Epididymal Cyst and Spermatocele: Causes, Symptoms, Diagnosis, Treatment and the Role of Unani Medicine

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Introduction: "Doctor, I Can Feel a Lump Above My Testicle. Is It Cancer?"

One of the most frightening moments for a man is discovering a lump inside the scrotum.

Patients frequently come to me saying:

"Doctor, I can feel a small round lump above my testicle. Is this dangerous?"

Another patient may say:

"My ultrasound says epididymal cyst. Will it affect my sperm count?"

A newly married man may be more worried about fertility:

"Doctor, I have a spermatocele. Can this stop me from becoming a father?"

And sometimes a patient has already spent months taking medicines because he has been told:

"Every cyst needs to be dissolved immediately."

I begin by reassuring such patients about one important fact:

Most epididymal cysts and spermatoceles are benign—that means non-cancerous.

They often cause no serious health problem and many require **no treatment at all**.

However, another statement is equally important:

Every newly discovered scrotal lump should first be diagnosed correctly.

A patient should never assume that every lump near the testicle is an epididymal cyst.

Other conditions—including:

- hydrocele,
- varicocele,
- epididymitis,
- inguinal hernia,
- testicular torsion,
- and testicular tumors

can also produce scrotal swelling or lumps.

A proper physical examination and, when required, **scrotal ultrasound** are therefore extremely valuable.

Mayo Clinic notes that ultrasound can help confirm a cystic lesion and, more importantly, help rule out a testicular tumor or another cause of scrotal swelling.

At **Saira Health Care**, my approach is therefore:

Diagnose first, classify the cyst, assess symptoms and fertility, and then decide whether treatment is actually necessary.

This is much safer than beginning treatment solely because somebody can feel a lump.

What Is the Epididymis?

To understand an epididymal cyst, it is useful to first understand the epididymis.

The **epididymis** is a long, tightly coiled tube located mainly behind and above each testicle.

Its important functions include:

- receiving sperm produced in the testicle,
- allowing sperm to mature,
- storing sperm temporarily,
- and transporting sperm toward the vas deferens.

The epididymis is therefore directly connected with male fertility.

This is also why unnecessary surgery on the epididymis deserves careful consideration in a man who still wants children.

What Is an Epididymal Cyst?

An epididymal cyst is a:

benign fluid-filled sac arising from the epididymis.

It is usually located:

- above,
- behind,
- or adjacent to the testicle.

It is an **extratesticular** lesion, meaning it develops outside the testicular tissue itself.

This distinction is clinically important because most simple extratesticular cystic lesions are benign.

The British Association of Urological Surgeons describes an epididymal cyst as a collection of fluid in the epididymis alongside the testicle and notes that such cysts are common and generally need no treatment when small or not troublesome.

What Is a Spermatocele?

A **spermatocele** is also a cystic swelling arising from the epididymis.

It commonly forms toward the:

- upper,
- or posterior

part of the testicle.

The fluid inside may contain sperm.

Cleveland Clinic describes spermatoceles as benign cysts of the epididymis containing clear or cloudy fluid that may contain sperm.

Epididymal Cyst vs Spermatocele: Are They the Same?

These terms are often used interchangeably in everyday clinical practice, but technically there can be a difference.

Epididymal cyst

Typically contains relatively clear serous fluid.

Spermatocele

Typically contains fluid that includes sperm.

A recent NHS evidence review similarly describes an epididymal cyst as containing serous fluid, whereas a spermatocele contains sperm-containing fluid. It also notes that the two lesions can be difficult to distinguish clinically.

For most patients, the distinction does not dramatically change initial management.

Both are generally:

- benign,
- non-contagious,
- extratesticular,
- and often managed conservatively.

Therefore, throughout this article I discuss them together while explaining important differences where relevant.

Is an Epididymal Cyst Cancer?

A simple epididymal cyst or spermatocele is:

not testicular cancer.

Cleveland Clinic specifically states that spermatoceles are benign and do not become cancerous.

However, this should **not** be interpreted as:

“Every scrotal lump is harmless.”

The diagnosis must first be established.

A hard lump arising **inside the testicle itself** needs much more urgent assessment than a typical cyst arising from the epididymis.

This is why I tell patients:

Do not diagnose a testicular lump by touching it at home or comparing pictures on the internet.

If you notice a new lump, have it evaluated.

How Common Are Spermatoceles?

Spermatoceles and epididymal cysts are common benign scrotal findings, particularly in adults.

Many are so small that the man never notices them.

They may be discovered incidentally during:

- self-examination,
- a medical examination,
- infertility evaluation,
- or ultrasound performed for another reason.

Cleveland Clinic describes spermatoceles as fairly common and notes that many affected men have no symptoms.

What Causes an Epididymal Cyst?

In many patients:

There is no single identifiable cause.

This is important.

Patients sometimes blame:

- masturbation,
- intercourse,
- semen retention,
- a particular food,
- or sexual weakness.

These explanations usually have no scientific basis.

Possible mechanisms include:

- blockage of a small epididymal duct,
- accumulation of fluid,
- previous inflammation,
- injury,
- or developmental changes.

Cleveland Clinic notes that the exact cause of spermatocele formation is not fully understood, although duct obstruction and inflammation have been proposed as possible mechanisms.

Does Masturbation Cause Epididymal Cysts?

No reliable evidence shows that normal masturbation causes epididymal cysts or spermatoceles.

Likewise:

- frequent sexual intercourse,
- nocturnal emission,
- or ejaculation

does not normally produce these cysts.

Cleveland Clinic specifically notes that ejaculation does not make a spermatocele grow larger.

Patients should therefore not develop unnecessary guilt about normal sexual activity.

Does "Stored Sperm" Cause the Cyst?

A spermatocele may contain sperm because it arises from the sperm-carrying epididymal system.

However, it should not be understood as a result of:

"not ejaculating enough."

Abstaining from sex does not simply fill the epididymis until a cyst forms.

The reproductive system continuously regulates sperm production, storage and removal.

Can Infection Cause an Epididymal Cyst?

Previous inflammation or epididymal disease may contribute in some patients.

For example, significant **epididymitis** can affect epididymal ducts.

However:

A simple cyst does not automatically mean that an active infection is present.

Therefore, antibiotics should not be prescribed merely because ultrasound reports:

"epididymal cyst."

Antibiotics are useful when there is clinical evidence of bacterial infection—not as a general treatment for a benign cyst.

Can Trauma Cause a Spermatocele?

Scrotal or testicular injury has been proposed as one possible contributing factor in some patients, but many spermatoceles occur without any remembered injury.

A past injury should therefore be considered during evaluation but should not automatically be blamed.

Symptoms of Epididymal Cyst and Spermatocele

Many men have:

No symptoms at all.

A small cyst may remain unnoticed for years.

When symptoms occur, they can include:

- a smooth lump above or behind the testicle,
- scrotal swelling,
- a feeling of heaviness,
- dull aching,
- dragging discomfort,
- discomfort during physical activity,
- or concern because the lump is noticeable.

Cleveland Clinic describes larger spermatoceles as potentially causing dull pain, swelling or heaviness, while smaller cysts commonly produce little or no discomfort.

Is Severe Pain Normal With an Epididymal Cyst?

Usually not.

A simple stable epididymal cyst generally does not cause sudden severe pain.

If a man develops:

- sudden intense testicular pain,
- rapidly increasing swelling,
- nausea or vomiting,
- marked redness,
- fever,
- or an abnormally positioned testicle,

he should receive urgent medical evaluation.

These symptoms may indicate another condition such as:

- testicular torsion,
- acute epididymitis,
- trauma,
- or another acute scrotal disorder.

A benign cyst should never be used as an explanation for every new episode of scrotal pain without reassessment.

How Does an Epididymal Cyst Feel?

A typical cyst may feel:

- smooth,
- round,
- well-defined,
- and separate from the testicular tissue.

It often lies:

- above,
- or behind

the testicle.

But even an experienced person cannot reliably diagnose every scrotal lump simply by touching it.

That is why ultrasound is so useful when the diagnosis is uncertain.

Can a Spermatocele Become Very Large?

Yes.

Most remain small, but some can gradually enlarge.

A large spermatocele may produce:

- visible asymmetry,
- heaviness,
- difficulty during exercise,
- discomfort while sitting,
- or persistent aching.

Cleveland Clinic notes that a large spermatocele can occasionally become prominent enough to look almost like an additional testicular structure.

Size alone, however, does not automatically determine treatment.

The important question is:

Is it causing a meaningful problem?

Diagnosis of Epididymal Cyst

Diagnosis usually begins with:

A good medical history and physical examination.

I ask:

- When did you first notice the lump?
- Has it changed in size?
- Is it painful?
- Is the pain constant or intermittent?
- Did it appear after infection or trauma?
- Is there fever?
- Are there urinary symptoms?
- Is fertility a concern?

- Have you previously had scrotal surgery?
- Are you trying for pregnancy?

These details help determine whether the swelling behaves like a benign cyst or whether additional investigation is required.

Physical Examination

During examination, the clinician assesses:

- whether the lump is inside or outside the testicle,
- whether it is cystic or solid,
- whether it is tender,
- its approximate size,
- whether a varicocele or hydrocele is present,
- and whether the opposite testis is normal.

This distinction is important.

A lesion arising **from the epididymis** is clinically different from a solid lesion arising **inside the testis**.

Transillumination

A clinician may sometimes shine light through the scrotal swelling.

A fluid-filled lesion may allow light to pass through more readily than a solid mass.

Mayo Clinic lists transillumination as one possible part of spermatocele assessment.

However, ultrasound is more informative when there is uncertainty.

Scrotal Ultrasound

Ultrasound is the most useful imaging investigation when diagnosis is uncertain.

It can help determine:

- whether the lesion is cystic,
- whether it arises from the epididymis,
- whether the testicle itself is normal,

- whether another scrotal abnormality is present,
- and whether a solid testicular tumor needs to be excluded.

Mayo Clinic specifically notes that ultrasound can help distinguish a spermatocele from a testicular tumor or another cause of scrotal swelling.

A recent NHS policy review likewise identifies ultrasound as the key investigation when the origin of a scrotal swelling is uncertain.

Does Every Epididymal Cyst Need Repeated Ultrasound?

No.

Once a typical benign cyst has been confidently diagnosed and remains:

- small,
- stable,
- and asymptomatic,

repeated scanning is not automatically necessary.

Follow-up should be individualized.

Repeat examination or imaging becomes more reasonable when:

- the swelling changes quickly,
- pain develops,
- the diagnosis is uncertain,
- or another abnormality is suspected.

Conditions That Can Resemble an Epididymal Cyst

A scrotal lump should be differentiated from several conditions.

Hydrocele

A hydrocele is a collection of fluid surrounding the testicle rather than arising specifically from the epididymis.

It often produces more generalized scrotal swelling.

Varicocele

A varicocele is enlargement of veins around the testicle.

It may feel like:

“a bag of worms”

and often becomes more prominent when standing.

Varicocele is particularly important in male infertility because clinically significant varicoceles may affect semen quality.

Epididymitis

Epididymitis is inflammation of the epididymis.

Unlike a simple cyst, it often causes:

- pain,
- tenderness,
- swelling,
- and sometimes urinary or infectious symptoms.

Antibiotics may be required when bacterial infection is present.

Inguinal Hernia

An inguinal hernia occurs when abdominal tissue protrudes toward the groin or scrotum.

The swelling may change with:

- standing,
- coughing,
- or straining.

Testicular Torsion

Torsion is completely different from an epididymal cyst.

It typically causes:

- sudden severe pain,

- acute swelling,
- nausea,
- or vomiting.

This requires emergency assessment.

Testicular Tumor

A testicular tumor more commonly presents as a:

- firm,
- solid,
- intratesticular lump.

It may initially be painless.

This is why a newly discovered lump should never automatically be called:

“just a cyst.”

Can an Epididymal Cyst Affect Fertility?

For most men with an uncomplicated spermatocele:

The cyst itself does not usually cause infertility.

Cleveland Clinic specifically states that spermatoceles generally do not cause male infertility.

However, fertility deserves more nuanced discussion.

The epididymis is involved in:

- sperm maturation,
- storage,
- and transport.

Therefore, fertility may be affected if there is:

- extensive bilateral epididymal disease,
- another underlying reproductive disorder,
- significant obstruction,
- or damage caused during surgery.

The presence of a cyst and infertility in the same patient does **not automatically mean the cyst caused the infertility**.

A complete male-infertility evaluation is needed.

Should a Man With an Epididymal Cyst Have a Semen Analysis?

Not every patient needs one.

But semen analysis becomes particularly useful when:

- the couple has infertility,
- both epididymides appear abnormal,
- previous epididymal infection occurred,
- surgery is being considered,
- the patient has only one functioning testis,
- or the man wants information about his fertility before treatment.

At Saira Health Care, because my focused practice includes male infertility, I give particular attention to this issue.

Can Epididymal Cyst Surgery Affect Fertility?

Yes.

This is one of the most important considerations before surgery.

The epididymis is part of the pathway that sperm must travel through.

During surgery, there is a risk of:

- epididymal injury,
- scarring,
- or damage to the vas deferens.

Mayo Clinic specifically warns that spermatocelectomy can damage the epididymis or vas deferens and potentially affect fertility.

The BAUS patient guidance similarly explains that removing an epididymal cyst can interfere with sperm passage and may impair fertility.

Therefore, in a young man who still wishes to have children, this issue should be discussed **before** surgery.

Should Sperm Be Frozen Before Surgery?

Not every patient requires sperm banking.

However, it may be worth discussing when:

- fertility is very important,
- surgery involves the only functioning epididymis,
- both sides are affected,
- baseline semen quality is poor,
- or the patient is worried about future fertility.

Mayo Clinic advises discussing the fertility risks and, where appropriate, sperm banking before spermatocele procedures that might affect the epididymis.

Modern Treatment of Epididymal Cyst and Spermatocele

The correct treatment depends on:

- symptoms,
- cyst size,
- rate of growth,
- age,
- fertility goals,
- ultrasound findings,
- and patient preference.

There is no single treatment suitable for everybody.

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1. Observation: Often the Best Treatment

This is perhaps the most important section of the article.

Many epididymal cysts need no active treatment.

If a cyst is:

- small,
- painless,
- correctly diagnosed,
- and not interfering with daily life,

observation is often the most appropriate choice.

The BAUS guidance specifically recommends observation when an epididymal cyst is small or does not bother the patient.

Cleveland Clinic and Mayo Clinic similarly state that most spermatoceles require no treatment when they cause little or no discomfort.

I often tell patients:

“Not operating on a harmless cyst is not neglect. Sometimes observation is the correct medical treatment.”

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2. Supportive Treatment for Mild Discomfort

When the cyst causes occasional mild discomfort, management may include:

- supportive underwear,
- reducing activities that trigger discomfort,
- and simple pain relief where medically appropriate.

Mayo Clinic notes that over-the-counter analgesics may be used for painful spermatoceles when suitable for the patient.

Pain medication treats:

the discomfort

not necessarily:

the cyst itself.

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3. Surgery – Spermatocelectomy or Epididymal Cyst Excision

Surgery may be considered when a cyst becomes:

- persistently painful,
- very bothersome,

- large enough to interfere with activity,
- cosmetically or functionally troublesome,
- or diagnostically concerning.

The operation usually involves separating and removing the cyst from the epididymis.

Mayo Clinic describes spermatocelectomy as an outpatient surgical procedure in which the cyst is separated from the epididymis.

BAUS likewise describes surgical excision as removal of the fluid-filled collection from the epididymis.

Risks of Surgery

Potential complications can include:

- bruising,
- swelling,
- bleeding or hematoma,
- infection,
- persistent discomfort,
- chronic scrotal pain,
- cyst recurrence,
- epididymal scarring,
- and impaired fertility.

BAUS specifically identifies epididymal scarring and impaired fertility among possible complications.

This does not mean surgery is unsafe.

It means surgery should be performed when the expected benefit justifies the risk.

Can the Cyst Come Back After Surgery?

Yes.

Recurrence is possible even after surgical removal.

Both Mayo Clinic and BAUS acknowledge recurrence as a possible outcome following treatment.

A patient should therefore understand that surgery is not a mathematical guarantee that another cyst can never develop.

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4. Aspiration: Why I Do Not Consider It a Routine Cure

Aspiration means inserting a needle and removing the cyst fluid.

This may sound simple, but there is an important problem:

the cyst lining remains.

Therefore, the fluid frequently re-accumulates.

BAUS states that aspiration often results in rapid re-accumulation and is not considered curative or routinely recommended.

For this reason, simple needle drainage is generally not the preferred definitive treatment.

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5. Sclerotherapy

Sclerotherapy involves:

1. draining the cyst,
2. then injecting a substance intended to cause scarring of the cyst wall.

This is used much less commonly.

Mayo Clinic notes that sclerotherapy can itself damage the epididymis and that recurrence can still occur.

Because of fertility concerns, such procedures require careful patient selection.

Should Every Large Cyst Be Operated Upon?

No.

There is no universal rule such as:

“Above 2 cm, surgery.”

or

“Above 3 cm, operation is compulsory.”

The decision should consider:

- symptoms,
- growth,
- diagnosis,
- patient discomfort,
- fertility plans,
- and specialist opinion.

A large but painless stable cyst may be managed differently from a smaller cyst causing persistent disabling pain.

Can Medicines Make an Epididymal Cyst Disappear?

This is a question I am frequently asked.

From the perspective of contemporary evidence-based urology:

There is no standard oral medicine that has been proven to reliably dissolve every epididymal cyst or spermatocele.

Most standard medical sources recommend:

- observation for asymptomatic cysts,
- symptom control when necessary,
- and surgical excision for appropriately selected symptomatic cases.

This is important when discussing any traditional or herbal approach.

A formulation may be used within individualized traditional care, but a responsible physician should not promise:

“This medicine definitely dissolves every epididymal cyst.”

Understanding Epididymal Cysts in the Unani System of Medicine

The Unani system of medicine approaches disease through a whole-person framework.

Traditional assessment considers factors including:

- **Mizaj** or temperament,
- organ function,

- diet,
- digestion,
- physical activity,
- sleep,
- mental and emotional state,
- and the classical humoral framework.

As a Unani physician, I value the individualized nature of this approach.

However, I also make a clear distinction:

Modern epididymal cyst diagnosis is anatomical and imaging-based.

A scrotal cyst identified on ultrasound cannot be understood only through:

- Mizaj,
- or humoral imbalance.

Modern imaging provides information that was not available to classical physicians.

Therefore, my approach combines:

traditional individualized care + contemporary urological diagnosis.

Akhlat and the Traditional Humoral Concept

Classical Unani medicine describes four traditional humors:

- **Dam**
- **Balgham**
- **Safra**
- **Sauda**

and traditionally relates health to their qualitative and quantitative balance.

These concepts form part of Unani medical theory.

However:

They are not modern equivalents of ultrasound findings, sperm counts, inflammatory markers or cyst fluid.

I believe maintaining this distinction is essential when writing or practising Unani medicine professionally.

Four Major Modes of Unani Treatment

The Ministry of AYUSH and CCRUM describe four major modes of treatment within Unani medicine:

Ilaj-bil-Ghiza

Dietotherapy

Ilaj-bit-Tadbir

Regimenal therapy

Ilaj-bid-Dawa

Pharmacotherapy

Ilaj-bil-Yad

Surgical treatment

This traditional framework is actually useful when discussing epididymal cysts because it reminds us that Unani medicine itself is **not limited to herbal medicines alone**.

When surgery is medically necessary, recognizing surgical treatment does not oppose the broader Unani therapeutic philosophy.

Ilaj-bil-Ghiza: Dietary Management

No particular food has been scientifically shown to dissolve an epididymal cyst.

However, diet can contribute to:

- general reproductive health,
- metabolic health,
- weight control,
- diabetes management,
- cardiovascular health,
- and overall well-being.

When infertility accompanies an epididymal cyst, nutritional health becomes even more relevant.

My dietary advice may therefore consider:

- healthy protein intake,
- fruits and vegetables,
- whole foods,
- appropriate healthy fats,
- hydration,
- obesity,
- diabetes,
- tobacco,
- and alcohol.

The purpose is to support:

the patient's overall health and reproductive system

rather than promising that one food will remove the cyst.

Ilaj-bit-Tadbir: Regimenal and Lifestyle Care

Depending on the patient's complete condition, regimenal advice may include:

- healthy physical activity,
- appropriate rest,
- sleep optimization,
- stress reduction,
- weight management,
- and other lifestyle measures.

If the cyst produces discomfort, avoiding activities that repeatedly aggravate the scrotum may also be sensible.

Traditional regimenal therapies may be used in selected Unani contexts, but:

there is currently insufficient high-quality evidence to claim that massage, Hijama or another regimenal procedure reliably dissolves a spermatocele.

The location of the cyst is also important.

Aggressive massage directly over a scrotal lump should not be recommended without an established diagnosis.

Ilaj-bid-Dawa: Individualized Unani Pharmacotherapy

This is where patients often expect:

“Give me one herb that removes the cyst.”

My approach is more careful.

If Unani pharmacotherapy is considered, I assess:

- whether the diagnosis is confirmed,
- cyst size,
- symptoms,
- inflammation,
- associated reproductive complaints,
- semen analysis where relevant,
- Mizaj,
- general health,
- and fertility goals.

The purpose may include:

- supportive management of discomfort,
- general reproductive-health support,
- management of associated conditions,
- and an individualized traditional therapeutic programme.

However:

Unani pharmacotherapy should not delay urological evaluation when the cyst is enlarging, painful, atypical or diagnostically uncertain.

Dr. Qasmi's Nuskha No. 149 – Cystocure

Saira Health Care's current educational material specifically discusses:

Dr. Qasmi's Nuskha No. 149 – Cystocure

within its clinical discussion of:

- epididymal cysts,
- and spermatoceles.

Saira Health Care's current article appropriately states that discussion of the formulation should not be interpreted as a guarantee that every cyst can be cured with one medicine and emphasizes the need for proper diagnosis and individualized assessment.

The current Saira Health Care Pharmacy page lists Nuskha No. 149 as a Dr. Qasmi formulation containing traditional ingredients including:

- Kachnar Guggul,
- Halela Siyah,
- Amla,
- Balela,
- Zanjabeel,
- Darchini,
- Filfil Siyah,
- Filfil Daraz,
- and other components.

Within my clinical approach, Nuskha No. 149 may be discussed as part of an **individualized traditional treatment programme** after the scrotal swelling has been properly diagnosed.

But I make an important evidence-based distinction:

Its use within Saira Health Care should not be presented as independent scientific proof that the formulation reliably eliminates every epididymal cyst.

At present, I do not identify high-quality product-specific randomized controlled evidence demonstrating universal cyst disappearance with this formulation.

That distinction is important for professional credibility.

What About Spermogenic Powder?

Spermogenic is primarily used within Saira Health Care's broader male reproductive and fertility-support practice.

If a patient with an epididymal cyst also has:

- low sperm count,
- reduced motility,
- abnormal morphology,
- or another semen-quality problem,

supportive male-infertility treatment may become relevant.

However:

A medicine used to support semen quality should not automatically be described as a proven cyst-removing treatment.

The cyst and the fertility problem should be evaluated separately.

Jawahar-e-Khusia and Other Fertility-Support Medicines

The source material supplied for this disease page also includes:

- Jawahar-e-Khusia,
- Semen Gold Plus,
- Spermzoa,
- Sperm Plus,
- and Nuskha No. 129

among treatments used within Saira Health Care's broader male reproductive-health programmes.

I would classify their potential role more carefully.

They may be considered when the patient has:

- associated male infertility,
- reduced semen quality,
- general reproductive-health concerns,
- or another individually diagnosed condition.

But:

A semen-support medicine should not be prescribed simply because an ultrasound shows a harmless epididymal cyst.

The purpose of good integrative medicine is to avoid unnecessary medicines as well as unnecessary surgery.

Why Nuskha No. 149 Is More Relevant to the Current Saira Health Care Approach

Saira Health Care's more recent educational material specifically focuses on **Nuskha No. 149 – Cystocure** in discussions of epididymal cyst/spermatocele, while emphasizing:

- accurate diagnosis,
- symptom assessment,
- ultrasound,
- observation where appropriate,
- and individualized decision-making.

I consider this a better clinical framework than simply prescribing multiple fertility products to every patient with a cyst.

My Special Individualized Treatment Approach at Saira Health Care

When a patient consults me for an epididymal cyst or spermatocele, I prefer a structured pathway.

Step 1: Confirm That the Lump Is Actually an Epididymal Cyst

This is the most important first step.

I do not prescribe cyst medicine merely because the patient says:

“I can feel something above the testicle.”

I determine whether the lesion appears to be:

- epididymal,
- testicular,
- cystic,
- vascular,
- inflammatory,
- or related to another scrotal structure.

When necessary, ultrasound is advised.

Step 2: Rule Out Conditions That Need Urgent Treatment

I specifically consider whether symptoms suggest:

- torsion,
- infection,
- trauma,
- or a testicular tumor.

If another serious diagnosis is possible, treatment for a presumed epididymal cyst should **not** delay specialist assessment.

Step 3: Assess the Size and Symptoms

I ask:

- Is the cyst painful?
- Is it growing?
- Does it cause heaviness?
- Does it interfere with walking or exercise?
- Is discomfort occasional or daily?
- Is the problem mainly anxiety about the lump?

A patient whose main problem is fear may need reassurance more than medicine.

Step 4: Assess Fertility Goals

This is particularly important in my practice.

I ask:

“Are you trying to have children now?”

and:

“Do you want children in the future?”

If surgery is being considered, this information can significantly influence decision-making because epididymal surgery may affect sperm transport.

Step 5: Assess Semen Quality When Clinically Relevant

If the couple is experiencing infertility, I may advise semen analysis.

I evaluate:

- sperm concentration,
- total sperm count,
- motility,
- morphology,
- semen volume,
- and other relevant findings.

This helps answer an important question:

Is there actually a fertility problem, or is the patient only frightened because a cyst was found?

Step 6: Look for Associated Disease

I consider:

- epididymitis,
- infection,
- varicocele,
- hydrocele,
- testicular abnormalities,
- previous surgery,
- and previous trauma.

Treatment should target an active associated condition when present.

Step 7: Use Observation When Observation Is the Best Treatment

If the cyst is:

- correctly diagnosed,

- painless,
- stable,
- and not affecting daily life,

I may recommend simple observation.

This is fully consistent with contemporary urological management.

A professional clinic should not create a disease where no treatment is necessary.

Step 8: Integrate Unani Treatment Selectively

If the patient wishes to pursue a conservative traditional approach and there are no features requiring surgery or urgent referral, I may consider individualized Unani management.

This may include:

- Ilaj-bil-Ghiza,
- lifestyle and regimenal advice,
- treatment of associated health factors,
- and selected pharmacotherapy such as Nuskha No. 149 where clinically appropriate.

The response should be monitored objectively.

If the cyst enlarges or symptoms worsen, treatment should be reassessed rather than simply continuing the same medicine indefinitely.

Step 9: Treat Associated Male Infertility Separately

When the man also has:

- oligospermia,
- asthenozoospermia,
- abnormal morphology,
- or another infertility problem,

I treat that condition according to its own cause.

This is where fertility-support formulations such as:

- Spermogenic,
- Jawahar-e-Khusia,

- Nuskha No. 129,
- or other selected products

may potentially enter the treatment plan.

Their role is **fertility support**, not automatic cyst dissolution.

Step 10: Refer for Urological Surgery When It Is the Better Option

If the cyst is:

- persistently painful,
- large and functionally troublesome,
- rapidly changing,
- or otherwise unsuitable for conservative management,

I believe proper urological consultation should be recommended.

Unani treatment should not become a reason to delay a procedure that is clearly medically indicated.

The Fertility-Sparing Principle

Because the epididymis transports sperm, I consider fertility preservation an important part of management.

Before surgery, I want a young patient to understand:

"The operation may relieve the swelling or pain, but surgery around the epididymis is not completely fertility-neutral."

Mayo Clinic and BAUS both explicitly warn that epididymal or vasal injury during treatment can affect fertility.

This is particularly important when:

- both sides are affected,
- only one testicle functions normally,
- baseline sperm count is poor,
- or future biological fatherhood is important.

Can an Epididymal Cyst Cause Erectile Dysfunction?

Generally:

No.

An epididymal cyst is an anatomical scrotal condition.

It does not normally interfere with the vascular and neurological mechanisms responsible for erection.

However, pain, anxiety or fear about the lump can indirectly affect sexual confidence.

If erectile dysfunction is present, it deserves its own evaluation rather than automatically blaming the cyst.

Can an Epididymal Cyst Reduce Testosterone?

A simple epididymal cyst generally does not damage the testosterone-producing cells inside the testicle.

The epididymis and testicular hormone-producing tissue are different structures.

Therefore, a small benign spermatocele should not automatically be blamed for:

- low testosterone,
- low libido,
- weakness,
- or erectile problems.

If such symptoms exist, appropriate hormonal and general medical assessment may be required.

Can a Spermatocele Cause Low Sperm Count?

Usually, an uncomplicated spermatocele does not itself cause infertility or a reduced sperm count.

However, patients may have another condition at the same time.

For example:

- previous epididymitis,
- varicocele,

- testicular disease,
- hormonal problems,
- or another male-infertility factor.

Therefore:

Association does not prove causation.

A semen analysis helps determine whether a real sperm abnormality exists.

Can a Spermatocele Burst?

Spontaneous rupture is not a typical everyday complication.

Patients should not intentionally:

- squeeze,
- puncture,
- massage aggressively,
- or attempt to drain

a scrotal cyst at home.

Doing so risks:

- bleeding,
- infection,
- injury,
- and diagnostic delay.

Any procedure on a scrotal cyst should be performed by an appropriately trained clinician.

Can an Epididymal Cyst Become Infected?

A simple cyst is not the same as infection.

However, infection or inflammation can occur in surrounding reproductive structures.

Seek medical care if the swelling becomes associated with:

- significant tenderness,
- redness,

- fever,
- urinary burning,
- urethral discharge,
- or rapidly worsening pain.

Does a Spermatocele Always Get Bigger?

No.

Some remain almost unchanged for years.

Others enlarge gradually.

The clinical importance is determined more by:

- symptoms,
- change,
- and effect on daily life

than by the simple fact that the cyst exists.

Is There Any Way to Prevent Epididymal Cysts?

There is no proven lifestyle programme that guarantees prevention.

Because the exact cause is often unknown, not every cyst can be prevented.

However, general male reproductive-health measures remain useful:

- avoid unnecessary scrotal trauma,
- seek treatment for significant genital infections,
- practice safer sex where appropriate,
- avoid tobacco,
- maintain healthy metabolic health,
- and seek evaluation for persistent scrotal symptoms.

These are general reproductive-health recommendations rather than proven cyst-prevention measures.

Epididymal Cyst and Psychological Stress

Even though the lesion is benign, the psychological effect can be significant.

A man may constantly think:

“What if this is cancer?”

“What if I become infertile?”

“What if it grows?”

“Will my partner notice it?”

Good treatment includes explaining the diagnosis clearly.

Sometimes, after ultrasound confirms a benign cyst and fertility is shown to be normal, the patient's anxiety improves dramatically without any operation or medicine.

Education is therefore an important part of healthcare.

What Does Successful Treatment Mean?

Success should not always mean:

“The cyst vanished.”

For one patient, successful treatment may mean:

Accurate diagnosis

Ultrasound confirms that the feared testicular tumor is actually a harmless epididymal cyst.

Reassurance

A small asymptomatic cyst is safely observed.

Pain control

Occasional discomfort becomes manageable.

Fertility preservation

Unnecessary epididymal surgery is avoided in a young man planning children.

Treating an associated condition

A varicocele or infection is identified and properly managed.

Appropriate traditional treatment

An individualized Unani programme is used conservatively with objective follow-up.

Timely surgery

A large painful cyst is removed by a urologist after fertility implications are discussed.

These are all valid clinical outcomes.

Why I Do Not Use Fabricated "Success Stories"

I do not believe a professional disease article should say:

"Patient took Nuskha No. 149 and a 5 cm cyst completely disappeared in 15 days"

unless this is a real, documented case supported by:

- baseline examination,
- ultrasound,
- treatment records,
- repeat ultrasound,
- and the patient's informed consent to publication.

Without this information, such a story becomes advertising rather than clinical evidence.

At Saira Health Care, I believe genuine experience should be presented honestly.

Common Myths About Epididymal Cysts and Spermatoceles

Myth 1: Every scrotal lump is cancer.

Fact: Epididymal cysts and spermatoceles are generally benign, but a new lump should still be evaluated properly.

Myth 2: Every epididymal cyst needs surgery.

Fact: Small asymptomatic cysts commonly require no treatment.

Myth 3: Every cyst needs medicine.

Fact: Observation may be the most appropriate management for a harmless asymptomatic cyst.

Myth 4: Aspiration permanently cures a spermatocele.

Fact: Fluid commonly re-accumulates after aspiration, and BAUS does not consider simple drainage a curative treatment.

Myth 5: Surgery has no effect on fertility.

Fact: Epididymal or vas deferens injury can impair sperm transport and fertility.

Myth 6: A spermatocele automatically causes infertility.

Fact: Uncomplicated spermatoceles generally do not cause male infertility.

Myth 7: Masturbation causes spermatoceles.

Fact: Normal masturbation is not an established cause.

Myth 8: Avoiding ejaculation will cure the cyst.

Fact: Ejaculation frequency is not a recognized treatment.

Myth 9: A benign cyst can turn into testicular cancer.

Fact: Spermatoceles themselves are benign and do not transform into testicular cancer.

Myth 10: Every herbal product labelled for fertility dissolves epididymal cysts.

Fact: Fertility support and cyst treatment are separate clinical objectives, and high-quality evidence for universal medicinal dissolution of epididymal cysts is lacking.

Frequently Asked Questions

Is an epididymal cyst dangerous?

Usually not.

Most are benign and may require no treatment if asymptomatic.

Is a spermatocele the same as an epididymal cyst?

They are closely related.

A spermatocele generally contains sperm-containing fluid, whereas a simple epididymal cyst typically contains serous fluid. Clinically the terms sometimes overlap.

Is an epididymal cyst cancer?

No.

A confirmed simple epididymal cyst is benign.

But a newly discovered scrotal lump should first receive appropriate evaluation.

Can an epididymal cyst cause infertility?

Usually not by itself.

However, underlying epididymal disease or surgery involving the epididymis may affect fertility.

Can a spermatocele affect testosterone?

A simple spermatocele does not usually interfere with testosterone production.

Does a small spermatocele need treatment?

Usually not if it is painless and not troublesome.

When should surgery be considered?

Surgery may be considered when the cyst causes:

- persistent pain,
- significant heaviness,
- functional problems,
- troublesome enlargement,
- or another clinical concern.

Can the cyst return after surgery?

Yes.

Recurrence can occur.

Is aspiration a good treatment?

Usually not as definitive therapy.

The cyst frequently refills, and aspiration does not remove the cyst wall.

Is sclerotherapy used?

It can be used in selected circumstances, but it is uncommon and can damage the epididymis.

Should I worry about fertility before surgery?

Yes, particularly if you still want children.

Discuss:

- semen analysis,
- the condition of the opposite testis,
- and whether sperm banking is appropriate

before surgery when fertility risk is important.

Can Unani medicine help?

Unani medicine may provide individualized supportive management through:

- Ilaj-bil-Ghiza,
- Ilaj-bit-Tadbir,
- Ilaj-bid-Dawa,
- general reproductive-health support,
- nutrition,
- lifestyle,
- and selected traditional pharmacotherapy.

However, treatment should begin **after confirming the diagnosis**, and Unani therapy should not delay urological care when surgery or urgent assessment is necessary.

Is Dr. Qasmi's Nuskha No. 149 used for epididymal cysts?

Saira Health Care's current educational material specifically discusses **Dr. Qasmi's Nuskha No. 149 – Cystocure** in relation to patients with epididymal cysts and spermatoceles.

Its use should be individualized and should not be interpreted as a guarantee that every cyst will disappear.

Can Spermogenic help?

Spermogenic is primarily relevant to Saira Health Care's broader male-fertility and semen-support programme.

It may be considered when a patient with an epididymal cyst also has a diagnosed semen-quality problem.

It should not be described as a scientifically proven stand-alone treatment that dissolves every spermatocele.

When Should You Seek Urgent Medical Care?

Seek urgent medical assessment for:

- sudden severe testicular pain,
- rapidly increasing scrotal swelling,
- pain accompanied by nausea or vomiting,
- high fever with severe scrotal pain,
- significant trauma,
- or an acutely high-positioned testis.

These features may indicate a condition more urgent than an epididymal cyst.

When Should You Arrange a Urology Consultation?

A non-emergency urology evaluation is advisable when:

- the diagnosis is uncertain,
- a lump feels hard or intratesticular,

- the cyst enlarges significantly,
- persistent pain occurs,
- daily activities are affected,
- recurrent inflammation is present,
- fertility is a concern,
- or surgery is being considered.

Dr. Nizamuddin Qasmi and Saira Health Care

I am **Dr. Nizamuddin Qasmi**, Founder and Chief Physician of **Saira Health Care**, with focused clinical practice in:

Sexual Disorders & Infertility

My professional education and training listed for this clinical work include:

- **BUMS – Hamdard University, Delhi**
- **MD**
- **CGO**
- **Certificate in Infertility – MGBIMS, Delhi**
- **Certificate in Urology – London, UK**
- **Masters in Male Infertility – MasterHealthPro (HealthPro)**
- **Integrated Sexual and Reproductive Health – ISRH, UNFPA**

Saira Health Care's public physician profile identifies my focused work in sexual disorders and infertility and specifically includes **epididymal cysts** among the male reproductive-health conditions addressed in the practice.

Saira Health Care's current professional educational material also lists my **Certificate in Urology – London, UK, Masters in Male Infertility – MasterHealthPro (HealthPro), and Integrated Sexual and Reproductive Health – ISRH, UNFPA** within the physician profile used for its sexual- and reproductive-health articles.

This combination of Unani medicine, infertility care and urological education is particularly relevant to epididymal cysts because the condition involves the sperm-transport system and may raise important questions about:

- fertility,

- semen quality,
- surgery,
- scrotal pain,
- and differential diagnosis of testicular lumps.

Saira Health Care's Contribution to Sexual Disorders and Infertility

One of the important contributions of Saira Health Care in sexual and reproductive healthcare is helping patients understand what their diagnosis actually means.

A patient may arrive believing:

“I have a testicular tumor.”

After proper examination and ultrasound, it may turn out to be a harmless epididymal cyst.

Another patient may have been advised to undergo surgery immediately even though the cyst is:

- tiny,
- painless,
- and stable.

Another man may have spent months taking fertility medicines despite having completely normal semen parameters.

And another patient may require surgery but be afraid because he has only been offered traditional treatment.

Good healthcare means avoiding **both undertreatment and overtreatment**.

Saira Health Care describes its broader clinical philosophy as patient-centered and focused on sexual disorders and infertility, combining traditional knowledge, individualized care, lifestyle advice and contemporary medical understanding.

In my view, our role should include:

- proper interpretation of ultrasound reports,
- education about benign scrotal disease,
- infertility assessment when appropriate,
- avoidance of unnecessary fear,
- responsible use of Unani medicine,

- and timely referral for urological care when required.

My Integrative Philosophy for Epididymal Cysts

I do not believe the patient should be forced to choose between:

“Unani medicine or modern medicine.”

The correct approach depends on the condition.

If the lump is not yet diagnosed

The patient needs proper examination and usually ultrasound.

If it is a small painless benign epididymal cyst

Observation may be the best management.

If there is mild discomfort

Conservative symptom management may be appropriate.

If the patient wants an individualized Unani approach

Diet, lifestyle and selected traditional pharmacotherapy may be incorporated responsibly.

If infertility coexists

Semen analysis and male-infertility assessment should be undertaken.

If the cyst is large and persistently painful

Urological surgery may be the better option.

If sudden severe pain develops

Emergency assessment is necessary because the diagnosis may not be a simple cyst.

This is the kind of integrative treatment I consider medically responsible.

Latest Clinical Perspective in 2026

The modern approach to epididymal cysts remains reassuringly conservative.

Current urological sources agree on several core principles.

First

Small or asymptomatic epididymal cysts generally do not require treatment.

Second

Ultrasound is useful when the nature of a scrotal lump is uncertain and can help exclude an intratesticular tumor.

Third

Aspiration frequently results in rapid re-accumulation and is not considered routine curative treatment.

Fourth

Surgery can relieve symptoms in appropriately selected patients but carries recurrence and fertility risks because the epididymis or vas deferens can be injured or scarred.

Fifth

An uncomplicated spermatocele itself generally does not cause male infertility.

These principles should also guide responsible integrative Unani care.

My Final Message to Patients

If you have been told:

“You have an epididymal cyst”

or

“You have a spermatocele,”

please do not immediately panic.

But also do not assume that every scrotal lump is harmless without proper evaluation.

Ask:

Is the lump definitely outside the testicle?

Has ultrasound confirmed that it is cystic?

Is my testicle itself normal?

Is the cyst painful?

Is it increasing in size?

Do I actually need treatment?

Am I trying to have children?

Should I check my semen before surgery?

What are the fertility risks of surgery?

Is conservative observation safe in my case?

If I use traditional medicine, how will we objectively monitor the cyst?

These questions are much more useful than simply asking:

“Which medicine will dissolve it?”

At Saira Health Care, I believe the patient's treatment should be based on:

correct diagnosis, realistic expectations, fertility protection and individualized care.

Conclusion

An **epididymal cyst** is a benign fluid-filled swelling arising from the epididymis.

A **spermatocele** is a closely related epididymal cystic lesion that typically contains sperm-containing fluid.

Both usually occur:

- above,
- behind,
- or adjacent to the testicle.

They are generally:

- benign,
- non-cancerous,
- and often symptom-free.

The exact cause is frequently unknown, although:

- duct obstruction,
- inflammation,
- injury,
- and other local factors

may contribute.

Possible symptoms include:

- a palpable lump,
- scrotal swelling,

- heaviness,
- dull aching,
- or discomfort when the lesion becomes large.

Diagnosis usually involves:

- physical examination,
- and scrotal ultrasound when necessary.

Ultrasound is particularly valuable because it helps confirm that the swelling is cystic and separate from the testicle and can help exclude more serious conditions.

Most small asymptomatic cysts require:

observation rather than active treatment.

When symptoms become significant, management may include:

- simple pain relief,
- supportive measures,
- or surgical excision.

Needle aspiration is generally not considered a definitive cure because fluid often re-accumulates quickly.

Surgery can relieve symptoms, but patients who desire future fertility should understand that:

- epididymal injury,
- vas deferens injury,
- scarring,
- and recurrence

can occur.

The **Unani system of medicine** can contribute within an individualized integrative programme through:

- **Mizaj-based assessment**
- **Ilaj-bil-Ghiza**
- **Ilaj-bit-Tadbir**

- **Ilaj-bid-Dawa**
- lifestyle management,
- general reproductive-health support,
- and treatment of associated health problems.

Official AYUSH/CCRUM descriptions recognize dietotherapy, regimenal therapy, pharmacotherapy and surgical treatment as the four broad modes of Unani therapy.

At Saira Health Care, **Dr. Qasmi's Nuskha No. 149 – Cystocure** is currently discussed within the clinic's individualized approach to epididymal cyst and spermatocele complaints.

However, responsible treatment means that this or any other traditional formulation should not be presented as a guaranteed method of eliminating every epididymal cyst.

Likewise, fertility-support formulations such as Spermogenic, Jawahar-e-Khusia, Nuskha No. 129 or other medicines should be used when the patient's **complete reproductive-health picture** justifies them—not simply because a benign cyst is visible on ultrasound.

My approach at **Saira Health Care** can therefore be summarized as:

Confirm the diagnosis.

Rule out a testicular tumor or urgent scrotal disease.

Observe harmless asymptomatic cysts rather than overtreating them.

Assess fertility when clinically relevant.

Use Unani medicine individually and responsibly.

Monitor symptoms and cyst changes objectively.

Avoid unnecessary aspiration.

Discuss fertility risks before epididymal surgery.

Refer to urology when surgery offers the better treatment.

And never allow an unproven promise to replace a correct diagnosis.

For most men, an epididymal cyst or spermatocele is:

a manageable benign condition—not a verdict on sexual health, masculinity or fatherhood.

About the Author

Dr. Nizamuddin Qasmi

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Focused Practice in Sexual Disorders & Infertility

Professional Education & Training

- **BUMS – Hamdard University, Delhi**
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Medical Disclaimer

This article is intended for general medical education and reproductive-health awareness.

It is not a substitute for:

- individual consultation,
- physical examination,
- scrotal ultrasound,
- semen analysis,
- diagnosis,
- or a personalized treatment plan.

Any newly discovered testicular or scrotal lump should be evaluated appropriately.

Seek urgent medical care for:

- sudden severe testicular pain,

- rapidly developing swelling,
- severe pain with nausea or vomiting,
- significant acute trauma,
- or severe infection symptoms.

Do not puncture, squeeze, massage aggressively or attempt to drain a scrotal cyst at home.

Do not begin or discontinue:

- antibiotics,
- pain medicines,
- Unani formulations,
- herbal products,
- fertility supplements,
- or other treatments

without appropriate professional advice.

Dr. Qasmi's Nuskha No. 149 – Cystocure and other Saira Health Care fertility-support formulations should not be interpreted as guaranteed cures for every epididymal cyst or spermatocele.

Men who wish to preserve fertility should discuss the potential fertility consequences of epididymal surgery or sclerotherapy before undergoing treatment.

Where specialist urological surgery or another medical intervention is appropriate, referral should form part of responsible integrative care.