

ROLE OF UTTARBASTI IN THE TREATMENT OF PHIMOSIS - A PILOT STUDY

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ABSTRACT

Background: Phimosis is one of the painful conditions found in children. As mentioned in many ancient ayurved text, *Nirudh Prakash* is the condition same as phimosis which is caused due vitiation of *vata dosha* especially the *vaayu* situated in that is *Aapan Vaayu* and the best treatment given the text for *vata dosha* is *Basti*. The symptomology in the phimosis is dysuria and pinpoint prepuce and ballooning of the prepuce. Some of the treatment modalities available is application of topical steroid cream. But in order to avoid of usage of steroid in such young age some other type of treatment was required. Therefore the use of *uttarbasti* in phimosis was chosen. **Materials & Methods:** This was a pilot study ten patients of diagnosed phimosis were selected and *uttarbasti* was given to them for the period of three months. Parameters observed were dysuria and retraction of prepuce. Results showed significant improvement in both the symptoms, dysuria was reduced in 65.38% and also retraction of prepuce was gained in 60.8% of the total number of patients. The recovery was better and complications were minimal.

Keywords: Phimosis, Uttarbasti, Ayurveda

INTRODUCTION

Phimosis consists of pathological, cicatricial, stricture of the foreskin that prevents it from being retracted to uncover the glans[1]. The affected foreskin has easily identifiable indurated white plaques or scar tissue at the preputial orifice that prevents its eversion. This is commonly the side effect of lichen sclerosis et atrophicus, non-specific chronic inflammatory processes, forcible retractions of the foreskin[2]. At birth, the inner layer of the foreskin is sealed to the glans penis. This attachment forms early in fetal development and provides a protective cocoon for the delicate developing glans[3]. The skin on the shaft of the penis is keratinized, whereas squamous epithelium lines the foreskin adjacent to the glans [4]. Separation of the adjacent

epithelial layers between the foreskin and glans is a continually evolving process. Incomplete separation from birth up to approximately the third year of life results in physiologic or congenital phimosis. During this period, the foreskin is essentially adherent to the glans. Forcible retraction can result in significant pain, bleeding, and small tears at the opening that could result in increased scarring and, ultimately, a phimotic ring. Eventual full retraction occurs as the foreskin detaches from the glans, because of gentle traction by caregivers, intermittent erections, and keratinization of the inner epithelium [5]. Some authors have divided the disease into physiological and pathological types. The distinction is important to recognize consider-

ing the divergent management for these two conditions. True pathological phimosis exists when non retraction is secondary to the distal scarring of the prepuce. This scarring often appears as a contracted white fibrous ring around the preputial orifice. Physiological phimosis is a common finding in male upto 3 yrs of age, but can extend into older age groups [6-8] Physiological phimosis is more appropriately managed by conservative measures such as topical steroid therapy [9] Pathological phimosis on the other hand, the standard treatment is circumcision [10]. The mode of treatment in ayurveda to the urinary related disease is said to be Uttarbasti[11]. Uttarbasti as described in shushruta Samhita is as follow:-

Shukram dushtam shonitam changananam pushodrekam tasya nasham cha kashtham / Mutraghathanmutradoshan pravrudhan yonivyadhim sansthitim cha aparayaha : // Sushruta chikitsa 37/ 125

Shushruta have mentioned that any kind of urinary problem can be treated by uttarbasti.^[12]

Phimosis in ayurveda and shushruta, can be compared to nirudha prakasha as the signs and symptoms are said to be same as described in shushruta nidana sthana chapter 13 as

Vatopsruthamev tu charm sanshrayate manim / Manishcharmopnadhestu mutrastrotro rrunadhhi cha // Nirudha prakashe tasmin manddharmavedanam / Mutram pnavartate jantormanim cha vidiryate // Nirudhaprakasham vidyat srujam vaat-sambhavam /

Su nidana 13/ 54-56

According to Acharya Shushruta as mentioned in his text, that If because the *vata dosha*, the charm (prepuce) of the *shishn mani* (glans) covers it completely and if the covered part obstructs the flow of the urine and due to the obstruction the patient have

a weak flow of urine without pain, but the preputial orifice does not opens and due to *vata dosha* patients experiences pain while micturition this type of disease is called as *nirudha praksaha*. On the other half, Acharya Vaghbata have described that when there is obstruction in the development of the *mani* (glans) then it is called as *nirudha mani*.

Manervikasniroddhash sa nirudhamanirgadah: //

The treatment of *nirudha prakasha* according to Acharya Sushruta as mentioned in Sushruta samhita chikitsaa sthana 20th chapter

Nirudhaprakashe nadim lauhimubhatomukhim / Darvim va jatukrutam ghrutaahyaktam praveshayet // Parisheke vasamajjashishumaarvarahyo: / Chakratalam tatha yojyam vataghndravyasanyutam // Trahyat trahyat sthoolantaram samyakanaadim praveshayet / Stroto vivardhayetevam snigdhamanamm cha bhojayet // Bhitva va sevnim muktva sadhyahkshatvadavcharyet / Su chikitsa 20/43-45

According to acharya sushruta in treatment of *nirudha prakasha*, a tube made of iron, wood or *laksha* coated with ghee should be inserted into the prepuce orifice. Then the *shishn munda* (glans penis) given bath of *shishumaar* or *varah vasa* and prepared in the *vaatanashaka dravya chakratala*. The procedure have to be repeated every third day by increasing the size of the tube till the prepuce skin dose not retract completely. Or the second method is by *shashtrakriya* (operating the patient) in order to not harm the *sevini* (raphe on the posterior part of penis) This study is so done because when the preputial skin doesn't opens while micturition it causes the urine to get stasis into the bladder can lead to bladder stones also if due to backflow of the urine to the kidney it can cause harm to the kidneys as the kidneys of the child is

not as mature can lead to hydronephrosis and such other serious condition which can be harmful on the later life of the child.

AIMS AND OBJECTIVES:-

- 1) To study the role of uttarbasti in the management of phimosis.
- 2) To study the role uttarbasti as an effective alternate measure in place of steroid therapy in physiological phimosis

MATERIAL AND METHOD:-

A pilot study was carried out over a period of 6 months in M A Podar Ayurved hospital, Worli, Mumbai in kaumarbhritya OPD. Total 10 daignosed patients of physiological phimosis between the age of 1 year to 16 years were selected on the basis of selected criteria.

After emptying 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 5. A mixture of autoclaved *Kshirbala* oil (5 ml) was pushed into the urethra. The procedure was done for 3 days giving break of 3 days and again repeating the same procedure for



3 days. The procedure was done for 3 months and the observations were noted.

Figure1- Procedure of the uttarbasti CRITERIA FOR SELECTION OF THE PATIENTS:-

Inclusion criteria:

- 1) Diagnosed patients of physiological phimosis
- 2) Age :- 1 yr to 17 yrs of age
- 3) Patients irrespective of religion and economical satus

Exclusion criteria:

- 1) Age :- more than 17 yrs of age
- 2) Pathological phimosis
- 3) Patients of HIV, AIDS, STD or HBasg
- 4) Congenital abnormality.

PARAMETERS OF STUDY:-

1) Dysuria (pain while micturation) Gradation of pain by visual analogue scale

- a) Nil – 0
- b) Mild pain – 1
- c) Moderate pain- 2
- d) Severe pain – 3

2) Retraction of the prepuce

- a) Fully rectratable prepuce – 0
- b) Retractable to uncover the glans – 1
- c) Retractable to reveal external meatus– 2
- d) Non retractable prepuce – 3

RESULTS AND OBSERVATIONS:-

Table 1- Assessment of Results

Parameters	Mean			% OF IMP	SD	SE	t	p	Significance
	BT	AT	DIFF						
1.Dysuria	2.6	0.9	1.7	65.38 %	0.82	0.26	7.002	<0.001	Highly significant
2.Retraction of prepuce	2.3	0.9	1.4	60.8 %	0.69	0.221	6.12	<0.01	Significant

As per Ayurveda text, *Nirudha prakasha* is the condition caused due to the vitiation of the *Aapana vayu dosha* which one of the type of *vata dosha* in pelvic regions. The best treatment for the *vata dosha* as per

mentioned in text is *basti* and specifically *Uttarbasti*. All obtained data were analyzed statistically with the help of INSTAT GRAPHPAD software.

By giving *uttarbasti* to the patient highly significant results were obtained in the symptoms of dysuria ie 65.38%. And in retraction of prepuce the results were 60.80% which was significant after giving *uttarbasti* in phimosis (*nirudha prakasha*). The rationale for such use of *uttarbasti* in phimosis is that due to continuous trickling



Figure 2 - Before treatment



Figure. 3 - After treatment

DISCUSSION

Nirudha prakasha is a condition which is caused due to vitiated *vata dosha* and *Basti* is the best treatment for that condition because in that condition, *Aapan Vaaya dushthi* is found. As *Basti* is the established treatment of any kind of *vata dushta vyadhi* and *Nirudha prakasha* fall under the *vyadhi* caused due the *dushthi* of *aapan vaayu*, so *Uttarbasti* as a treatment modality is being used. As per many of the ancient ayurvedic text have suggested this method in various urinary problems, and since this phimosis also fall in *mutradosha vyadhis* this treatment is being used. To find out mode of action of *Uttarbasti* in phimosis, in-depth study by many scientists who are working in the field of Biochemistry, Biophysics, Pathology, Pharmacology, is required; which, however, further requires evaluation by controlled trials.

CONCLUSION

The pilot study of the use of *uttarbasti* in phimosis (*Nirudh Prakash*) showed significant result in both the symptoms like dysuria and retraction of prepuce.

of oil subjected to the patient through *uttarbasti*, the keratinization of the skin on the prepuce reduces and helps in retraction. The *Uttarbasti* shows a significant result in phimosis and the use of steroids can be minimized as the use in such early life could affect the immunity of the patient.

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