



Management Of Epididymo-Orchitis By Leech Application-A Case Study

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Introduction :-

Inflammation of epididymis & testis is called as epididymo-orchitis. bacterial infection from kidney, bladder, urethra (UTI), prostate, STD (syphilis, gonorrhoea) are frequent causes. Mumps, another common cause in children for orchitis. clamediasis, E.coli are the commonest causative organisms. Tuberculosis is another common cause for epididymo-orchitis.

symptoms includes pain, swelling, & redness in affected side of scrotum. may or may not be associated with fever or fever with chills. affected side becomes red hot, firm & tender` (1).

Treatment includes broad spectrum antibiotics, analgesics & anti-inflammatory drugs rest, scrotal support is also needed. if tubercular infection is present AKT is to be started. with this standard treatment patients usually gets relief from pain, fever but firmness swelling may take several months to resolve completely. Few Patients however does not respond to this standard treatment. condition may lead to abscess formation, ischaemic damage to testis & atrophy of testis` (2). in such condition surgical intervention like I&D , orchidectomy is needed as per condition. So effective management of acute & chronic epididymo-orchitis is still a problem for surgeon inspite of higher antibiotics.

Ayurveda has excellent solution in such type of resistant cases not responding to standard conservative management. If this standard treatment is added on by leech application, symptoms like pain, tenderness, swelling, firmness are reduced to significant level. In present case study we got fabulous result after leech application.

CASE REPORT:-

A 45 yrs old patient named Abdul Hayat Kureshi Abdul Rajak visited to our opd (shalya dept., Ayurved Ragnalya, station road, akola) on dated 27-2-2016 (opd no-4700/ipd no 224) with following complaints:- severe pain & swelling in rt. side of scrotum since 10 days, feverish feeling .

On examination:- GC-mod, febrile T-99.6, P-94/min, BP-140/80mm of hg, CVS-S1 S2(N), RS-chest clear, P/A-soft, mild tenderness in rt. inguinal region, & in RIF

L/E—Rt. sided scrotal swelling, redness +, inflamed Rt epididymis & testis +, Lt testis & epididymis- NAD

P/H- no h/o major illness like DM/Syst. HT/IHD/TB

Personal history :- chronic smoker

F/H:- not specific

With above symptoms & examination we provisionally diagnosed him as a case of Rt. epididymo-orchitis with ?scrotal wall abscess. Infact he took treatment from urologist since 8 days. He

received tab.zifi200mg(cefixime) BD, Tab.rantac 150mg(ranitidine) BD,Tab.emanzen-d(diclofenac+seratiopeptidase)

As patient didn't got satisfactory relief same urologist adviced him to get admit but due to lack of funds patient came to our hospital for further management. We admited the patient. Routine blood test like CBC, BSL(R),urin routine & micro exam. were done.there was leucocytosis TLC was11,400,urin exam revealed 20-25 pus cells. BSL (N),ESR-(n),IgG &IgM was neg. For TB.ESR (n). Scrotal USG was done to to rule out abscess. It was s/o rt epididymo-orchitis. So the final diagnosis was Rt.epididymo-orchitis.

He was put on following treatment :-

day 1 :- inj.monocef 1 gm (ceftriaxone) iv BD,

Tab.SN15(nimusulide + seratiopeptidase) 1 BD

Tab.Rantac 150 mg 1 BD, Inj.Voveron 75 mg im sos Tab.Triphala Guggul 250 mg 2 BD

scrotal support with MgSo4 dressing

Patient got some relief with above treatment wlole day but pain was severe at evening had to take injectable analgesic (Inj.voveron). Also pain was worse in late night agin he took injectable analgesic (at 3a.m)

On 2nd day same treatment was continued & single leech was applied to testicular area. In morning .patient got emidiate relief from pain & tenderness after leech application. On 2nd day no injectable analgesic needed to the patient.same treatment was continued for 5 days. On 5th day their was mild pain & tenderness at rt testicular region.redness,hotness was absent.onely firm & slightly swollen testis was present. Rt.epididymis was normal. Patient was afebrile during these days.so patient was discharged & asked to visit again after 2 days for 2nd sitting of leech application.treatment adviced on discharge was as

follows:-

Tab.Oflox.200mg (ofloxacin) 1 BD, Tab.Rantac 150 , Tab.SN15 1BD, Tab.Triphala Guggul 250mg 2 BD . for 5 days.scrotal support was asked to continue without MgSo4 dressing

2nd sitting of leech application was done on 7th day aftar 1st application. Patint got complete relief after 2nd sitting of leech application. Antibiotics & analgesics were stoped after 5 days treatment.

Result & discussion:-

Cases of epididymo-orchitis some times becomes resistant to conventional standard treatment regimn & becomes callus to treat.*Raktamokshana*(blood letting) is one of the fundamental & integral part of *shalyatantra*. In *shalyatantra* raktamokshana is said to be the half of the treatment of all surgical & medico-surgical diseases.just like *Basti* is said to be half of all treatment remedis in *kayachikitsa* (medicine)`3.

Leech application is one of the most frequently used means of *raktamokshan*.It is easy to do & is useful in all local inflammatory condition as the congestion is relieved.saliva of leech contains some anti inflammatory enzymes.all these factors collectively reduces symptoms of inflammation. *Triphala guggul* has also anti inflammatory & analgesic property.It pacifies *Vata* & *Kafa*.Leech pacifies *pitta*.

In present case there was vitiation of all tridosas. So it responded nicely to leech application & *triphala guggul* along with modern antibiotics & anti inflammatory drugs.

Conclusion :-

1.some cases of epididymo-orchitis may need hospitalization & surgical management.

2. leech application & *Triphalla Guggul* should be considered in all cases of epididymo-orchitis for faster recovery.

3. Leech application is safe, effective, cost effective, easy to do procedure.

References: -

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Before leech application:-



Before leech application

1st sitting of leech application:-



2nd sitting of leech application:-



2nd sitting of leech application.

Complete relief after 2nd seeting on 5th day:-

