

# A Clinical Insight into Management of Left-Sided Hydrocele Through Homoeopathy: A Case Report

Rajiv Rui Viegas Peres<sup>1\*</sup>, Jayshree Rathva<sup>2</sup>

## Abstract

*Hydrocele is a common condition in pediatric age groups, characterized by the accumulation of serous fluid within the tunica vaginalis surrounding the testis. While many cases resolve spontaneously within the first one to two years of life, persistent hydrocele beyond this period is generally managed surgically. The present case highlights the role of individualized homoeopathic treatment as a conservative approach in such conditions. A 2-year-old male child presented with left-sided scrotal swelling of two months' duration, clinically diagnosed as hydrocele. Surgical intervention was advised; however, the parents opted for homoeopathic management. A detailed case-taking was performed based on the totality of symptoms, including physical generals and behavioral characteristics. The child exhibited hyperactivity, irritability, perspiration during sleep, and marked desire for salty and spicy foods. Based on the constitutional totality, Tuberculinum IM was prescribed as a single dose. During the follow-up period, two acute febrile episodes occurred, which were managed with Arsenicum Album IM in appropriate doses. The patient was monitored over a period of eight months with regular follow-up assessments, focusing on hydrocele status, general health, and behavioral changes. Gradual reduction in scrotal swelling was observed, culminating in complete clinical resolution by the end of the observation period. Along with the disappearance of hydroceles, improvement was noted in appetite, sleep, activity levels, and emotional stability. Acute episodes were managed successfully without complications. This case suggests that individualized homoeopathic treatment may play a supportive role in the conservative management of pediatric hydrocele. However, as spontaneous resolution is common in such cases, a definite causal relationship cannot be established. Further systematic studies are required to validate these findings.*

**Keywords:** Left hydrocele, tuberculinum, arsenicum album, homoeopathic approach, surgery averted

## INTRODUCTION

Hydrocele is defined as an abnormal accumulation of serous fluid within the tunica vaginalis surrounding the testis or along the spermatic cord. It is one of the most common causes of painless scrotal swelling in pediatric age groups. According to standard surgical and pediatric texts, such as

*Bailey & Love's Short Practice of Surgery* and *Nelson Textbook of Pediatrics*, congenital hydrocele results from persistence of the processus vaginalis, allowing peritoneal fluid to collect in the scrotum [1, 2].

The prevalence of hydrocele is high in neonates, with reported incidence ranging between 5–10% in newborn males [2]. Most cases resolve spontaneously within the first 12–24 months of life. However, persistence beyond two years of age, progressive enlargement, or associated symptoms often warrants surgical intervention (herniotomy) [1].

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## BACKGROUND

Conventional management guidelines recommend:

- Observation during infancy.
- Surgical correction if hydrocele persists beyond 1–2 years or is communicating in nature.

While surgery is generally safe and effective, it carries risks associated with anesthesia, postoperative complications, parental anxiety, and healthcare burden. This raises interest in evaluating conservative approaches in selected cases.

Most of the available literature focuses on:

- Etiopathogenesis and classification of pediatric hydrocele [1].
- Natural history and spontaneous resolution rates [2].
- Operative management and outcomes [1].
- Complications such as associated inguinal hernia [2].

There is extensive documentation of surgical techniques and prognosis in urological literature such as *Campbell–Walsh–Wein Urology* [3].

However, there is limited published literature exploring individualized homeopathic management of hydrocele in children. Most existing evidence in homeopathy consists of anecdotal reports, isolated case documentation, or non-indexed publications. There is a lack of systematically structured case reports with long-term follow-up and clear outcome documentation.

## Research Problem

Persistent unilateral hydrocele in toddlers commonly leads to surgical consultation. However, whether individualized homeopathic constitutional treatment can contribute to resolution in selected cases remains insufficiently explored and under-documented in peer-reviewed academic settings.

The core research problem addressed in this case study is:

Can individualized homeopathic management contribute to clinical resolution of persistent hydrocele in a toddler, thereby potentially reducing the need for surgical intervention?

## Identified Research Gap

- Absence of well-documented case reports on conservative homeopathic management in persistent pediatric hydrocele.
- Limited integration of constitutional symptom totality with surgical pediatric conditions in published academic literature.
- Lack of longitudinal follow-up documentation demonstrating before-and-after clinical changes.
- This gap highlights the need for systematic case documentation to contribute observational evidence in this domain.

## OBJECTIVES OF THE STUDY

### Primary Objective

- To evaluate the clinical outcome of a 2-year-old child diagnosed with left-sided hydrocele managed with individualized homeopathic treatment.

### Secondary Objectives

- To document the complete symptom totality (physical and mental generals).
- To assess changes in hydrocele size and associated symptoms over time.
- To evaluate response to intercurrent acute illnesses during follow-up.
- To compare clinical findings before and after treatment.

## SIGNIFICANCE OF THE STUDY

This case study holds particular significance in highlighting the role of Homoeopathy in the management of pediatric surgical conditions, specifically hydrocele. The importance of this study can be emphasized as follows:

- *Expanding the Scope of Homoeopathy:* Hydrocele is traditionally regarded as a surgical condition. This case demonstrates the potential role of individualized homoeopathic constitutional treatment in managing such conditions conservatively, thereby expanding the therapeutic scope of Homoeopathy beyond functional disorders to structural pathologies.
- *Individualized Constitutional Approach:* The study underscores the core homoeopathic principle of totality-based prescribing. Instead of focusing solely on the local pathology (hydrocele), treatment was guided by the child's mental, emotional, and physical generals, reflecting the holistic philosophy of Homoeopathy.
- *Non-Invasive Therapeutic Alternative:* By documenting apparent clinical resolution without surgical intervention, this case highlights Homoeopathy as a gentle, non-invasive, and child-friendly therapeutic option, particularly valuable in pediatric practice.
- *Strengthening Evidence-Based Homoeopathy:* Systematically documented case reports contribute to building clinical evidence within Homoeopathy. This study adds to the growing need for structured academic documentation to support homoeopathic practice in institutional and research settings.
- *Reducing Surgical Anxiety and Healthcare Burden:* Pediatric surgeries often cause parental anxiety and involve hospitalization risks. If further validated, homoeopathic management may reduce unnecessary surgical procedures in selected cases, offering a safer and more economical option.
- *Stimulating Further Clinical Research:* The findings encourage larger observational studies and controlled trials to scientifically evaluate the efficacy of homoeopathic constitutional remedies in hydrocele and similar pediatric conditions.

## REVIEW OF LITERATURE

Hydrocele is one of the most frequently encountered causes of scrotal swelling in pediatric and adult surgical practice. The existing literature from standard surgical, pediatric, and urological textbooks provides comprehensive insights into its etiology, classification, diagnosis, and management.

### Etiology and Pathophysiology

According to *Bailey & Love's Short Practice of Surgery*, hydrocele is defined as a collection of serous fluid within the tunica vaginalis surrounding the testis [1]. In children, it is commonly congenital and results from incomplete obliteration of the processus vaginalis, leading to communication between the peritoneal cavity and the scrotum [1].

The *Nelson Textbook of Pediatrics* explains that hydroceles are common in newborn males, with many resolving spontaneously within the first year of life [2]. The pathogenesis involves either a communicating processus vaginalis allowing peritoneal fluid to pass into the scrotum or a non-communicating form due to imbalance between secretion and absorption of fluid by the tunica vaginalis [2].

*Campbell-Walsh-Wein Urology* further elaborates that acquired hydroceles may develop secondary to infection, trauma, tumor, torsion, or systemic diseases such as filariasis [3]. The underlying mechanism may involve increased production or decreased reabsorption of serous fluid [3].

### Classification

Hydroceles are broadly classified into:

- *Congenital (Communicating) Hydrocele:* Persistent processus vaginalis allowing fluid movement [1].

- *Non-Communicating Hydrocele*: Fluid confined within tunica vaginalis without peritoneal communication [2].
- *Secondary Hydrocele*: Occurs due to underlying pathology such as infection or malignancy [3].

### Clinical Presentation and Diagnosis

Hydrocele typically presents as painless scrotal swelling that is cystic, fluctuant, and Trans illuminant on examination [1]. Trans illumination remains a simple bedside diagnostic test [1].

Ultrasonography is recommended when diagnosis is uncertain or when associated pathologies, such as inguinal hernia or testicular tumor, are suspected [3]. In pediatric patients, differentiation between communicating hydrocele and inguinal hernia is clinically significant [2].

### Natural History

The pediatric literature emphasizes that many hydroceles resolve spontaneously within 12–24 months of life [2]. Observation is, therefore, recommended during infancy unless complications arise [2].

However, persistence beyond 1–2 years or progressive enlargement is generally considered an indication for surgical repair [1].

### Conventional Management

Surgical intervention remains the definitive treatment for persistent hydrocele [1]. Standard management involves ligation of the patent processus vaginalis (herniotomy) in congenital cases [1].

In adults, hydrocelectomy techniques include excision or plication of the tunica vaginalis [3]. Aspiration is generally discouraged due to high recurrence rates and risk of infection [3].

### CLASSIFICATION OF HYDROCELE ACCORDING TO THE ORGANON OF MEDICINE

According to the classification of diseases described by Organon of Medicine by Samuel Hahnemann, diseases are broadly categorized based on their nature, origin, and progression into acute diseases, chronic diseases, and local diseases (surgical affections) [4].

Hydrocele, from a homoeopathic philosophical perspective, may be understood within this framework as follows:

#### Hydrocele as a Local Disease

In the *Organon*, Hahnemann describes local diseases as external manifestations that appear confined to a particular part of the body but are expressions of an internal disturbance of the vital force [4]. He emphasizes that such local affections should not be regarded as purely surgical entities but as outward reflections of internal dynamic imbalance.

Hydrocele, being a localized accumulation of fluid in the tunica vaginalis, can be classified as a local disease with internal causation, since it represents a structural manifestation at the scrotal level. According to Hahnemann, merely removing the local manifestation (e.g., surgical evacuation) without addressing the internal disturbance may not constitute true cure [4].

#### Hydrocele as a Chronic Disease

If hydrocele persists beyond the natural period of spontaneous resolution and demonstrates long-standing tendency or recurrence, it may be considered under the category of chronic diseases [4]. Chronic diseases, as described in the *Organon*, arise from deep-seated miasmatic influences and tend to persist or recur unless treated with appropriate anti-miasmatic remedies [4].

In such cases, hydrocele may represent a localized expression of an underlying chronic miasmatic state requiring constitutional treatment rather than mere local management.

### Scope of Homoeopathy in Hydrocele

The scope of Homoeopathy in the management of hydrocele is based on its fundamental principles of individualization, totality of symptoms, and constitutional prescribing. Unlike conventional approaches that primarily consider hydrocele as a surgical condition, Homoeopathy views it as a manifestation of internal imbalance requiring systemic treatment.

According to Samuel Hahnemann in the *Organon of Medicine*, diseases, such as hydrocele, are classified under one-sided diseases, particularly physical diseases of internal origin (Aphorisms 186–206) [4]. Hahnemann emphasizes that local manifestations are outward expressions of internal dynamic disturbances of the vital force. Therefore, treatment should not merely focus on the local pathology but should aim at correcting the internal constitutional disorder.

He clearly states that removal of local symptoms through external or surgical measures does not constitute true cure and may even suppress the manifestation, potentially driving the disease process deeper [4]. Hence, constitutional medicine becomes necessary in such conditions.

Dr. C. K. Bhanja, in *The Homoeopathic Prescriber*, recommends several remedies in the therapeutics of hydrocele based on symptom similarity and constitutional indications [5]. The commonly indicated medicines include:

- *Calcarea Carbonica*: Useful in children with glandular tendencies, profuse perspiration, and constitutional weakness.
- *Digitalis*: Indicated when hydrocele is associated with cardiac weakness or slow pulse.
- *Graphites*: In cases with chronicity and associated skin manifestations.
- *Iodium*: Where there is glandular enlargement and emaciation.
- *Rhododendron*: Especially suited for hydrocele with aggravation before storms and associated testicular pain.
- *Pulsatilla*: In mild, weepy, thirstless children with shifting complaints.

These remedies are selected not merely on the pathological diagnosis but on the totality of mental, physical, and general symptoms of the patient [5].

Previous reports and clinical experiences support the use of *Rhododendron* and other remedies in such conditions [6].

Homoeopathic approaches in treatment of hydroceles include:

- *Individualized Constitutional Management*: Addressing the underlying internal cause rather than only the local swelling.
- *Miasmatic Consideration*: Treating chronic predispositions that may underlie persistent hydrocele.

Thus, Homoeopathy provides a broad therapeutic scope in management of hydrocele, as supported by classical homoeopathic literature.

### PREVIOUS STUDIES

#### Analysis and Critique of Published Research on Hydrocele

Although hydrocele is one of the more common scrotal conditions encountered in both pediatric and adult populations, the scientific literature on its natural history and management primarily reflects conventional surgical and observational studies. There is a significant paucity of research evaluating homoeopathic treatment modalities for hydrocele; therefore, this review focuses first on published data regarding hydrocele outcomes and conservative management and then highlights the research gap in homoeopathy.

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### Natural History and Conservative Management

Several studies have examined the natural progression and conservative management outcomes of hydroceles, especially in pediatric populations. Kurobe et al. conducted a retrospective review of asymptomatic hydroceles in children and reported that a substantial proportion of pediatric hydroceles resolve spontaneously without surgical intervention. In this cohort, spontaneous resolution rates were highest in infants (94.3% in children  $\leq 1$  month old) and decreased with age, but even among children over 2 years, approximately one-third showed resolution without surgery. Notably, conservative management did not adversely affect testicular size, suggesting that initial observation may be a safe approach in selected cases [7].

A systematic review and meta-analysis by Salari et al. reported global prevalence estimates of pediatric hydrocele, demonstrating that hydrocele prevalence is measurable and not negligible, but also that many cases are likely undiagnosed or may have resolved spontaneously. This review, based on eligible observational studies, highlights the need for precise diagnostic and follow-up protocols to inform screening and management strategies [8].

Critique: These observational studies provide helpful data on the natural course and prevalence of pediatric hydrocele. However:

- Most are retrospective and descriptive, lacking standardized prospective follow-up.
- There is heterogeneity in diagnostic criteria, patient ages, and follow-up duration, limiting direct comparison.
- Conservative management outcomes are not evaluated in controlled settings, making it difficult to determine which factors predict resolution versus persistence.
- Importantly, these studies do not investigate non-conventional or medicinal interventions, including homoeopathic remedies.

Therefore, while conventional research supports initial observation in asymptomatic pediatric hydrocele, it does not provide high-level evidence for alternative medical therapies.

### Surgical and Interventional Outcomes

Surgical outcomes remain the most studied aspect of hydrocele management. Several systematic reviews and clinical reports focus on operative techniques and postoperative complications. For example, a systematic review of laparoscopic pediatric hydrocele repair found the procedure to be safe and effective, with low recurrence rates and acceptable operative times [9].

Postoperative studies also indicate that hydrocele may develop as a complication of other procedures (e.g., after varicocele surgery), and non-surgical approaches, such as scrotal puncture or observation, may lead to regression in selected cases without further surgery [10].

Critique: Surgical outcome studies provide useful benchmarks for intervention efficacy and safety but share some limitations:

- Many reports are technique-focused rather than patient-centered; they emphasize operative outcomes rather than long-term quality of life or functional status.
- They often combine multiple age groups and hydrocele subtypes, which may obscure condition-specific insights.
- These studies are valuable for surgical planning but do not inform systemic medical management, including constitutional therapies.

### Lack of Published Research on Homoeopathy for Hydrocele

To date, there is no high-quality published research (e.g., randomized controlled trials, cohort studies) that evaluates homoeopathic treatment of hydrocele. In conventional scientific databases (PubMed, Scopus, Web of Science), searches combining homoeopathy and hydrocele yield no indexed clinical

trials or observational studies assessing remedy efficacy, conservative homoeopathic protocols, or mechanisms of action.

Critique: Published clinical research on hydrocele primarily addresses its natural history, conservative observation outcomes, and surgical interventions. These studies provide important epidemiological and clinical insights but have limitations related to methodology, standardization, and intervention diversity. Importantly, they do not address homoeopathic treatment outcomes, highlighting a significant research deficit.

Key research implications include:

- The need for prospective, controlled studies evaluating conservative medical interventions, including homoeopathy.
- The use of objective diagnostic measures (e.g., imaging) to assess true therapeutic outcomes.
- Inclusion of age- and subtype-specific cohorts to enhance generalizability.
- Integration of patient-centered outcomes to assess functional and quality-of-life impact.

Addressing these gaps could help determine whether homoeopathic approaches offer measurable benefits beyond natural resolution, particularly for patients in whom surgical intervention is undesirable or delayed.

## METHODOLOGY

### Study Design

This study was designed as a prospective single-case observational study conducted in an outpatient homoeopathic clinical setting. The methodology follows the principles of individualized homoeopathic prescribing and longitudinal follow-up, with systematic documentation of clinical progress.

### Study Setting

The case was managed in a private outpatient department (O.P.D.) setting. The first consultation was conducted on 5 June 2025, with subsequent follow-ups over an 8-month period until 24 February 2026.

### Patient Selection

- *Age:* 1 year 10 months.
- *Sex:* Male.
- *Diagnosis:* Left-sided hydrocele (clinically diagnosed).
- *Duration of Complaint:* 2 months prior to first consultation.

This case was included based on:

- Presence of clinically diagnosed unilateral hydrocele.
- Absence of immediate surgical emergency.
- Parental consent for homoeopathic management and follow-up.

### Case Taking Procedure

A detailed case-taking was performed according to classical homoeopathic principles, including:

- Chief Complaint: Left-sided scrotal swelling.
- History of Present Illness: Onset, duration, progression.
- Physical Generals:
  - Thermal modality (ambithermal).
  - Thirst (approximately 1.5 litres/day).
  - Perspiration (neck during sleep).
  - Appetite and stool habits.
- Mental and Emotional Symptoms:
  - Hyperactivity.

- Irritability and tantrums.
- Attachment patterns.
- Behavioral reactions.
- Food Desires:
  - Salty food (+3).
  - Spicy food (+2).
  - Sweets (+1).

Acute intercurrent episodes were also documented in detail during follow-up visits.

### Clinical Examination

- Physical examination focused on the scrotal swelling.
- Observation of behavior and general appearance was recorded.
- No invasive procedures were conducted.

### Intervention

Treatment was administered based on individualized constitutional prescribing:

- Tuberculinum 1M – Single dose on 5 June 2025 (constitutional remedy).
- Arsenicum Album 1M – Single dose during acute febrile episode (13 September 2025).
- Arsenicum Album 1M (water dose) – During subsequent acute respiratory episode (23 January 2026).

No local applications or surgical interventions were performed.

### Follow-Up Protocol

Follow-up evaluations were conducted periodically:

Each follow-up included:

- Assessment of hydrocele status.
- Evaluation of acute symptoms.
- Appetite, thirst, sleep, and activity assessment.
- Behavioral observation.
- Need for repetition or change of remedy (Table 1, Figures 1 & 2).

**Table 1.** Follow up and response of presenting case report

| Follow-up date    | Hydrocele status assessment                                          | Acute symptoms evaluation                                                    | General assessment (appetite, thirst, sleep, activity)           | Behavioral observation                                                    | Remedy decision                         |
|-------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|
| 13 September 2025 | Assessed for persistence or reduction of left-sided scrotal swelling | Viral fever, high-grade at midnight, watery coryza, cough (no expectoration) | No appetite, no thirst during fever; dull during febrile episode | Clingy to father, fearful if scolded, irritable, hits sibling then smiles | Arsenicum Album 1M – Single dose.       |
| 23 January 2026   | Monitored for recurrence or residual swelling                        | Loose cough, fever from 12 am–3 am, pain in hands and feet                   | Appetite low; thirsty during fever; disturbed sleep due to fever | Cranky mood, weeps easily, agitated, wants mother nearby                  | Arsenicum Album 1M – Single water dose. |
| 24 February 2026  | No signs of hydrocele recurrence observed                            | Running nose (watery, freely flowing)                                        | Appetite good; thirst normal; active child; sleep normal         | Active, stable behavior                                                   | No medicine prescribed.                 |

## Outcome Measures

### Primary Outcome

- Presence or absence of scrotal swelling (clinical observation).

### Secondary Outcomes

- Frequency and severity of acute illnesses.
- General well-being (appetite, thirst, sleep, activity).
- Behavioral stability.

## Duration of Study

Total observation period: Approximately 8 months (June 2025–February 2026).

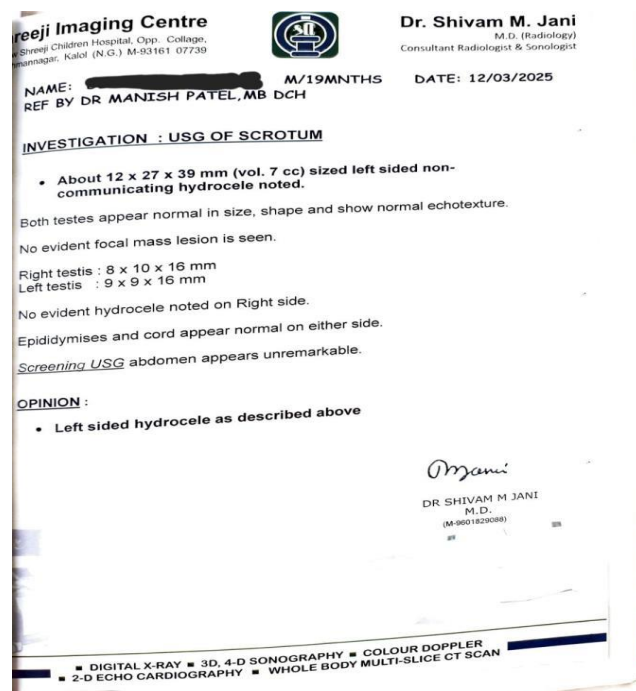


Figure 1. Before study investigation report.

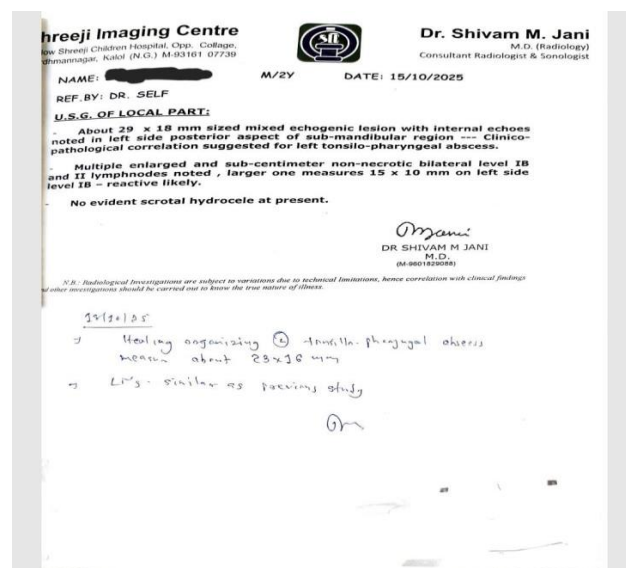


Figure 2. After study investigation report.

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## RESULT

The patient was observed over a period of approximately eight months (June 2025 to February 2026). Clinical outcomes were evaluated based on changes in hydrocele status, overall health parameters, behavioral characteristics, and response to intercurrent acute illnesses.

At the time of presentation, the child had a clinically evident left-sided scrotal swelling consistent with hydrocele, present for two months. No surgical or local intervention was undertaken during the course of treatment.

During the observation period, the hydrocele showed progressive improvement, and by February 2026, there were no visible or palpable signs of left-sided scrotal swelling, indicating complete clinical resolution.

Two episodes of acute respiratory infections with fever occurred during the treatment period. These were managed with individualized homoeopathic remedies. The febrile episodes subsided without complications, and no adverse effects were reported.

In addition to the local pathology, general health parameters showed improvement. Appetite and thirst normalized, sleep remained undisturbed, and the child maintained good activity levels. Behavioral patterns also showed stabilization, with reduced irritability and fewer tantrums compared to the initial presentation.

Overall, the case demonstrated complete resolution of hydrocele, improvement in general health, and satisfactory management of acute intercurrent illnesses without surgical intervention.

However, as this is a single case report without imaging confirmation or a comparative control, spontaneous resolution – particularly common in pediatric hydrocele – cannot be definitively ruled out.

## DISCUSSION

The present case demonstrated complete clinical resolution of left-sided scrotal swelling following individualized homoeopathic management. The improvement was not limited to the local pathology but was accompanied by positive changes in general health parameters and behavioral stability. The child showed normalization of appetite and thirst, maintained good sleep, and exhibited improved emotional balance and reduced irritability over time.

The prescription was based on constitutional totality rather than the diagnosis alone. The initial remedy selection reflected the child's hyperactivity, irritability, marked cravings, perspiration pattern, and overall constitutional traits. Subsequent acute prescriptions were individualized according to the presenting symptom picture during intercurrent illnesses. The favorable response observed after remedy administration suggests a systemic therapeutic action rather than merely symptomatic relief.

The disappearance of the local swelling alongside improvement in general vitality supports the homoeopathic principle that treatment directed at the individual as a whole can influence local pathological expressions. The case illustrates the potential efficacy of individualized homoeopathic prescribing in managing such conditions without the need for surgical intervention.

Overall, the outcome highlights the role of constitutional homoeopathic treatment in promoting recovery, enhancing general well-being, and addressing both local and systemic manifestations in a holistic manner.

## LIMITATION

- This is a single case report; findings cannot be generalized.

- No control or comparator to establish causal relationships.

## CONCLUSION

As the patient was a 2-year-old child, collection of symptoms was not easy, and totality with individualization was challenging in the beginning. Moreover, hydrocele does not present with many symptoms rather it shows itself as a painless swelling with very limited symptomatology. Hence, the approach to this case was a miasmatic one. Taking into considering the strong family history of lung problems in paternal grandmother as well as the allergic tendency in both parents, it was clearly evident that this child is born of tubercular inheritance (Fundamental miasm being Tubercular miasm) and even the physical built; lean, the mental aggressiveness of beating elder brother and physical requirement of fresh air (outdoor) corroborated with active miasm in the child as tubercular miasm. Interesting aspect of this child is that Tuberculinum prescription is not just an antimiasmatic prescription, but it covers the disposition, mind, body, particulars (affection of gland, testes is a gland). Tuberculinum is, therefore, the constitutional as well as the miasmatic remedy for this child. The two different approaches towards management of Hydrocele have merged into one single approach. Whereas Arsenicum Album was used to tackle the acute sector totality during subsequent follow ups. In just three-month time with single intervention of Chronic remedy Tuberculinum the hydrocele completely resolved as confirmed by Ultrasound report dated 15<sup>th</sup> October 2025. This case highlights the vital role played by constitutional homoeopathic treatment in management of surgical condition like hydrocele.

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