

Case report: “Management of urethral stricture with Uttara Basti”

*Dr. T.S. Dudhamal, Dr. S.K. Gupta, Prof. C. Bhuyan

Department of Shalya Tantra, I.P.G.T & R.A, Gujarat Ayurveda University, Jamnagar, Gujarat.

ABSTRACT

A case of stricture of membranous urethra was treated with medicated oil used as Uttara Basti (administration of medicated oil through urethra) once daily for seven consecutive days. The treatment was repeated at a monthly interval for two months. The patient obtained remarkable improvement in his condition. This case highlights the fact that it is possible to treat the cases of urethral stricture with Uttara Basti.

Keywords: urethral stricture, Uttara Basti.

Introduction:

The urethral stricture is the narrowing of the lumen of the urethra. This affects mostly male adults of 25 - 40 years of age having symptoms like dysuria (difficulty in voiding of urine), progressive narrow stream, increased frequency and urethral discharge. The treatment of urethral stricture in the modern medical science is instrumental dilatation, urethroplasty and urethrotomy but they have high rate of recurrence and complications^[1]. In ancient times, all the urinary symptoms were described under the broad classification of *mutraghata* (obstruction of urine, 12 types by Sushruta)^[2], *mutrakrichhra* (painful discharge of urine, 8 types by Sushruta)^[3] and *bastiroga* (renal diseases, 13 types by Charaka)^[4]. The main treatment of the *mutraghata* & *mutrakrichhra* is *UttaraBasti* (administration of the medicated oil). *Uttara Basti* is administered through the urethra into the urinary bladder.^[5] When treating gynaecological problems, *UttaraBasti* is given through the vagina into the uterus.^[6] The root cause of the *mutraghata* and *mutrakrichhra* is vitiation of *vata dosha* and the treatment of choice for that is *basti* as *Sushruta* quoted that *Mutraghatemutradoshe shukradoshe ashmari vrane --- bastirapy uttaro heetah.*^[7,8] The feature of urethral stricture can be correlated to the feature of the *mutrasanga*^[9] which is subtype of *mutraghata* and where chiefly *apanavayu* (subtype of *Vatadosha*) is vitiated, hence *UttaraBasti* was selected as the treatment of choice to combat the root cause of *mutrasanga*. This case study showed the good result for further research with more number of patients.

Case report:

A 25 year old male patient, of *vata pitta prakriti*, visited OPD on 12/6/2009 with complaints of dysuria, dribbling micturition, slow stream of urine, incomplete emptying of bladder leading to fullness of bladder, increased frequency of micturition and cystitis. Local genital examination showed scar of circumcision on corona of the penis (fore skin of prepuce was excised)

Past history:

Patient had undergone circumcision for Phimosis in January 2004. Again he suffered from complaints like straining and dribbling during micturition. Retrograde Urogram was done in which findings were suggestive of the urethral stricture at membranous urethra. He underwent Direct Visualized Internal Urethrotomy (DVIU) on 22.03.2004 for the urethral stricture. Routine hematological and urine examination was done before and after the treatment as shown in Table -1.

Urine flow rate (urine output/min.) was measured manually pre and post treatment. It was observed that urine flow rate was increased after completion of the treatment. Retrograde urethrography was done before and after the treatment for comparison of result. It showed increase in the caliber of the urethral lumen in the membranous part of urethra.

Procedure of Uttara Basti:

After emptying urinary bladder, painting of penile region with betadine antiseptic solution was done and then instilled 2% xylocaine jelly into the urethra. With the help of disposable feeding tube of no. 9, a mixture of autoclaved sesame oil (15 mililitre), honey (4 mililitre) and rock salt (1 gram) was pushed into the urethra and retained for 10 minutes once daily.

Discussion:

The *basti* (urinary bladder) is said to be *vatasthana* of *apana vayu*^[10] and responsible for normal evacuation of urine, stool, flatus sperm, etc as quoted in *samhita* “*Apanoapanaga ----- Shukraartava Shakranmutra garbha nishkramana kriyah*”. The diseases of *mutraghata* occur in this region are mainly due to vitiation of *vata dosha* (one among three *dosha*) in general and *apana vayu* (subtype of *Vata*) in particular. Constriction and fibrosis of tissue leads to constriction of urethra due to *khara* (rough) and *ruksha* (dry) *guna* of *vata*. Due to *chala* (movable) *guna* of *vata*, patient had frequent and painful micturition.

Hence in case of *mutrotsanga todha* (throbbing pain), *sankocha* (stricture), *shosha* (dryness) and *shoola* (pain) occur. In *mutrotsanga kapha prakopa* is also manifested and by the virtue of *sthairya guna* (local stasis), *gaurava* (heaviness in penis), *upalepa* (narrowing of lumen due to hypertrophied scar tissues), *bandha* (obstruction to normal flow) and *chirakaritva* (chronicity) like features occur. Hence combination of vitiation of *vata dosha* +++ and *kapha dosha* + were the prime causative factors for urethral stricture. Affected *dushya* were *rasa*, *rakta* and *mamsa dhatu* because urethral passage is lined by mucous

Table-1 Investigations:

Investigations	Before treatment	After treatment
TLC*1	5600/cu. mm	5300/cu. mm
Hb%†	10.5gm%	10.5gm%
Blood urea	27 mg/dl	27mg/dl
Urine Sugar	Nil	Nil
Urine microscopic	Pus cells 6-10/ hpf	Pus cells- nil
Serum creatnine	0.8mg/dl	0.8mg/dl
X-ray KUB‡3	NAD.4	NAD
Urethrogram	Stricture at prostatic urethra (narrowing of lumen)	Lumen was increased
USG 5 Abdomen & Pelvis	Irregular bladder wall with cystitis	Bladder wall normal, no cystitis (normal USG)

* Total Leucocyte Count

† Haemoglobin percentage

‡ Kidney Ureter Bladder

. No Abnormality Detected

|| Ultra Sonography

membrane is *shleshmadhara kala* which can be considered as *updhatu* of *mamsa* that affected mucous membrane which developed the stricture.

The one constituent mixture used was *tila taila*^[11] (sesame oil) which is *vata shamak (Tailam vatashleshma prashmananam shrestham)* produced soothing effect on the tissue at stricture site and also acted as healing agent^[12,13,14] Sesame oil also has properties like *vyavayi, sukshma (yasya vivarane shakti)* and *snigdha (yasya kledane shakti)*. So it dilates and lubricates the lumen of urethra due to *sukshma* (micro) and *snigdha* (oily) *gunas* respectively. Honey has the *shodhana* (purification) and *ropana* (healing) properties in classic it is quoted that *Vranasandhana ropanam vatalam madhu*^[15] due to antibacterial action^[16,17,18] and *saindhava (rock salt)* has *lekhana* (scraping) properties so both were proven helpful to scrap out the fibrotic tissue and increase the lumen of the urethra.

After completion of the treatment, it was observed that the stream of urination was quite well and passing without straining. Complete emptying of the bladder was observed there, so reduction in fullness of the bladder was found. Patient had got 60% relief in the symptoms after seven days of treatment. After the second sitting of *Uttara Basti* in a month, patient got 90% relief from the symptoms. After completion of treatment course of two sittings (i.e. after two

months) patient was cured completely. There was no adverse effects or complications found in the patient.

As it is a single case study, it requires more number of patients and long follow up for concrete conclusion.

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