

EFFICACY OF UTTARABASTI IN THE MANAGEMENT OF MUTRASANGA (URETHRAL STRICTURE)

Ahmed Murshid*¹ and Kalita Binod²

¹PG Scholar; ²Assistant Professor

Department of Shalya Tantra, Govt. Ayurvedic College, Guwahati-14, Assam, India.

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*Corresponding Author

Ahmed Murshid

PG Scholar, Department of
Shalya Tantra, Govt.
Ayurvedic College,
Guwahati-14, Assam, India.

ABSTRACT

Urethral stricture is one of the commonest diseases of urinary tract. It is an abnormal narrowing of urethral lumen mainly due to fibrosis, causing difficulty in passing urine. It can be found at any part of the urethra from bladder to the tip of the penis. Though there is much procedure in modern surgery for the management of urethral stricture but cost effective, minimally invasive with low recurrence treatment yet to be established. Acharyas of *Ayurveda*, thousands year ago had recommended *Uttarabasti* for the management of similar urinary tract diseases which have to be re-evaluated and scientifically standardized. In this study ten numbers of diagnosed cases of urethral stricture were randomly selected for *Uttarabasti* given on 7 days interval and reviewed after seven sitting.

KEYWORDS: urethral stricture, Ayurveda, Uttarabasti.

INTRODUCTION

Acharya Sushruta had mentioned various surgical, parasurgical procedures for management of many surgical diseases. Research is necessary to re-evaluate them at per modern scientific knowledge.

Acharya Sushruta, the diseases of urinary tract was explained under the broad headings i.e. 12 types of *Mutraghata* (obstructive urinary diseases) and 8 types of *Mutrakirccha* (difficulty/painful micturition). As well as 13 types *Bastirogas* (renal diseases) by *Acharya Charaka*. Medical along with parasurgical and surgical management of such diseases are also mentioned vividly. *Uttarabasti* is the main treatment for *Mutraghata* and *Mutrakirccha*. For

the treatment of urinary diseases *Uttarabasti* is given through the urethra into the urinary bladder.

Vata Dosha is considered the prime cause of *Mutraghata* and *Mutrakirccha*. *Acharya Sushruta* has mentioned that *Uttarabasti* is the choice of treatment for such diseases. The signs and symptoms of urethral stricture can be considered as *Mutrasanga* under the heading of *Mutraghata*.

Abnormal narrowing of urethral lumen chiefly due to fibrosis causing difficulty in urination is known as urethral stricture. Sometimes the flow of urine may be completely obstructed leading to complete urinary retention. The disease is more common in males than females and usually found in sexually active age group. Surgeries of urinary tract or instrumentation and exposure to unsafe sexual practices are the most common causes of urethral stricture. In modern medicine, there are no real medical treatments for urethral strictures except palliative and symptomatic management. Surgery remains the only treatment of choice for uncontrolled symptoms of urethral narrowing. They are – Gradual urethral dilatation, urethrotomy (DVIU/VIU), urethral stent, urinary diversion, urethroplasty which becomes painful and invasive along with high rate of recurrence and complications. So the study of *Uttarabasti* in the management of urethral stricture is an approach to re-evaluate an effective and minimally invasive procedure.

MATERIAL AND METHODS

Material

Drugs with their ratio

Tila Taila (sesame oil) = 15 ml

Madhu (honey) = 4ml

Saindhava Lavana (rock salt) =1g

The above ingredients are mixed thoroughly; filtered and autoclaved.

Equipment

- Surgical Gloves
- 20 ml disposable syringe
- Sterile penile clamp
- Sterile pad and gauze
- Infant feeding tube no.6

- Providone iodine solution
- 2% xylocaine jelly
- Drugs to tackle emergency

METHODS

Inclusion criteria

1. Sex: both male and female
2. Age: 10-70 years
3. Diagnosed cases of urethral stricture

Exclusion criteria

- With acute urinary tract infection
- Uncontrolled diabetes mellitus patients
- Neoplasm of urinary tract
- Grade III and onwards cases of BPH
- Impacted calculus in urinary tract

ASSESSMENT CRITERIA

Subjective parameters: Symptoms of urethral stricture with varying severity i.e. severe, moderate, mild

- ✓ Burning micturition
- ✓ Frequency of micturition
- ✓ Weak stream
- ✓ Straining
- ✓ Strangury
- ✓ Urgency

Objective parameters

1. Uroflowmetry
2. Retrograde Urethrogram (RGU) / Micturating cysto-urethrogram (MCU)

Uttarabasti procedure

- Proper explanation of the procedure and written consent of the patient was taken.
- Shaving of the pubic hairs
- Emptying of the urinary bladder,

- The pubic region including penis was cleaned with providone iodine solution and draped exposing the urethra in supine position.
- With gloved hand lukewarm autoclaved oil loaded in a 20 ml disposable syringe and air removed.
- The prepuce retracted and 2% xylocaine jelly was instilled into the urethra.
- After holding penis straight in left hand, the tip of the feeding tube introduce in the urethra upto the bladder.
- While pushing the oil, the feeding tube was slowly and gradually withdrawn.
- Then a penile clamp was applied just proximal to the glans penis and was kept for 30 minutes and prepuce repositioned to avoid the paraphimosis.
- Patient was asked not to pass urine for next 2 hours.
- Patient was advised to avoid undue straining and unsafe intercourses.
- The procedure was repeated at the interval of 7 days upto seven sitting.

OBSERVATION AND RESULTS

Assessment of the efficacy of the therapy was done based on subjective and objective criteria recorded before and after therapy and results shown in table no-1 and table-2 respectively.

Table: 1.

Symptoms	Total no. of patient	Before treatment			After 7 th sitting of uttarabasti		
		Severe	Moderate	Mild	Complete relief	Slight relief	No response to treatment
Burning micturition	08	05	02	01	08	-	-
Frequency	08	02	05	01	07	01	-
Straining	08	06	02	-	06	02	-
Weak stream	09	07	02	-	07	02	-
Strangury	06	02	03	01	06	-	-
Urgency	08	04	03	01	07	01	-

Out of 10 patients, one case did not respond to the therapy satisfactorily. That patient came with Foley's catheter in- situ due to severe urethral stricture following trauma. Apart from this, result observed in the study is very much inspiring. After the completion of therapy, it was observed the flow of urine was quite improved and burning, straining during micturition, frequency and urgency of micturition was greatly reduced. The RGU/ MCU study before and after 7th sitting of therapy showed increase in calibre of urethral lumen. Similarly the finding

of uroflowmetry was recorded before and after 7th sitting of therapy shows increased urine flow rate.

Table – 2.

Investigation	Before treatment	After 7 th sitting of Uttarabasti
1. Uroflowmetry	Average = 4-7ml/sec	Average = 13- 16 ml/sec
2. RGU / MCU	Narrowing of urethral lumen (Stricture)	Increase in calibre of urethral lumen

DISCUSSION

Tila taila having *ushna*, *tikshna*, *sukshma*, *sara*, *vikasi*, *mridukara*, *lekhana*, *vatakapsha*, *shamaka*, *krimighna* and *vranaropaka* quality. *Saindhava Lavana* has *bhedana*, *chedana*, *margavisodhanakara* and *sharira mridukara*, property. *Madhu* possesses *lekhana*, *vranasodhana*, *ropana*, *srotasodhana*, *yogavahi*, *kshatakshayaghna* property. So, *tila taila* softens tissues, increases elasticity, penetrates upto the deep tissue, heals and promotes regeneration. Whereas *Saindhava Lavana*, softens fibrosed tissues and increases the penetration of *tila taila*. *Saindhava* also have *mutramargavisodhana* property or purifies urinary tract with expelling the *Vata Dosha*. Similarly *Madhu* has synergistic effects to the *tila taila* and *saindhava lavana*. So, medicated oil acts as *lekhana* (sarabbing) on local soft tissue and pacifies vitiated *Vata* and *Kapha* and gives *snehana* to *srota* (lumen) producing softness (*mardavata*). Thus it may be considered as probable mode of action of *Uttarabasti*. More study is necessary to establish the exact mechanism of action of *Uttarabasti* with scientific evidence.

CONCLUSION

Mutrasanga which is co- related with urethral stricture can be treated by *Uttarabasti* which is very cost- effective almost painless minimally invasive with minimal recurrence rate as compared to conventional procedures like urethral dilatation, urthroplasty etc.

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