechoic right epididymis, and he was diagnosed with right epididymo-orchitis. After 48 days of treatment with above mentioned Siddha medicines, a notable decrease in pain and swelling over the right scrotal region, and there was no onset of painful micturition and a history of fever. After completion of treatment, the patient was advised for an ultra-sonogram scrotum, which finally concluded that there was normal right epididymis and no pampiniform-pluxus dilatation.

4. Discussion

Orchitis, or inflammation of the testicles, can be caused by bacteria and viruses. Although symptoms may appear in only one testicle, both testicles may be involved. Inflammation of the testicular duct is often due to the entry of microbial agents into the testicles through the blood [3]. These agents are often bacterial in origin in children and older men due to widespread urinary tract infections (UTIs). While in young men (sexually active) the source of the disease is marital diseases [4]. One cause of scrotum pain can be caused by epididymitis or orchitis. Epididymitis is usually associated with orchitis, called epididymo-orchitis, and is a sudden swelling of the epididymis and testicles that cause pain in the scrotum. In the normal epididymis, vessels are not usually seen, and with the help of colour Doppler ultrasound, an increase in the size and number of vessels can be seen. A prospective study was carried out on 55 patients with epididymo-orchitis. Their ages ranged from 15 to 65 years. In this study, 23% of the patients had urethritis with gonococcal, 11% with chlamydial; and 8% with combined gonococcal and chlamydial. None of the 55 patients had UTIs. Forty-three patients (78%) had unilateral involvement of both the testis and epididymis and 4 patients (7%) had bilateral epididymo-orchitis [3]. Siddha medicine, Kalarchi chooranam has potent antibacterial, antifungal and antioxidant activity against human pathogens [5].

Nerunjil Kudineer chooranam is one of the main Siddha medicine of andavatham, the foremost ingredient of this medicine is Tribulus terrestris used as a tonic, aphrodisiac, palliative, astringent, stomachic, antihypertensive, diuretic, lithotriptic, and urinary disinfectant. It has been used for centuries in Ayurveda to treat impotence, venereal diseases, and sexual debility. And also it has diuretic activity [6], aphrodisiac activity [7-8], antiinflammatory activity [9], analgesic activity [10], antispasmodic activity [11], and antibacterial activity [12].

5. Conclusion

This case study concludes that the intake of above mentioned Siddha medicine internally with a suitable adjuvant as mentioned in the Siddha literature can effectively reduce the clinical manifestation of Andavatham (epididymo-orchitis). Strict dietary and lifestyle modification which was suggested to the patient helped in the speedy recovery from the condition. Moreover, it can be concluded that the external application of Mayana thailam reduced the pain effectively and also reduce the swelling. The present study finding cannot be generalized, further long-term follows up studies on the large sample are required to substantiate the above claims.

6. Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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9. Conflicts of interest

There are no conflicts of interest.

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