

SIGNIFICANCE OF TILA TAILA, MADHU & SAINDHAV LAVANA UTTARBASTI IN THE STRICTURE OF URETHRA IN MALES – A CASE STUDYMonika¹, Shriniwas Gujjarwar²

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**ABSTRACT**

We can correlate stricture of the urethra with *Mutra marga sankoch* or *Mutrotsanga* which is a common disease of the urinary tract. Gradual urethral dilatation, transurethral resection of urethral stricture, urethrotomy, urethroplasty etc. are examples of some common surgeries which are practised today to cure stricture of urethra. But recurrence rate is high after all these surgeries while the cure rate is low. Many years ago, in our ancient texts, it is mentioned that uttarbasti can be beneficial for the management of such types of urinary tract diseases. In the present case, a 45-year-old male patient came to the OPD of Shri Krishna Government Ayurvedic College & Hospital, Kurukshetra, Haryana. He had complaints of retention of urine, painful micturition, straining & dribbling of urine for the last 5-6 years and also patient had to catheterize himself daily in the morning for micturition. So, after taking proper history, clinical examination and investigations (retrograde urethrography) the case was diagnosed as anterior urethral stricture and the patient was treated with Ayurvedic para surgical procedure i.e., *Tila taila, madhu & lavana uttarbasti* to cure stricture of urethra. We got significant results after this study. Hence, through this article, we tried our best to re-establishes the effect of *Tila taila, madhu & saindhava lavana uttarbasti* in males for the stricture of the urethra.

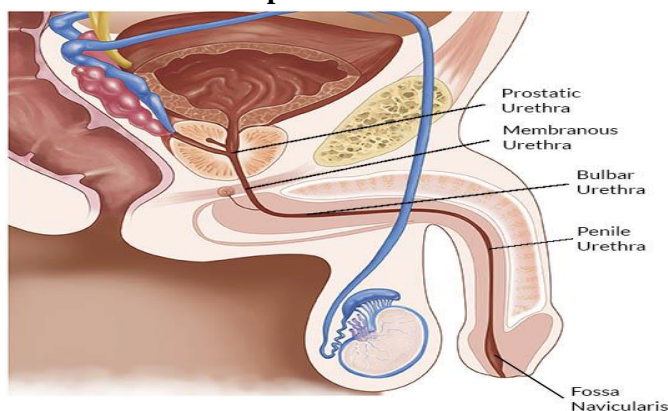
Keywords: Urethral stricture, *Mutramarga sankoch*, *Mutrotsanga*, *Uttarbasti*, *Madhu*, *Saindhava lavana*.

INTRODUCTION

Ayurveda is unique science of life. The Sushruta Samhita is one of the valuable ancient texts available on medicine and surgery. Acharya Sushruta is considered the father of surgery. He explained various excellent procedures for the treatment of many surgical disorders. Commonly in diseases where modern treatment

fails or shows recurrence or complications, Ayurveda works there. A urethral stricture involves scarring that narrows the urethra. The urethra is a tube-like structure that transfers urine from the urinary bladder to the outside of the body. In males, the urethra passes through the penis and transfers urine as well as semen.

Different parts of the Urethra:



“Any stricture in any part of Urethra not only inhibits the flow of urine from the bladder but also brings many other problems like straining, dribbling, incomplete voiding of urine, increased frequency of urine and prolongation of micturition etc.”¹ Some people feel pain with urethral stricture.

There may be different causative factors behind urethral stricture as any trauma to the penis or scrotum, an infection (most often sexual transmitted diseases (Chlamydia, gonorrhoea etc.), the introduction of catheters or instruments into the urethra during surgery. Sometimes stricture can be congenital. According to Ayurveda, all the diseases related to the urinary system come in the category of *Mutravaha Srotas vyadhi*.

Mutra Vaha Srotas is the pathway of urine in the body. According to Acharya Sushruta, *Mutravaha srotas* are two in no. & their **mula (origin) is Basti (bladder) & Penis (medhra)**. Any trauma to *Mutra vaha Srotas* may cause **bladder distension, retention of urine and stiffness of the Penis**.² Acharya Sushruta told about twelve kinds of *Mutraghata* in *Uttar tantra* of

Sushruta Samhita. “*Vatakundalika, Asteela, Vata vasti, Mutrateeta, Mutra jathara, Mutrotsanga, Mutrakshya, Mutragranthi, Mutrashukra, Usnavata* and two forms of *Mutrasada* are 12 types of *Mutraghata*.”³ *Mutrotsanga* which is a type of *Mutraghata*, just similar to *Mutra marga sankoch*. “Either due to pathology of the urinary tract or nuisance of *anila (vata)*, some quantity of urine remains either in the bladder, urethra or in the glans penis, gets arrested & pass out slowly with or without pain; the residual urine which remains there, produces heaviness of the penis & this disease is *Mutrotsanga*.”⁴ In our ancient texts, Acharyas mentioned that *Uttarbasti*, a para surgical procedure is the most effective treatment for the *Basti Vikara*.^{5,6}

शुक्रम् दुष्टम् शोणितम् चाड ग्रानाम् पुष्पोद्रेकम् तस्य नाशम्
च कष्टम्। मूत्राघातान्मूत्रदोषान् प्रवृद्धान् योनिव्याधिम्
समस्थितिम् चापरायाः॥ शुक्रोत्सेकम् शर्करामशमरीम् च
शूलम् बस्तौ वड क्षणे मेहने च। घोरानन्यान् बस्तिजाम्श्चापि
रोगान् हित्वा मेहानुत्तरो हन्ति बस्तिः ॥⁷

Uttarbasti Indications: -

- **Shukramadushtam** - diseases related to Semen
- **Shonitadushthi** - diseases related to Menstrual blood flow
- **Pushpodrekam** - abnormal heavy bleeding at menstruation
- **TasyaNasham** - Abnormal absence of menstruation
- **Kashtam** -painful menstruation, typically involving abdominal cramps
- **Mutraghata** - Retention of urine
- **Mutradoshan** - urinary diseases
- **Yonivyadhim** - disorders related to woman's reproductive organs
- **Aprasamshithi** – holding of placenta
- **Shukrotseka** - Discharge of semen
- **Sharkraashmari** -Urinary stone
- **Basti, Vankshana, Meha Shula** - Pain in bladder, groin, penis
- **Yonivibhrmsha** - Procidencia (uterine prolapse)
- **Asrigadara** - Atypical Uterine Bleeding
- **Aprasvati Mutre** - Reservation of urine
- **Bindum Srvati** - Dropping of urine

and other severe diseases occurring in the bladder except for prameha.

Uttarbasti is a medication prescribed through the urethral path in males and vaginal or urethral or uterine path in females.⁷

“सनिरूहादुत्तरमुत्तरेण वा मार्गेण दीयति इत्युत्तरबस्तिः”⁸

According to Acharya Vagbhata, the basti which is given after Niruha basti is known as Uttarbasti. The Uttarbasti is the administration of medicine via uttarmarga or a medicated procedure having uttama (finest) effects.

This therapy contains putting a medicated oil, ghrita or Kwath into the urinary bladder or uterus. The highest quantity of the oily material is said to be” one Prakuncha (palm of an outstretched hand and hollowed it as to hold liquid, filled up to the Svangulimula i.e., the base of fingers).”⁹ According to the intelligence of Shalya Chikitsaka (Buddhi Vikalpitam), small doses should be allotted.

Material and Methods:

In the present case, we used the following items:

Drugs & their amount:

Tila taila 40ml

Saindhav lavana 2gm

Madhu 10ml

Equipments:

An antiseptic solution like savlon, betadine etc.

Sterile 50 ml glass syringe



Sterile penile clamp
Sterile kidney tray
Sterile gauze pieces
Surgical towel & towel clips
Sponge holding forceps
Sterile gloves 6.5 no.

Procedure:

It is divided into three phases:

Purvakarma, Pradhan karma & Pashchatkarma. Before starting the procedure, routine blood and urine examinations were done to exclude any infection. Urethrogram was done to confirm the diagnosis. The flow rate of urine was also recorded.

Purvakarma:

Purvakarma refers to the karmas that are required to be done before the administration of *Uttarbasti*. *Purvakarma* is divided into two categories:

- Preparation of Patient
- Preparation of Materials

Preparation of Patient:

Part of the patient was prepared. Evacuation of the urinary bladder and bowel was advised.

Advised to take Laghu aahaara.

Written and informed consent was also taken.

All the vitals like BP, Pulse rate, Temperature etc. were examined before the procedure.

Preparation of Materials:

All equipment's used during the procedure & *tila taila* were autoclaved.

The trolley with equipment was made ready.

Moderately warm autoclaved oil is mixed with *lavana & madhu*.

Pradhanakarma:

The supine position was given to the patient on the clean table. The part was exposed. The area from the lower abdomen to mid of the thigh was painted three times by using a sponge holding forceps and a gauze piece soaked in antiseptic solution. The prepuce was retracted completely, and the antiseptic solution was applied to the glans penis to prevent any chance of infection. The part was covered with a sterile sheet and clamped with towel clips. Always autoclaved medicated oil was filled into the syringe. The syringe was taken in the right hand and the penis was held with the left hand in an erect position. The nozzle of the syringe was pushed smoothly into the external urethral meatus. Moderately warm medicated oil was inserted with gentle pressure neither slowly nor quickly. There should not be any vibration in hand during insertion & also air should not be entered into the urethra. After that penile clamp was applied just proximal to the glans penis and the patient was asked to stay in the same position for 10-15 minutes. After that penile clamp was removed & the prepuce was positioned back to avoid Phimosi. The area was wiped with a sterile gauze piece. At the interval of 15 days in two months, the procedure was repeated.



Paschatkarma: All vitals of the patient were taken. The patient was instructed to hold urine for one hour and also to take a rest indoors for at least 2 hours. The patient was asked to quit the sexual relationship, loud speaking, excessive walking, any vigorous exercise, sleeping during the daytime and straining during treatment. The urge of urine should neither be ignored nor forced.

Case Details:

Name - XYZ
Age /Sex- 45 years Male
UHID No.-125294
Address - XYZ

Main complaints:

retention of urine
painful micturition
Decreased stream of urine

The present history of illness:

The patient has had retention of urine for the last 5 -6 years. The flow of urine is less. Dribbling is also present. Pain in the lower abdomen due to the obstructed flow of urine. Daily in the morning, he has to do catheterization for passing urine.

Personal history:

Habit: no addiction
Diet: veg
Social life: average
Body constitution: thin

Vitals examination:

Blood Pressure: 110/70 mm of Hg
Pulse rate: 62 /minute
Temp.: 97°F
Respiration rate: 17/ minute

INVESTIGATIONS:

Name of the test	Before treatment
TLC	6000/cmm
Hb% % % % HHHH	10.4 gm/dl
Urine sugar	Nil
Urine microscopic	NAD
Urine flow rate	30 -40 ml/minute
Urethrogram	Shows anterior urethral stricture

Observation table:

Observation according to symptoms-

Symptoms	1 st sitting	2 nd sitting	3 rd sitting	4 th sitting
Decreased stream of urine	++++	+++	++	+
Dribbling of urine	++++	+++	++	-
Straining of micturition	++++	+++	++	-
Frequency of micturition	++++	+++	++	+
Urine flow rate	+	++	+++	++++

Follow up was done on the 30th & 45th day after the completion of treatment.

DISCUSSION

After treatment of 2 months, the patient became able to urinate without the use of the catheter. The stream of urine is quite good now. The average urine flow rate is improved up to 150 ml/minute. He feels no pain

during micturition. Thus, the patient got fine improvement in his condition.

How do drugs work?

Stricture of the urethra is a kind of disorder wherein *Vata Dosha* gets perverted (characteristically *Apana Vayu*) and hence *Mutra Marga Sankoch* occurs.

Rukshatwa, Kharatwa and chalatwa properties of *Ap-ana Vayu* are mollified by *snigdha & ushna properties of Tila taila*, thus bringing back the normal functioning of *Apana vayu*. Madhu does sroto shodhana & ropana karma. Easy absorption of *tila taila* through mucosal lining is done by *Saindhav lavana*.

CONCLUSION

The study told that *Uttarbasti* is a technique with which stricture of urethra can be cured. The reason behind its effectiveness is the application of medications directly on the target site. Also, the patient feels no pain or very little pain during this therapy. There is no need of doing admission of the patient in a hospital as the procedure can be performed at the OPD level. Even there is no need for any kind of anaesthesia for this. A patient can resume work on the same day. The patient gets amazing symptomatic relief after therapy. So, it can be preferred over modern methods of surgery as the recurrence rate is minimal in patients treated with *Uttarbasti*. Further study with a large group of people having multiple urethral strictures due to different causes will be helpful.

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