ISSN 2456-3110
Vol 3 · Issue 1
Jan-Feb 2018

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

Charaka Publications

Indexed

ISSN: 2456-3110 REVIEW ARTICLE Jan-Feb 2018

A Holistic approach to Phimosis in Children

Rajendra Kumar,[1] Rashmi Pareek[2]

[1]Assistant Professor, Department of Shalya Tantra, [2]Assistant Professor, Department of Kaumarbhritya, SBLD Ayurveda Vishwa Bharti, Sardarshahar, Churu, Rajasthan, India.

ABSTRACT

Phimosis is described as condition in which prepuce or foreskin of glans penis is not retracted backwards resulting in poor narrowed stream of urine during micturition causing ballooning of prepuce along with recurrent attacks of balanoposthitis and Urinary Tract Infections (UTIs). Majority of new born boys do have non-retractile foreskin called as Physiological Phimosis. In Ayurveda phimosis is described as *Nirudhaprakasha*. Physiological phimosis usually does not require any kind of treatment as it resolve spontaneously within first couple of years mostly taking 3 to 6 years after which measures are considered to correct it surgically. Pathological phimosis is condition in which prepuce get adhered to glans secondary to adhesions or scarring made because of infection, inflammation or trauma. Pathological phimosis and physiological phimosis with recurrent attack of balanoposthitis and UTIs do require treatment. There are several treatment modalities are available according to severity of adhesions such as local application of steroid cream or oil, manual retraction, dilatation and Circumcision. In this review article we assess the various treatment modalities available in Ayurveda and contemporary medical science for better management of Phimosis.

Key words: *Phimosis, Nirudhaprakasha, Circumcision.*

INTRODUCTION

Around 96% of males at birth are noticed to have a non-retractile foreskin. The incidence of pathological phimosis is 0.4 per 1000 boys per year or 0.6% of boys are affected by their 15th birthday. This is much lesser than physiological phimosis, which is common in younger children and decreases with age.[1] Phimosis is the inability to retract the preputial skin over the glans.[2] Inability to retract the prepuce after the age of 3 years only should be regarded as true phimosis.[3] *Aacharya Sushruta* described Phimosis as *Nirudhaprakasha* while discussing about *Kshudra Roga*. According to *Sushruta, Nirudhaprakasha* is caused by vitiation of *Vata Dosha*. In this disease prepuce in non-retractable and completely covers the glans penis causing obstruction to the flow of urine resulting in little flow or weak stream of urine during micturition which may or may not be associated with pain.[4] *Acharya Vagbhata* called it as *Sanniruddha Mani* and he has included it in *Guhyaroga* (disease of genital organ).[5]

Address for correspondence:
Dr. Rajendra Paliwal
Assistant Professor, Dept of Shalya Tantra,
SBLD Ayurveda Vishwa Bharti, Sardarshahar, Churu, Rajasthan.
E-mail: rajanpaliwal25@gmail.com

Submission Date : 19/01/2018 Accepted Date: 21/02/2018

Access this article online

Quick Response Code

Website: www.jaims.in

DOI: 10.21760/jaims.v3i01.11641

Aetiology

In Ayurveda it is found as primary condition in new born and secondary condition due to injury to prepuce (*Avpaatika*).[6] Similarly phimosis may be divided into two types physiological which is congenital and pathological which is secondary to inflammatory conditions of the glans or prepuce.[7]

Classification

Physiological phimosis (seen in infants) is due to the inadequate separation of the inner preputial skin from the glans penis. While pathological phimosis occurs due to scarring, infection and inflammation resulting

ISSN: 2456-3110 REVIEW ARTICLE Jan-Feb 2018

in fibrotic cicatrix of the preputial aperture and thus requires treatment.[8] Many male new born may have a prepuce that is adherent to the underlying glans. This condition is physiologic phimosis and if there is there is difficulty in retracting the prepuce over the glans is persistent beyond 3 years of age and causes bulging of foreskin on passing urine.[9]

Clinical Features

Straining during micturition, poor stream of urine, burning micturition or recurrent attacks of Balanoposthitis.[10] Preputial skin covers the whole glans and obstruct the flow of urine resulting in poor stream of urine which may or may not be associated with pain.[11]

Diagnosis

Inability to retract prepuce manually and ballooning of preputial skin observed during micturition is confirmatory of diagnosis of Phimosis.[12]

Differential Diagnosis

Phimosis should be differentiated from paraphimosis in which retracted foreskin causes obstruction to the venous outflow leading to swollen, oedematous and congested glans penis.[13] Meatal stenosis and hypospadias must be ruled out as these conditions may or may not be associated with phimosis and can be missed as glans is covered by adhered preputial skin.

Management

1. **Spontaneous resolution:** Physiological phimosis (seen in infants) does not warrant any active treatment (not even massage).[14] The foreskin is not retractable at birth in all new born babies. Even by one year of age foreskin is not retractable in upto 50 percent of boys. This does not cause any difficulty in passing urine. Ballooning of prepuce during micturition is normal in infants.[15] The physiological adhesion between the foreskin and the glans penis may persists until the boy is 6 years of age or more, giving the false impression that the prepuce will not retract.[16]
2. **Manual Retraction:** In infancy, application of a mild topical steroid with gentle retraction of prepuce may help inmild phimosis. Betamethasone cream may be applied to the narrowed preputial skin twice daily for 4 weeks. After 2 weeks, the foreskin becomes soft and elastic and is retracted gently a gradually in increments.[17]
3. ***Chakra Taila:*** Sushruta recommended the *Parisheka (*fomentation*)* of *Chakra Taila* along with other *Vata* pacifying drugs.[18] According to *Acharya Dalhana*, *Sadhya Piditoudhrita Taila* (recently extracted oil used without any heat processing) is called as *Chakra Taila.*[19] It should be used along with *Parisheka* of *Shishumar* (crocodile) or *Varaha* (pig), *Vasa* (fat) or *Majja* (bone marrow) and other *Vatahara Dravyas.*
4. **Dilatation:** According to *Acharya Sushruta*, *Niruddha Prakash* can be treated by dilation by *Ubhayamukhi Nadi Yantra*. A proper sized and *Ghrita* (ghee) dipped *Nadi Yantra* should be introduced into the narrow preputial opening. This procedure is repeated every three days with increase in size of *Nadi Yantra*.[20] Same procedure is mentioned in *Ashtanga Samgraha*[21] and *Ashtanga Hridaya*.[22]
5. **Circumcision:** In certain communities, circumcision is done as a ritual at birth of a male child. *Acharya Sushruta* has mentioned incision over prepuce by avoiding *Sevani* if it does not get improved by dilatation procedure and treated like an accidental wound.[23] Circumcision which involves amputation of a significant portion of the preputial skin has been the traditional surgical treatment of phimosis. It is most usually performed at the request of the parents for social and religious reasons. On clinical grounds, recurrent urinary tract infections (UTIs), recurrent Balanoposthitis and true phimosis are most common indications which require circumcision for the management of phimosis.[24] In recent years preputioplasty which ensures easy retractibility but preserves the preputial covering and thus, the sensitivity of the epithelium of the glans is rapidly becoming popular.[25] In circumcised males risk of HIV, urinary tract

ISSN: 2456-3110 REVIEW ARTICLE Jan-Feb 2018

infection, squamous cell carcinoma of penis, sexually transmitted genital ulcer and carcinoma cervix (among spouse) is lesser than others.[26]

Complications

Balanoposthitis, recurrent urinary tract infections (UTIs), preputial stone, paraphimosis etc. are the complications of untreated phimosis. Obstructed flow of urine may lead to residual urine and backpressure changes to upper urinary tract resulting in hydroureter and hydronephrosis. Forceful retraction or massage may lead to tears on the prepuce, which heals with fibrosis and convert the physiological phimosis to pathological. Circumcision done in the neonatal age may cause amonical dermatitis of the glans.[27]

CONCLUSION

Phimosis in children is a over-diagnosed condition as mostly it is physiological rather than pathological. Usually physiological phimosis get resolved spontaneously within first few years of life without any untoward event. Its spontaneous resolution may be facilitated by adopting simple measures such as gentle manual retraction with adequate lubrication and dilatation. Pathological phimosis and physiological phimosis persisting after the age of 5-6 years usually require surgical intervention in the form of circumcision which provide successful results.

REFERENCES

1. *Shankar KR, Rickwood AM*, The incidence of phimosis in boys. *BJU Int. 1999 Jul; 84(1):101-2.*
2. A Parasarthy, IAP Textbook of paediatrics, Fifth edition, Jaypee brothers medical publishers(P)Ltd, 2013, Page 951.
3. Suraj Gupte, The short textbook of Pediatrics, Eleventh edition, Jaypee brothers medical publishers(P) Ltd, 2009, Page 506.
4. Kaviraj Ambikadutt Shastry, Sushruta Samhita of Maharshi Sushruta, Hindi Commentry, Nidansthan, Chaukhamba Sanskrit Sansthan, Varanasi, India, Edition 2012, Page 373.
5. Kaviraj Atrideva Gupta, Astanga Samgraha, Vol 2, Varanasi, Krishnadas Academy; 2002, Page 331.
6. P.G. Athavle, Drushthhartha Madhavnidan (part 2), Nagpur, Drushthartha Mala Prakashan; 1996, Page 191.
7. Suraj Gupte, The short textbook of Pediatrics, Eleventh edition, Jaypee brothers medical publishers (P) Ltd, 2009, pp 506.
8. A Parasarthy, IAP Textbook of paediatrics, Fifth edition, Jaypee brothers medical publishers(P)Ltd,2013, pp 951.
9. SurajGupte, The short textbook of Pediatrics, Eleventh edition, Jaypee brothers medical publishers(P) Ltd, 2009, Page 204.
10. A Parasarthy, IAP Textbook of paediatrics, Fifth edition, Jaypee brothers medical publishers(P)Ltd, 2013, Page 951.
11. Kaviraj Ambikadutt Shastry, Sushruta Samhita of Maharshi Sushruta, Hindi Commentry, Chikitsasthan, Chaukhamba Sanskrit Sansthan,Varanasi, India, Edition 2012, Page 373
12. K. R. Shenoy, Anitha Nileshwar, Manipal Manual of Surgery, Third Edition, Page 796
13. S. Das, A Concise Textbook of Surgery, S Das Publishers, Kolkata, 6th edition, Page 1210,
14. A Parasarthy, IAP Textbook of paediatrics, Fifth edition, Jaypee brothers medical publishers(P)Ltd, 2013, pp 951.
15. Meharban Singh, Care of the newborn, Seventh edition, Sagar publications, 2010, Page 415.
16. Norman S. Williams, Chritopher J.K. Bulstrode, P. Ronan O'conell, Bailey and Love's Short Practice of Surgery, Edward Arnold Publisher Ltd., 25th Edition, Page no. 1397
17. Suraj Gupte, The short textbook of Pediatrics, Eleventh edition, Jaypee brothers medical publishers(P) Ltd, 2009, Page 706.
18. Kaviraj Ambikadutt Shastry, Sushruta Samhita of Maharshi Sushruta, Hindi Commentry, Chikitsasthan, Chaukhamba Sanskrit Sansthan, Varanasi, India, Edition 2012, Page 118-119.
19. Dalhana, Nibandh Samgraha, Sanskrit Commentry, Chikitsasthan, Chaukhamba Sanskrit Sansthan, Varanasi, India, Edition 2010, page no.415 .
20. Kaviraj Ambikadutt Shastry, Sushruta Samhita of Maharshi Sushruta, Hindi Commentry, Chikitsasthan,

ISSN: 2456-3110 **REVIEW ARTICLE** Jan-Feb 2018

Chaukhamba Sanskrit Sansthan, Varanasi,India, Edition 2012, Page 118-119.

21. Kaviraj Atrideva Gupta, Astanga Samgraha Vol 2, Varanasi, Krishnadas Academy; 2002, Page335.
22. Dr Ganesh Krushna Garde, Sartha Vagbhat, Proficient Publishing House, Pune; Reprint 2010 Page 520-521.
23. Kaviraj Ambikadutt Shastry, Sushruta Samhita of Maharshi Sushruta, Hindi Commentry, Chikitsasthan, Chaukhamba Sanskrit Sansthan, Varanasi, India, Edition 2012, page no. 118-119.
24. Norman S. Williams, Chritopher J.K. Bulstrode, P. Ronan O'conell, Bailey & Love's Short Practice of Surgery, Edward Arnold Publisher Ltd., 25th Edition, Page. 1398
25. A Parasarthy, IAP Textbook of paediatrics, Fifth edition, Jaypee brothers medical publishers(P)Ltd, 2013, Page 951.
26. Meharban Singh, Care of the newborn, Seventh edition, Sagar publications, 2010, Page 415.
27. A Parasarthy, IAP Textbook of paediatrics, Fifth edition, Jaypee brothers medical publishers(P)Ltd, 2013, Page 951.

How to cite this article: Rajendra Kumar, Rashmi Pareek. A Holistic approach to Phimosis in Children. J Ayurveda Integr Med Sci 2018;1:66-69. http://dx.doi.org/10.21760/jaims.v3i01.11641

Source of Support: Nil, **Conflict of Interest:** None declared.

****