Siddha Therapeutic Approach to Hydrocele (Andavatham) Using Abraga Chendooram - A Case Report

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ABSTRACT

Hydrocele, a condition characterized by fluid accumulation in the scrotal sac which often leads to discomfort and reduced quality of life. Conventional treatments, such as surgical interventions, may be associated with risks and complications, creating a demand for safer and holistic alternatives. *Abraga chendooram*, a high order siddha drug which is indicated for *Andavatham* in the textbook named "*Siddhar Aruvai Maruthuvam*". This study explores the efficacy of *Abraga Chendooram* in the management of hydrocele, its potential therapeutic benefits and outcomes in comparison to conventional treatment options. It also explores the Siddha system of medicine as a potential solution for managing hydrocele. A 28-year-old male patient presented with unilateral hydrocele was treated with internal and external medicines including *Abraga chendooram* for 6 weeks. The patient was monitored without medications over a period of eight months for recurrence in scrotal pain or swelling, and overall health improvement. The intervention resulted in significant symptomatic relief and reduction in scrotal swelling (both in clinical and radiological) with no adverse effects, demonstrating both the efficacy and safety of the Siddha approach. This treatment not only addressed the localized condition but also contributed to the overall wellbeing. This case study underscores the potential of *Abraga chendooram* as a complementary or alternative therapy for hydrocele. This non-invasive and holistic approach offers an effective and safer solution compared to conventional treatments. Further clinical studies with large scale are essential to validate these findings and explore the broader applicability of *Abraga chendooram* in managing hydrocele and similar conditions.

Keywords: Siddha, Case report, Hydrocele, *Andavatham*, *Abraga chendooram*, *Kazharchi vithai.*

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BACKGROUND

A hydrocele is a common condition that results swelling and discomfort in scrotum, affecting males across all age groups. The term "hydrocele" comes from the Greek word hydro (meaning water) and kel (meaning swelling), which describes the

condition's primary characteristic, the accumulation of fluid within the scrotum. Approximately 26.79 million cases of hydrocele have been reported worldwide, with 48% of these cases occurring in India.[1] Furthermore, 94% of the wives of hydrocele patients remained dissatisfied with their sexual lives.[1] The condition can be categorized into two main types namely communicating and non-communicating hydroceles, each having distinct causes and clinical features.

In neonates, the most frequent cause of a hydrocele is failure of the vaginal canal to close, leading to a communicating hydrocele. In contrast, adult hydroceles are often linked to factors such as trauma, infection, inflammation, or an imbalance in the fluid production and absorption mechanisms of the scrotum. Scrotal fluid production and absorption must be disrupted for a hydrocele to develop. These conditions can lead to either excessive fluid accumulation or impaired fluid drainage, which underpins both communicating and non-communicating hydroceles.

In non-communicating hydrocele, fluid accumulates within the scrotum without a connection to the abdominal cavity. Excessive fluid accumulation in non-communicating hydroceles is caused by abnormal internal shifts in scrotal fluid. Secondary hydroceles arise from excessive fluid production within the sac. In this type of hydrocele, the processus vaginalis (a channel formed during fetal development) closes off prematurely, preventing the fluid from returning to the abdominal cavity. As a result, fluid collects within the scrotum, leading to a gradual enlargement. These hydroceles are typically slow-growing and often remain stable in size, causing little discomfort or pain. Hydrocele coexisting with an inguinal hernia is not often. Other potential causes include fluid or blood blockages in the spermatic cord, or damage to the testicle or epididymis. This type of hydrocele is more commonly seen in older males.

The scrotum plays a vital role in regulating the temperature necessary for sperm production. For sperm to proliferate and become viable, the scrotum's relatively cold temperature is believed to be crucial. The scrotum is located external to the abdominal wall and has the ability to contract in response to cold, physical exertion, or sexual arousal, and relaxes in warmer environment. This helps maintain the optimal temperature for sperm development. The raphe, a median ridge, serves as an external marker for the separation of the scrotal cavity into two sections. The scrotum is divided by a muscular septum connected to the internal raphe.

Diagnosis of hydrocele is typically made through physical examination. An ultrasound imaging is often used to rule out other conditions such as testicular cancer, hematocele. Testing for alternative potential causes of swelling, such as testicular cancer, can be done painlessly with an ultrasound that involves no discomfort.[2] Non communicating hydroceles are usually slow-growing and tend to remain stable in size, but in some cases, they may increase gradually. Even in cases of an obvious hydrocele, the amount of fluid varies greatly between patients, ranging from small swellings to larger lumps. [3] The diagnostic criteria for hydrocele, as well as the threshold volume of fluid that defines its presence, remain somewhat ambiguous in medical practice.[4]

In contemporary medical practice, hydroceles can be treated through surgical resection using the inguinal approach, a combination of thrombolytic therapy, catheter drainage, and alcohol ablation, or by aspiration with sclerotherapy. Noncommunicating hydroceles can be managed with either surgical resection via the inguinal approach or aspiration and sclerotherapy.[4]

***Andavatham* in siddha literature**

The Siddha system of medicine is one of the oldest traditional healing practices, primarily followed in South India. Rooted in ancient Tamil culture, it is based on the principles of the five elements (*Pancha Bootham*) and the three fundamental humors *(Vatham, Pitham, and Kapam).* Siddha medicine emphasizes holistic healing through herbal, mineral, and lifestyle-based therapies.

In Siddha medicine, the term *Andavadam* refers to diseases affecting the scrotum, including hydrocele.[5] *Andavadam* is classified into four types:

1. *Kudalandam*
2. *Kumuralandam*
3. *Neerandam*
4. *Thasai Andam*

Hydrocele falls under *Neerandam*, which is characterized by the abnormal accumulation of fluid in the scrotal sac.

Andavatham, also known as *Anda vayu*, *Virai vaayu*, *Vali noi.* Imbalance of *Vatham* in the body may contribute to the development of *Andavatham*. Siddha literature describes various internal and external medicines for its treatment. Here, we present a case of hydrocele successfully treated using Siddha medicine.

PATIENT INFORMATION

A 28-year-old male who was an IT employee, presented to the OPD of Ayothidoss Pandithar Hospital, National Institute of Siddha with complaints of a gradually increasing swelling in the right hemi-scrotum for the past five months, accompanied by mild scrotal discomfort and pain during coitus. The symptoms began following a history of scrotal trauma five months prior. There was no significant medical history, including diabetes mellitus, systemic hypertension, dyslipidemia, or coronary artery disease. He has no relevant family history. He denies any urinary symptoms such as dysuria or hematuria and has no fever, pedal edema, or other systemic complaints.

CLINICAL FINDINGS

On clinical examination, the swelling was non-tender, without erythema or signs of inflammation (Fig-1). Transillumination was positive, and the cough impulse test was negative, suggesting a fluid-filled lesion rather than a hernia. Siddha Examination (Eight-Fold Assessment) revealed *Nadi (Pulse)* - *Vathakapam*, *Sparisam* (skin texture) - *Varatchi* (Dryness), *Naa (Tongue)* - *Veluppu (Pale*), *Malam (Stool)*- *Irugal* (Hard stools). The findings are consistent with a chronic reactive hydrocele, likely secondary to the previous trauma. Siddha based interventions may focus on balancing *Vathakapa* derangement, improving digestion, and addressing stool hardness.

DIAGNOSTIC ASSESSMENT

Ultrasonography Findings showed Right-sided hydrocele with approximately ~130 ml of fluid, Normal testicular size (Right testis measured about ~4.3*2.1*2.5 cm and left testis measured ~3.8*2.2*2.5 cm) and echotexture, No significant abnormalities in the spermatic cord, epididymis, or other scrotal structures.

INTERVENTION

The patient was prescribed the following medications, accompanied by dietary and lifestyle recommendations.

1. Day 1: Oil bath with *Chukku Thailam* to balance deranged *Vatham* and *Kapam.*
2. Day 2: *Agasthiyar Kuzhambu* -200mg OD at morning with ginger juice for purgation to regulate Vatham and Kapam.
3. From Day 3 onwards:
   - Internal Medicine: Abraga Chendooram -100mg with *Notchi Kozhunthu* (*Vitex negundo*) juice, twice daily after food, for 6 weeks.
   - External Application: *Kazharchi Vithai* powder with egg white, applied as a poultice on the right hemi-scrotum every night for 6 weeks.
4. Follow-up: Weekly OPD visits for assessment and dosage adjustments.

TIMELINE

Timeline details are mentioned in Image No.1.

Image No.1. Details of Timeline

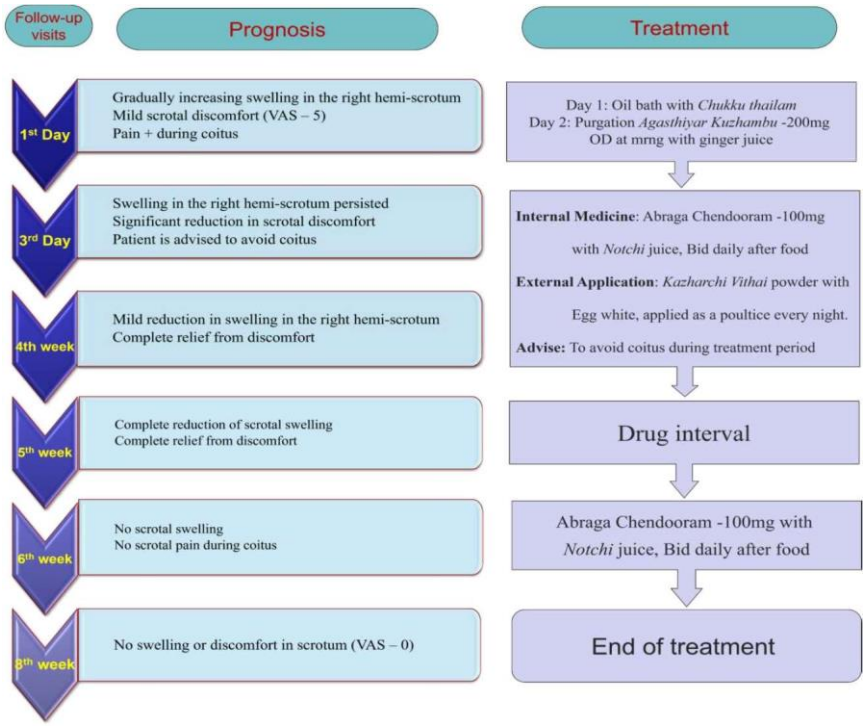
TREATMENT PROGRESS AND OUTCOME

Week 1: Significant reduction in pain.

Week 2: Mild reduction in swelling, complete relief from discomfort.

Week 4: Complete resolution of swelling.

POST-TREATMENT MAINTENANCE



After a one-week drug-free interval, medication was continued for an additional two weeks.

OUTCOME

Post treatment scrotal ultrasonography reveals normal size and echo structure, along with unremarkable scrotal structures. The hydrocele has completely resolved. The patient was completely recovered, with improved sexual function and no recurrence of symptoms during a nine-months of follow-up period after completing treatment. This integrated Siddha approach effectively managed the hydrocele by treating the root cause, balancing the affected humors. (Image No.2 and 3).

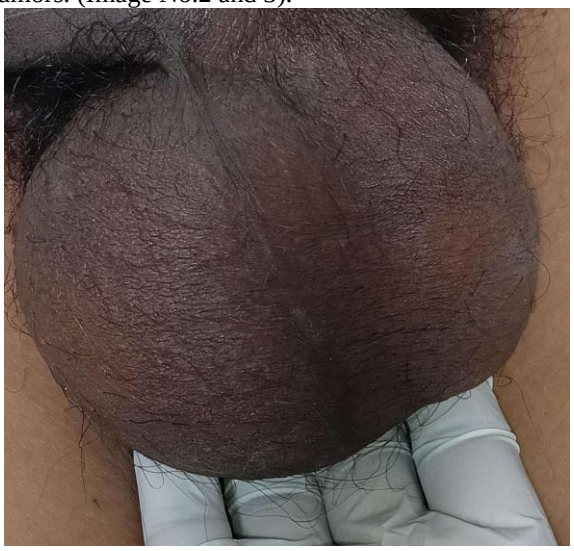


Image No.2. Before Treatement

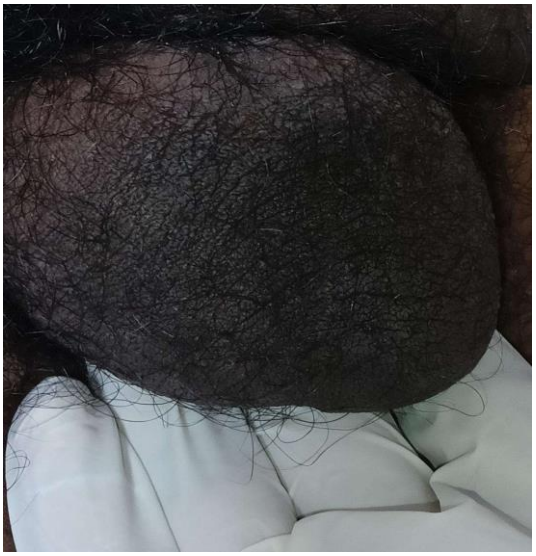


Image No.3. After Treatment

The Siddha treatment approach effectively managed the patient's chronic reactive hydrocele, addressing both the underlying Vatha-Kapa derangement and symptomatic discomfort. The stepwise treatment protocol, including purgation, internal medicines, and external applications, led to progressive symptom relief and complete resolution of

swelling. After 6 weeks of treatment the patient regained normal sexual function, with no recurrence of symptoms. After 3 months of treatment, Ultrasonography revealed complete regression of hydrocele and other structures of scrotum are normal in size and echo structure (Image No.4). This case highlights the effectiveness of Siddha medicine in treating hydrocele by restoring balance of vital humors, promoting natural healing, and avoiding surgical intervention.

S.No	Findings	Before treatment	After treatment
1	Swelling in the right hemi-scrotum	Present	Completely reduced
2	Scrotal discomfort	VAS -5	VAS-0
3	Pain during coitus	Present	Absent
4	USG- Abdomen & Pelvis (Size of Cysts)	Right testis measured ~4.3*2.1*2.5 cm Left testis measured ~3.8*2.2*2.5 cm **Hydrocele ~130cc**	Both testes normal in size **No evidence of Hydrocele**

Image No.4. Details of Outcome.

DISCUSSION

Hydrocele, in Siddha medicine, is correlated with *Andavatham*, a condition caused by derangement of *Vatham* affecting the scrotum. The treatment approach focused on balancing the deranged vital humors, reducing swelling, and relieving discomfort through both internal and external medicines. *Abragam,* a mineral drug from the *Uparasam* category of Siddha raw drugs, has been traditionally indicated for *Andavatham (Peesavaayu)* in *Pathartha Guna Sinthamani*, a classical Siddha Materia medica.

"Appiraka menṟaṟaintāl aṇḍa makōtaramum
Eppiramiyangkaḻum muṉ nīriḻivum –veppūṟal
Pittamum pōm mēka-pittam kaṇṇōykaḻum pala
Vātamum pōm tātuvumām māl." - *Pathārtha Guṇa Cintāmaṇi* [6]

Various Siddha texts recommend *Abraga Chendooram* with different adjuvants for treating *Andavatham. Therayar Yamaga Venba* suggests *Abraga Chendooram* for *Andavatham with* Amla juice as an adjuvant.[7] *Siddha Vaithiya Thirattu* suggests *Abraga Chendooram for Andavatham with* Betel leaf juice as an adjuvant.[8] *Siddhar Aruvai Maruthuvam* recommends *Abraga Chendooram in the dose of 65 to 130mg with* Notchi (Vitex negundo) juice as an adjuvant.[9] By considering the Vathakapam predominance in this case, *Abraga Chendooram* with *Notchi* juice was chosen as the drug of choice, as it effectively neutralizes both humors, providing relief from swelling and discomfort. *Kazharchi (Caesalpinia bonduc),* an herbal drug has been traditionally indicated for *Andavatham (Peesavaayu)* in *Pathartha Guna Sinthamani*, a classical Siddha Materia medica. Various Siddha texts such as *Theraiyar venba*, *Theraiyar Thaila varukka surukkam and agathiyar gunapadam* also recommend *Kazharchi vithai and Kazharchi ilai* for treating hydrocele.

"Kōcam cuṟuṅkak kuṭilam miku maṇṇavaṉāl
Vīcam cuṟuṅkātu mēliṭṭa–mōcam
Oḻiya maruntāki ōtacai ceyyum
Cuḻalākiya kaḻarccikkāy."
- *Tēraiyar Veṇbā* [10]

"Kaḻarccikkāy vitaikku kaṇa-vaṇṭa vātam
Taḻarpakka cūlai kuṉmam canti.
-*Agattiyar Guṇapāṭṭam* [10]

According to the text Siddha Materia Medica, *Kazharchi Vithai* powder is an effective remedy for *Andavatham.* It was used externally as a poultice with egg white to promote localized healing and reduce scrotal swelling.

In this case, *Abraga Chendooram with Notchi juice* provided targeted internal support to reduce symptoms over six weeks. *Kazharchi Vithai* poultice offered direct therapeutic action on the affected site, enhancing the healing process. With this integrated Siddha approach, the patient showed progressive improvement. Pain subsided within the first week. Swelling gradually decreased in two weeks and completely resolved in four weeks. Sexual function improved, and there was no post-treatment recurrence of symptoms. This case demonstrates how evidence-based Siddha formulations, guided by classical texts, can effectively manage hydrocele (*Andavatham*) by addressing both root causes and symptoms.

CONCLUSION

With this integrated Siddha approach, the patient showed complete recovery from the complaints and there was no post-treatment recurrence of symptoms. This case demonstrates how evidence-based Siddha formulations, guided by classical texts, can effectively manage hydrocele *(Andavatham)* by addressing both root causes and symptoms.

LIMITATION

This study has a short follow-up period, limiting the evaluation oh long term outcomes and recurrence. As an observational single case study, it lacks biochemical investigations and advanced imaging investigations to objectively validate clinical findings.

ETHICAL CONSIDERATIONS

Informed written consent was obtained from the patient for publication of relevant clinical information and images. As this is a single case report based on classical siddha treatment, institutional ethical clearance was not mandatory but due care was taken to ensure patient confidentiality and safety.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest related to this study.

PATIENT'S CONCERN

The patient expressed anxiety over scrotal swelling, discomfort, and its possible impact on sexual health and fertility. He was apprehensive about undergoing surgical intervention and preferred a non-invasive, traditional Siddha approach. Concerns about the safety and side effects of mineral-based medicines were also raised, along with the need for assurance on the effectiveness and duration of treatment.

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