

A CASE STUDY ON EFFECT OF UTTARBASTI IN MALE URETHRAL STRICTURE (MUTRAMARGA SANKOCH)

Krishna H. Thanki¹, Lalit Pankhaniya²

¹Lecturer, Department of Panchakarma; ²Lecturer, Department of Shalya Tantra; Government Ayurveda College, Junagadh, Gujarat, India

Email: drlalit1982@gmail.com

ABSTRACT

Stricture Urethra, though a rare condition, still is a rational and troublesome problem in the international society. Major complications caused by this disease are obstructed urine flow, urine stasis leading to urinary tract infection, calculi formation, etc.⁽¹⁾ This condition can be correlated with *Mutramarga Sankoch* in *Ayurveda*. In modern science, the suggested treatment is urethral dilatation besides surgical treatment. It may cause bleeding, false passage and fistula formation. The surgical intervention like **Urethroplasty** also carries high grade risk of recurrences.⁽²⁾ Long term use of antibiotics and alkalizer change the pH of urine which may in turn lead to bacterial resistant. Apart from dilatation of urethra, there are many modalities of treatment i.e. internal **Urethrotomy**, **Urethroplasty** which are performed at specialized center only and are out of reach of common man due to high cost of treatment. Moreover the results of these modalities of treatment are variable and commencing. In *Ayurveda*, *Acharya Sushruta* and *Charaka* had recommended *Uttarbasti* for the management of many urinary tract disorders. The Aim of present case study is to assess the efficacy of the *Uttarbasti* with *Shaman* medicine in *Mutramarga sankoch* i.e. urethral stricture. The present case study upon 67 years old, diagnosed case of Urethral Stricture since last 2 month which was associated with urine urgency, frequent urination, lower abdomen pain, decreased urine flow, burning micturition at OPD of *Panchakarma* Dept., Govt. Ayurveda College, Junagadh, The patient of urethral stricture was treated by *Uttarbasti* with *Bala Taila* and *Panchatikta Ghrita* for 07 days (once a week) and also given *Gokshuradi Guggulu* and *Punarnava Churna* oral medicine. Assessment was done after *Uttarbasti*. The therapies yielded **marked** relief from symptoms. On the basis of the results obtained it can be concluded that *Uttarbasti* can be used as effective treatment in the management of Urethral Stricture.

Keywords: *Mutramarga Sankoch*, Urethral Stricture, *Uttarbasti*,

INTRODUCTION

A **Urethral** stricture is a narrowing of the urethra caused by scarring, which functionally has the effect of obstructing the lower urinary tract. The consequences of this obstruction can enormously impair

the patient's quality of life by causing micturition disturbances; they can also damage the entire urinary tract, resulting in loss of renal function. It is therefore essential that urethral strictures, which can oc-

cur at any age and in either men or women (though they are much rarer in women), are recognized early and appropriately treated. The prevalence in industrial countries is estimated at around 0.9%.⁽³⁾ Morphologically, the stricture is an alteration of the urethra by scarring⁽⁴⁾. In men, the corpus spongiosum—in which the urethra is embedded—is also involved in the scarring. This spongiofibrosis is a reaction to various extrinsic irritants and can lead to complete replacement of the spongy tissue by scar tissue.

Recurrence and least encouraging result of urethral dilatation lead to think for procedure, which may prove remedy for *Mutrakricchra* (difficulty in urination) in the form of *Uttarbasti* which is described by *Acharya Sushruta* under of ‘*Shasti Upakramas*’ which is unique treatment of *Vrana*.⁽⁵⁾

WHO is encouraging for research of effective traditional and indigenous medicine and treatment for various diseases.⁽⁶⁾ *Uttarbasti Karma* in *Mutrakricchra* (**Urethral** stricture) may prove an effective non-recurring mode of treatment for the same. An effort was made to evaluate the efficiency of *Uttarbasti* treatment along with the conservative

management of Urethral Stricture against the para surgical procedure prescribed by modern science.

Material & Methods:

Case History : A 67 yrs old male patient, diagnosed case of Urethral Stricture(OPD NO.21466, Dated 13/01/2018) visited to Govt. Ayurveda College & Hospital, Junagadh with complains of difficulty in urination, decreased the flow of urination, urgency of urination, burning micturition, heaviness on lower abdomen.

Past History: Patient having a Diabetes mellitus type 2 since last 15 years, Patient was diagnosed clear cell type of renal carcinoma Fuhrnman Nuclear gr II of left kidney in 2/5/2015 then left nephrectomy had been done on 29/08/2015. After that patient had arisen BPH and treated by TURP Surgery. Further patient having difficulty in urination he visited the urologist and diagnosed urethral stricture in 21/12/2017 and had recommended the surgery but the patient was reluctant and he had approached the present treatment facility for conservative and alternative treatment.

Examination of the Patient

Table 1: *Aturabala Praman Pariksha* (Examination of the Strength of the patient)

1	<i>Prakruti</i> (Constitution of the person)	<i>Vatapradhan Pitta, Rajas</i>
2	<i>Sara</i> (Quality of tissue)	<i>Madhyam Ras, Rakta, Mansa</i>
3	<i>Samhanana</i> (Body built up)	<i>Madhayama</i>
4	<i>Pramana</i> (Anthropometric measurement)	<i>Madhyama</i> (Wt.75 kg Ht.5feet 5inch)
5	<i>Satmya</i> (Adatability)	<i>Madhyama</i>
6	<i>Satva</i> (Mental strength)	<i>Pravar</i>
7	<i>Aaharashakti</i> (Food intake and digestion capacity) <i>Abhyavaharan:</i> <i>Jaran:</i>	<i>Madhyam</i> <i>Madhyam</i>
8	<i>Vyayamashakti</i> (Exercise capacity) -	<i>Avara</i>
9	<i>Vaya</i> (Age)	<i>Madhya Vaya</i>
10	<i>Desha</i> (Habitat) -	<i>Sadharana</i>

Table 2: *Astavidh Pariksha* (Eight fold Examination)

1	<i>Nadi</i> (pulse)	80/Minute, Regular
2	<i>Mutra</i> (urine)	<i>Kricchrata</i>
3	<i>Mala</i> (stool)	<i>Samyaka</i>
4	<i>Jihva</i> (tongue)	<i>Nirama</i>
5	<i>Shabda</i> (sound)	<i>Spashta</i>
6	<i>Sparsha</i> (touch)	<i>Samsheetoshna</i>
7	<i>Drika</i> (eye)	<i>Prakrita</i>
8	<i>Aakriti</i> (built)	<i>Madhyama</i>

***Dosha:** *Vata, Kapha*

***Adhithana:** *Pakwashaya*

***Dushya:** *Rasa, Rakta, Mansa, Mutra*

***Sthanasanshraya:** *Mutramarga*

Samprapti (Pathology): According to *Acharya Charaka*, the *Basti* is *Vatasthana* and *Apana Vayu* is seated at testicles, bladder, anus and penis etc. and responsible for normal evacuation of bladder, bowel, and ejaculation.⁽⁷⁾ The diseases occurring in this region are mainly due to *Vata Dusti*. Increase in *Khara, Ruksha Guna* responsible for local constriction and hardening of tissues leading to constriction of urethra. Increase in *Chala Guna* leading to frequent micturition and cause pain. When *Vayu* get stage of *Prakopa* it causes *Mutra Sanga, Toda* (pricking pain), *Sankoch* (Stricture), *Shosha* and *Shoola*. *Kapha Prakopa* is manifested with *Sthairya* as local stasis, *Gaurava* as heaviness in penis in *Mutra Sanga, Upalepa* (narrowing of lumen) due to hypertrophied scar tissues, *Bandha* (obstruction to normal flow) *Chirkaritva*. Hence combination of *Vata +++* and *Kapha +* is causative factor *Doshas* behind the *Mutramarga Sankoch* i.e. **Urethral** stricture. Urethral passage is lined by mucosa which is *Shleshmadharakala* / internal lining which may be considered as *Upadhatu* of *Mamsa*. It gets affected

and diseased mucosa promoted the disease to sub mucosal structure and their involvement lead to stricture. *Twacha* is *Upadhatu* of *Mamsa* which is nourished by *Rasa* and *Rakta* hence in this disease *Rasa, Rakta, Mamsa* are affected *Dhatu*s. *Mutravaha Strotas* is involved hence *Mutra* is among the *Dushyas*.

Investigation:

1. Ultrasonography (dated 21/12/2017):

• Rt Kidney is normal, Bladder – Coarse Mucosa in bladder, residual urine is 52 cc. this residual urine may be related to stricture urethra

2. Uroflowmetry (dated 21/12/2017)

Voiding time 059.6 sec

Flow time 109.6 sec

Time to max flow 031.6 sec

Voiding volume 0203 ml

3. Retrograde **Urethrogram** (dated 22/12/2017): In this investigation membranous **Urethral** stricture was reported.

4. RBS – 137 mg/ml and RUS – Trace. (Dated 13/01/2018)

Treatment Administered:

Both medicinal and procedural therapies were administered in the patient. The details are mentioned in table 3 & 4.

Table 3: details of medicine administered

Sr.no.	Drug	Dose	Anupana	Duration
1	<i>Punarnava Churna</i>	2gm TDS	Luke warm water	7 weeks
2	<i>Gokshuradi Guggulu</i>	1 tab TDS	Luke warm water	7 weeks
Sr no.	Treatment	Drug used	Dose	Duration
1.	<i>Uttarbasti</i>	<i>Panchatikta Ghrita</i> <i>Shuddha Bala Taila</i> <i>Saindhav Churna</i>	2.5 ml 2.5 ml 125 mg	Once a week (7 day)

Initially the dose of *Uttarbasti* was 5 ml than increased it slowly up to 10 ml. *Uttarbasti* was given once a week total 7 *Uttarbasti* was given to the patient.

Observation:

Incomplete emptying, frequency, weak stream, dribbling and straining, burning micturition were assessed during the course of study. Symptoms were assessed before and after the treatment and percentage of relief was calculated based on scoring pattern of symptoms.

Table 5: Assessment of symptoms

Symptoms	Not at all	Less than ½ the time	About ½ the time	Almost Always
Incomplete emptying	0	1	2	3
Frequency	0	1	2	3
Weak stream	0	1	2	3
Dribbling	0	1	2	3
Straining	0	1	2	3
Burning micturition	0	1	2	3

Table 6

Symptoms	Before Treatment Grade	After Treatment Grade
Incomplete emptying	3	0
Frequency	2	1
Weak stream	2	0
Dribbling	3	1
Straining	2	0
Burning micturition	3	0

DISCUSSION AND RESULT

Effect of the treatment in subjective parameters has been shown in the table 6. The result observed in this study is encouraging, there is marked improvement noted at the end of 7 *Uttarbasti* with conservative treatment.

Probable mode of action

In this *Basti*, *Tikta Dravyas* are having *Laghu*, *Ruksha*, *Snigdha Guna*, *Ushana Virya*, and *Shita Virya* properties which favor normal functioning of *Kapha* and *Vata Dosha*. Hence, helps in *Samprapti Vighatana* of the *Mutramarga Sankocha*. *Ghrita* has

the properties of *Sanskarasya Anuvartana*⁽⁸⁾ (that which inherits the properties of other drugs without altering itself) precipitating bioavailability of other drugs. *Bala Taila* possesses *Vata Shamak* property also It softens tissue, increases elasticity, penetrates up to deep tissue, heals and promotes regeneration. *Saindhav Lavan* has *Chedana*, *Bhedana*, *Margavishodhankara* and *Sharir Avayava Mridukar* quality. So it softens the fibrosed hypertrophied tissues and it increases penetration of *Bala Taila* and *Panchatikta Ghrita*. The *Saindhava* acts as *Anulomak* of *Dosha* and *Sandhankara* and ultimately *Mutramarga Vishodhana* results. Thus the study confirms the curative role of *Uttarbasti* in *Mutramarga Sankoch*. It shows better results as compared to present common techniques.

CONCLUSION

On the basis of this case study it was concluded that *Uttarbasti* along with certain palliative medicine is effective in management of Urethral Stricture. While there is enormous scope for further research but still it proves that with proper diagnosis and proper treatment protocol *Ayurveda* can be extremely beneficial in the management of Urethral Stricture i.e. *Mutramarga Sankoch*. The recovery in the present case was promising and worth documenting.

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