

Exploring the Efficacy of Homeopathic Treatment in Epididymitis, Funiculitis, Reactive Hydrocele, Inguinal Lymphadenopathy: Case Report

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ABSTRACT

Background: Modern lifestyles, marked by prolonged sitting, occupational strain, infections, and delayed medical attention, have led to an increasing incidence of male genitourinary inflammatory conditions such as epididymitis, often associated with bilateral funiculitis, hydrocele, and inguinal lymphadenopathy. Epididymitis involves inflammation of the epididymis and commonly presents with scrotal pain, tenderness, and swelling, while funiculitis reflects extension of inflammation to the spermatic cord, and a reactive hydrocele results from inflammatory fluid accumulation; associated inguinal lymph node enlargement indicates an active immune response. Although mild inflammation is part of the body's protective mechanism, persistent inflammation can cause discomfort and affect daily activities if not addressed promptly. A holistic and individualized approach, such as homeopathic management, aims to reduce inflammation, relieve pain, support lymphatic drainage, and promote natural healing by considering the totality of symptoms and the patient's overall constitution. Early diagnosis, appropriate evaluation, and regular follow-up are essential to prevent chronicity and ensure optimal recovery and genitourinary well-being.

Objective: The aim of this article is to explore epididymitis, funiculitis, reactive hydrocele, inguinal lymphadenopathy through homoeopathic medicines.

Methods: Using symptomatology, Homoeopathic medicines is prescribed Stramonium 30 is prescribed as a constitutional medicine based on the core of the patient.

Result: Homeopathic remedies can be commonly used to manage epididymitis, funiculitis, reactive hydrocele, inguinal lymphadenopathy and its associated symptoms.

Conclusion: While the efficacy of homeopathic treatment in the management of epididymitis, funiculitis, reactive hydrocele, and associated inguinal lymphadenopathy remains a subject of ongoing discussion, a growing body of clinical observations and preliminary evidence suggests its potential benefits, particularly in mild and subacute cases. The holistic and individualized approach of homeopathy, which considers the patient's constitutional makeup along with local inflammatory and systemic symptoms, aligns well with the multifactorial nature of genitourinary inflammatory conditions. By addressing inflammation, pain, tissue reactivity, and lymphatic involvement in an integrated manner, homeopathic management aims to support the body's inherent healing processes. However, to establish a more robust and scientifically validated foundation for its efficacy, further well-designed clinical trials with larger sample sizes and standardized research methodologies are required. As part of a comprehensive and integrative treatment strategy, homeopathy may offer a complementary option for patients seeking personalized care alongside conventional medical management. Individuals with severe symptoms, recurrent episodes, or complications should seek timely evaluation and guidance from qualified healthcare professionals before making decisions regarding their treatment plan.

Keywords: epididymitis, funiculitis, reactive hydrocele, and associated inguinal lymphadenopathy, Stramonium , Homoeopathy

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Conflict of interest: None

INTRODUCTION

Modern lifestyle factors such as prolonged sitting, sedentary habits, occupational strain, genitourinary infections, delayed health-seeking behavior, and compromised immunity have contributed to a noticeable rise in **male genitourinary inflammatory disorders**, making effective and timely management increasingly important. Among these conditions, **epididymitis**, often accompanied by **funiculitis**, **reactive hydrocele**, and **inguinal lymphadenopathy**, is commonly encountered in clinical practice. This article explores the potential role of **homeopathic treatment** in the management of these conditions, highlighting its holistic and individualized approach and reviewing available clinical observations and evidence supporting its role in promoting genitourinary health and overall well-being.

Epididymitis refers to inflammation of the epididymis and commonly presents with scrotal pain, tenderness, swelling, and discomfort. In mild cases, the inflammation may extend to the **spermatic cord**, resulting in **funiculitis**, which can be unilateral or bilateral. A **reactive hydrocele**, particularly mild and unilateral, may develop due to inflammatory exudation within the tunica vaginalis, leading to a feeling of scrotal heaviness. **Inguinal lymphadenopathy** reflects lymphatic involvement and indicates an active immune response to local inflammation or infection. Mild inflammation is a natural protective mechanism of the body; however, persistent or recurrent inflammation can adversely affect daily activities, fertility concerns, and psychological well-being if not addressed appropriately.

Patients with these conditions may experience local pain, dragging sensation, scrotal heaviness, fever, and anxiety related to genital health. Chronic discomfort often leads to disturbed sleep, irritability, reduced concentration, fatigue, and excessive health-related worry. These physical and emotional responses form a complex clinical picture, emphasizing the importance of an approach that addresses both **local pathology and systemic response**.

The Mind–Body Connection

Homeopathy's emphasis on the interconnectedness of the mind and body aligns well with contemporary understanding of inflammatory disorders, where physical symptoms often influence emotional and psychological states. Persistent pain, swelling, and fear of complications can heighten anxiety and stress, which in turn may impair

immune response and delay recovery. By addressing the individual as a whole, homeopathy aims to support both **physical healing and emotional balance**, thereby promoting more comprehensive recovery.

Individualization in Homeopathic Management

One of the core principles of homeopathy is **individualization**. Homeopathic practitioners undertake detailed case-taking to understand not only the local genitourinary symptoms but also the patient's general constitution, emotional responses, thermal preferences, and associated systemic complaints. Remedies are selected based on the **totality of symptoms**, rather than solely on the pathological diagnosis, allowing treatment to be tailored to the patient's unique experience of the disease.

Clinical Studies and Empirical Evidence

Although large-scale randomized trials remain limited, clinical observations and smaller studies suggest potential benefits of homeopathic treatment in inflammatory and infectious conditions. Reviews exploring homeopathy in inflammatory disorders have reported improvements in pain, swelling, and recurrence rates in selected cases, while also emphasizing the need for **well-designed clinical trials with larger sample sizes and standardized methodologies**. Case reports and patient-based outcomes frequently describe symptomatic relief, reduced inflammation, and improved quality of life when homeopathy is used as part of an integrated care approach.

Commonly Used Homeopathic Remedies

Several homeopathic remedies are traditionally considered in cases of epididymitis, funiculitis, reactive hydrocele, and associated lymphadenopathy, depending on the symptom profile:

- **Arnica montana:** Often indicated when pain, tenderness, and bruised sensation predominate, especially following trauma or strain.
- **Rhododendron:** Useful in cases where testicular pain worsens with cold or changes in weather.
- **Clematis erecta:** Commonly considered for epididymal and testicular inflammation with induration and drawing pain.
- **Conium maculatum:** Indicated when there is glandular induration, slow-developing inflammation, and associated lymph node involvement.

- **Hamamelis virginiana:** Considered when venous congestion, soreness, and dragging pain are prominent.

CONCLUSION

While the efficacy of homeopathic treatment in **epididymitis, funiculitis, reactive hydrocele, and inguinal lymphadenopathy** continues to be explored, existing clinical observations suggest that its holistic and individualized approach may offer benefits, particularly in mild and subacute cases. By addressing inflammation, pain, lymphatic involvement, and associated emotional distress, homeopathy may serve as a complementary modality within a comprehensive treatment framework. However, patients with severe symptoms, high fever, abscess formation, testicular torsion suspicion, or recurrent disease should seek immediate evaluation and management from qualified healthcare professionals, and any alternative or complementary therapy should be undertaken under appropriate medical guidance.

Case Report: We report a case of 42 yrs Male patient on 11/2/2025, working as office admin at Construction Company, complaining of

- Acute scrotal pain and swelling right sided
- Fever, dysuria, frequency of micturition present
- Groin pain radiating to scrotum
- Painless or mildly painful scrotal swelling
- O/E Tender, indurated area posterior to testis
 - Pain relieved on scrotal elevation
 - Overlying scrotal skin warm, erythematous
 - Thickened, cord-like structure felt in inguinal canal
 - Enlarged, tender inguinal lymph nodes

- Fluctuant, cystic swelling around testis
- Transillumination positive
- Testis palpable separately

since 4-5 days started with burning urination and fever and episode of haematuria. . He has past history-of renal calculi and Jaundice in 2024. He is thirsty. Thermally chilly. He gets stressed about health, at present he is in extreme pain,before examination he got up in the chair showing where exactly he is having pain located with the fingers, he is afraid to go and pass the urine as it is burning painful, asking with why this is happening what is possibility of the disease any serious clinical issue. Also said I don't want to get admitted in the hospital and injection. Based on this examination findings and narration few investigations advised. CRP- 113.1, Serum creatinine-1.2, Serum urea 23mmol/lit,HB-11.7 mg/dl, TLC-11400 μ L, neutrophil-86,l-11,E-01,M-02,platelets-253000. Microcytic hypochromic ,mild anisoctyosis Mild neutrophil leucocytosis.

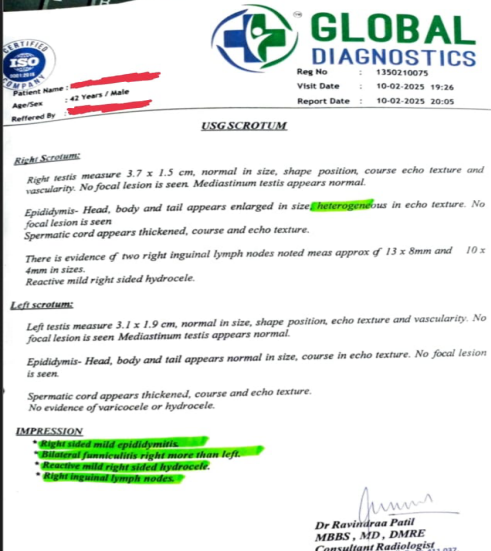

Intervention





Written informed consent was given by the patient before starting the treatment. He was prescribed -1. Strammonium 30 \times 3 powder doses 2. Mimulus 4 30 \times 3 pills \times TDS \times 7 days. He showed mild improvement in symptoms in the first follow-up. The same dose was repeated which gradually reduced symptoms in subsequent follow-ups.


Strammonium

Remedy that is prescribed more on the basis of state of mind of the patient during the illness, it helps to boost up the psycho-neuro endocrinal axis. This is intended to stimulate healing at the deepest levels of the person's emotions and psyche as well as physical characteristics.

Table no.1 Follow up:

Date	Follow up	Prescription																																																																								
11/2/2025	<p>Acute scrotal pain and swelling right sided Fever, Dysuria , frequency of Urination present Groin pain radiating to scrotum O/E Tender, indurated area posterior to testis</p> <ul style="list-style-type: none"> • Pain relieved on scrotal elevation • Overlying scrotal skin warm, erythematous • Thickened, cord-like structure felt in inguinal canal • Enlarged, tender inguinal lymph nodes • Fluctuant, cystic swelling around testis • Transillumination positive • Testis palpable separately <p>Appetite- good,Thirsty BP - 130/80 mmHg, Pulse- 70 / min</p>  <p>GLOBAL DIAGNOSTICS Reg No : 1350210075 Visit Date : 10-02-2025 19:26 Report Date : 10-02-2025 20:05</p> <p>USG SCROTUM</p> <p>Right Scrotum: Right testis measure 3.7 x 1.5 cm, normal in size, shape position, course echo texture and vascularity. No focal lesion is seen. Mediastinum testis appears normal. Epididymis- Head, body and tail appears enlarged in size heterogenous in echo texture. No focal lesion is seen Spermatic cord appears thickened, course and echo texture. There is evidence of two right inguinal lymph nodes noted meas approx of 13 x 8mm and 10 x 4mm in sizes. Reactive mild right sided hydrocele.</p> <p>Left scrotum: Left testis measure 3.1 x 1.9 cm, normal in size, shape position, echo texture and vascularity. No focal lesion is seen. Mediastinum testis appears normal. Epididymis- Head, body and tail appears normal in size, course in echo texture. No focal lesion is seen. Spermatic cord appears thickened, course and echo texture. No evidence of varicocele or hydrocele.</p> <p>IMPRESSION</p> <ul style="list-style-type: none"> • Right sided mild epididymitis. • Bilateral funiculitis right more than left. • Reactive mild right sided hydrocele. • Right inguinal lymph nodes. <p>Dr Ravindra Patil MBBS, MD, DMRE Consultant Radiologist</p>	<p>Prescription</p> <ol style="list-style-type: none"> 1. Strammonium 30 × 3 powder doses 1 od for three days orally. 2. Mimulus 30 × 3 pills × Tds × 7 days. orally  <p>Diago Vision Pathology Laboratory Dr. Mohesh Mendhakar Reg No. 2001/08/2424</p> <p>COMPLETE HEMOGRAM</p> <table border="1"> <thead> <tr> <th>Test Description</th> <th>Value</th> <th>Unit</th> <th>Reference Range</th> </tr> </thead> <tbody> <tr> <td>Hemoglobin</td> <td>15.2</td> <td>g/dL</td> <td>15.5 - 18.0</td> </tr> <tr> <td>Hb C</td> <td>36.8</td> <td>%</td> <td>33 - 47</td> </tr> <tr> <td>Hematocrit (HCT)</td> <td>46.8</td> <td>%</td> <td>44 - 54</td> </tr> <tr> <td>M.C.V</td> <td>102.9</td> <td>fL</td> <td>76 - 105</td> </tr> <tr> <td>M.C.H</td> <td>32.8</td> <td>pg</td> <td>28 - 33</td> </tr> <tr> <td>M.C.H.C</td> <td>32.3</td> <td>g/dL</td> <td>32 - 36</td> </tr> <tr> <td>RBCW</td> <td>14.8</td> <td>fL</td> <td>11.5 - 14.0</td> </tr> <tr> <td>WBC Count</td> <td>11160</td> <td>/cmm</td> <td>4000 - 10000</td> </tr> <tr> <td>Differential Count</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Neutrophils</td> <td>86</td> <td>%</td> <td>40 - 70</td> </tr> <tr> <td>Lymphocytes</td> <td>11</td> <td>%</td> <td>20 - 40</td> </tr> <tr> <td>Eosinophils</td> <td>01</td> <td>%</td> <td>1 - 4</td> </tr> <tr> <td>Monocytes</td> <td>02</td> <td>%</td> <td>2 - 8</td> </tr> <tr> <td>Basophils</td> <td>00</td> <td>%</td> <td>0 - 1</td> </tr> <tr> <td>Platelet Count</td> <td>250000</td> <td>/cmm</td> <td>150000 - 400000</td> </tr> </tbody> </table> <p>PROFESSIONAL INK: CBC: Microscopic hyperchromatic mild anisocytosis WBC: Mild centrifugal bandocytosis Platelets: Adequate</p> <p>CRP (C-REACTIVE PROTEIN)</p> <table border="1"> <thead> <tr> <th>Test Description</th> <th>Value</th> <th>Unit</th> <th>Reference Range</th> </tr> </thead> <tbody> <tr> <td>CRP (C-REACTIVE PROTEIN)</td> <td>113.3</td> <td>mg/L</td> <td>0.3 - 10.0</td> </tr> </tbody> </table>	Test Description	Value	Unit	Reference Range	Hemoglobin	15.2	g/dL	15.5 - 18.0	Hb C	36.8	%	33 - 47	Hematocrit (HCT)	46.8	%	44 - 54	M.C.V	102.9	fL	76 - 105	M.C.H	32.8	pg	28 - 33	M.C.H.C	32.3	g/dL	32 - 36	RBCW	14.8	fL	11.5 - 14.0	WBC Count	11160	/cmm	4000 - 10000	Differential Count				Neutrophils	86	%	40 - 70	Lymphocytes	11	%	20 - 40	Eosinophils	01	%	1 - 4	Monocytes	02	%	2 - 8	Basophils	00	%	0 - 1	Platelet Count	250000	/cmm	150000 - 400000	Test Description	Value	Unit	Reference Range	CRP (C-REACTIVE PROTEIN)	113.3	mg/L	0.3 - 10.0
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<p>20/2/2025</p>	<p>scrotal pain in scrotum reduced. No Fever, No pain during urination, frequency of Urination reduced. Groin pain reduced. O/E</p> <ul style="list-style-type: none"> • Tenderness reduced. • Overlying scrotal skin erythema reduced • Thickened, cord-like structure felt in inguinal canal • Enlarged, tender inguinal lymph nodes • Swelling around testis reduced. <p>Appetite- good Thirsty Sleep- sound BP - 120/80 mmHg Pulse- 74 / min</p>  <p>  GLOBAL DIAGNOSTICS Patient Name : [REDACTED] Age/Sex : 42 Years / Male Referred By : [REDACTED] Reg No : 1350220052 Visit Date : 20-02-2025 19:11 Report Date : 20-02-2025 20:00 </p> <p style="text-align: center;">USG SCROTUM WITH SCROTAL DOPPLER</p> <p>Right Scrotum:</p> <p>Right testis measure 3.4 x 1.4 cm, normal in size, shape position, course echo texture and vascularity. No focal lesion is seen. Mediastinum testis appears normal.</p> <p>Epididymis- Head, body and tail appears normal in size, normal in echo texture. No focal lesion is seen. Spermatic cord appears thickened, course and echo texture.</p> <p>No evidence of inguinal lymph nodes noted. No hydrocele.</p> <p>Left scrotum:</p> <p>Left testis measure 3.0 x 1.9 cm, normal in size, shape position, echo texture and vascularity. No focal lesion is seen. Mediastinum testis appears normal.</p> <p>Epididymis- Head, body and tail appears normal in size, course in echo texture. No focal lesion is seen.</p> <p>Spermatic cord appears thickened, course and echo texture. No evidence of varicocele or hydrocele.</p> <p>MPRESSION</p> <ul style="list-style-type: none"> * Bilateral mild funiculitis right more than left. * No other significant abnormality noted. * Scrotal doppler appears normal. <p>In comparison with previous USG significant decrease in changes noted.</p> <p style="text-align: right;">  Dr Ravindra Patil MBBS , MD , DMRE Consultant Radiologist </p> <p style="font-size: small;">Office No. 4 Ground Floor B. C. K. V. Road, Kumbhariya, Gandhinagar, Ahmedabad - 380 015</p>	<p>1.Strammonium 30 × 3 powder doses 1 od for three days orally.</p> <p>2.Mimulus 30 ×3 pills × Tds× 7 days. orally</p> 
<p>6/3/2025</p>	<p>No scrotal pain. No Fever, Urination normal, no complaints. No groin pain. O/E</p> <ul style="list-style-type: none"> • No tenderness. • Overlying scrotal skin normal • Thickened, cord-like structure felt in inguinal canal • Enlarged, tender inguinal lymph nodes • No swelling around testis. <p>Sleep- good</p>	<p>1.Strammonium 30 × 3 powder doses 1 od for three days orally.</p> <p>2.Mimulus 30 ×3 pills × Tds× 7 days. orally</p>

	Appetite- good Bp-120/76 mm hg	
21/3/25	<ul style="list-style-type: none"> • No pain • No fever • No urination complaints • Mild thickened, cord-like structure felt in inguinal canal 	Strammonium 30 × 3 powder doses 1 od for three days orally. Mimulus 30 × 3 pills × Tds × 7 days. orally

DISCUSSION

Epididymitis, funiculitis, reactive hydrocele, and associated inguinal lymphadenopathy are primarily inflammatory conditions that require modern medical management with antibiotics, anti-inflammatory drugs, analgesics, and supportive measures to control infection and prevent complications; however, these disorders are often accompanied by significant psychological distress such as anxiety, fear of recurrence, irritability, and concern regarding sexual and reproductive health, which can influence recovery. Homeopathic medicine addresses this mind-body interaction by selecting remedies based on the patient’s state of mind along with local and general physical symptoms, aiming to reduce emotional stress, improve coping ability, and support immune and inflammatory balance. We can use as a complementary approach alongside modern medicine, and also homeopathy as evidence-based treatment which may assist in relieving residual pain and inflammation, improving sleep and emotional well-being, and reducing the tendency toward chronicity or recurrence, thereby contributing to a more holistic and patient-centered management strategy.

CONCLUSION

In patients with epididymitis, funiculitis, reactive hydrocele, and associated inguinal lymphadenopathy, a holistic management approach that integrates homeopathic medicine with conventional care has shown encouraging clinical outcomes in selected cases. Homeopathic treatment, when prescribed on the basis of the patient’s state of mind—such as anxiety, fear, irritability, emotional suppression, or stress related to

genital health—along with physical findings, aims to modulate the mind-body axis and support immune regulation. During follow-up, such an individualized approach has been associated with reduction in inflammatory markers such as C-reactive protein (CRP), improvement in total leukocyte count (TLC) toward normal ranges, and objective resolution of inflammatory changes on ultrasonography, including decreased epididymal and spermatic cord inflammation, reduction in hydrocele fluid, and regression of inguinal lymphadenopathy. By addressing psychological stressors that can perpetuate neuro-immune activation, homeopathic medicines may aid in symptom relief, faster convalescence, and prevention of chronicity when used as a complementary modality. In conclusion, while modern medicine remains essential for etiological treatment and acute infection control, homeopathy prescribed on mental and constitutional grounds may contribute to measurable biochemical and radiological improvement, enhancing overall recovery and patient well-being when applied judiciously and under appropriate clinical supervision.

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