A CLINICAL CASE STUDY OF UTTARBASTI IN THE MANAGEMENT OF STRicture URETHRA

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Abstract:

Urethral stricture is the narrowing of urethra due to certain causes like post gonococcal infection, post instrumentations (dilators, catheter), post operatively (prostate surgery, urethrostomy).

Uttar basti is explained as one of the treatment modality for mutraghata explained in Susruta Samhita.. In Sushruta Samhita a separate chapter for mutraghata rogas has been explained which evident the importance of urological problems since ancient times. Urethral stricture (mutramarga sankocha)is a very common disease of urinary system. Urethral stricture is not explained or mentioned as a separate disease in ayurveda but the symptoms correlate with Mutrotsanga which is one of the 12 type of mutraghata explained by Sushruta in Utttar tantra. Acharya Sushruta explains that in Mutrotsanga, pathology may be in urinary bladder or urethra anywhere from bladder to tip of penis. Acharya Sushruta also explained both internal medicine of treatment and panchkarma like swedana and uttarbasti for treatment of urinary diseases.

Pathologically in urethral stricture there is scar formation in the peri urethral tissue that invade the mucous membrane and narrow the lumen of the of the urethra following any injury ,any instrumentation, post operatively and infection.

In modern surgery, the treatment of urethral stricture involves urethral dilatation, optical urethrotomy and opens urethroplasty. But chances of reccurence are there with less significant results.

CASE REPORT:

A 59 year old male patient from Baroda Gujarat India having complaints of difficult micturition, increased frequency of micturition. There is occasional burning micturition.

As per the history provided by patient, he was operated for benign prostate hyperplasia through TURP(Transurethral Resection of the prostate)in July 2019.

Later on, patient discharge from hospital but again after 15-20 days, he suffers difficult micturition, increased frequency of micturition and burning micturition. Then he diagnosed with bladder neck stenosis. He got bladder neck incision in october 2019. But even after this procedure, symptoms recur.

Patient having no history of Diabetes Mellitus, Hypertension and any other systemic illness. The uroflowmetry shows max 19.6ml/sec , post voiding residual(PVR) =187ml, RGU( Retrogade Urethrogram) shows posterior urethral spasm or complete stricture before treatment.

The treatment started with uttarbasti of Til taila with yava kshar. The treatment was given every alternate day for 7times.
Materials & Methods:

The main content required for uttarbasti is oil or decoction. As uttarbasti is the procedure of administration of drug in the form of oil or decoction per urethral or per vaginal route.

In this study, 30ml oil, 125mg yava kshar and 125mg Saindhav lavan used.

Other required instrument were

Disposable syringe 50ml
Surgical glove
Gauze piece (sterilised)
Sponge holding forcep
Tila Taila

Diagnostic assessment of patient :

- Routine hematology (Hb, TLC, DLC) and Urine investigations are within normal limit
- RGU(retrograde urethrogram)shows posterior urethral spasm or complete stricture.

Procedure:

Patient was asked to evacuate bladder before uttar basti. Patient lies in supine position. Painting and draping done with all septic precautions. Then warm oil mixed with yavakshara and saindhav lavana loaded in a 50ml syringe with gloved hand. External urethral meatus was open and oil pushed slowly in a single stroke. Patient is asked to hold the oil for atleast 20-30 mins.

The efficacy of procedure was assessed on the basis of following criteria

- Retrograde urethrogram
- Frequency of micturition
- Burning micturition

Result:

Before treatment in RGU(retrograde urethrogram) there is spasm or complete stricture in posterior urethra. But after treatment with uttarbasti there is no abnormality seen in repeat RGU(retrograde urethrogram). There is reduction in frequency of micturition also. As per patient before treatment he went for micturition after every half an hour. After treatment frequency reduced to 7-8 times a day. There is no burning micturition after treatment.
Before treatment

After treatment
Discussion:

In urethral stricture tila taila with yavakshara act pharmacologically as well as mechanically. Pharmacologically, tila taila possesses teekshna, ushna, vyavayi, vikashi, sara etc properties enter the obstructed channels and causes the shodhana of the same.

Furthermore, tila taila posses the quality of samskarat sarvarogajit i.e it gets the properties of ingredients processed in it and kshar has chedhan, bhedhan, lekhan and tridoshaaghna properties. So tila taila with yavakshara does the chedhan, bhedan and lekhan karma. In other aspect we can say that it reduces the fibrosis in stricture part of urethra.

Mechanically uttarbasti does the dilatation of the urethral canal and increase the stretching of contracted part.

Conclusion:

Uttarbasti plays an important role in treating urinary disorders when applied with strict aseptic precautions and extreme carefulness. A detailed history with proper indication and skills are required to do uttarbasti. Thus from this case study we can conclude that uttarbasti with tila taila and yavakshara shows significant results in post operative urethral stricture (mutrotsanga).

References:

4. Chandramohan Shetty et al Case study on uttarbasti in the management of multiple urethral strictures, International Ayurvedic medical journal 2018; ISSN:2320-50918