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A REVIEW OF AYURVEDIC MANAGEMENT IN URETHRAL STRICTURE (MUTRAMARG SANKOCH) & PRESENT CLINICAL **PRACTICES**

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ABSTRACT

Urethral Stricture is the very common problem occurring in the patients after prolonged urinary tract infection, Urethral Injury or postsurgical intervention performed through per urethral. Nowdays, due to recent modern advances various surgeries like Urethrolithotomy, Trans-urethral removal of prostate (TURP), cystoscopy are performed through Urethra causing injury to mucosa of urethra, hence urethral stricture gets developed. There are, many surgical procedures advised for Urethral Stricture, but it has more tendency towards recurrence & Complications. In Ayurvedic Literature numerous procedures are explained for Mutramarg Sankoch (Urethral Stricture) according to clinical presentation of Disease. Among the *Panchkarma* Procedures

Uttar Basti is the one in which medicated oil is passed through Urethra & has shown some wonderful results in the management of Urethral Stricture.

KEYWORDS: Urethral Stricture, *Uttar Basti*, *Mutramarg Sankoch*.

INTRODUCTION

In Sushrut Samhita, the prime textbook of Indian Surgery, in its text it is clearly evident that Urological problems were important part of medical science earlier. Sushruta has mentioned

the classification, Nidan, & Chikitsa of Mutravaha Strotas which include Vrukka (Kidney), Gavini (Ureter), Mutrashaya (Bladder), & Mutramarga (Urethra). [1]

Mutramargsankoch (Urethral stricture) is a very common disorder of urinary system. Acharya Charaka explain it as Mutrakrichha of 8 types^[2] Acharya Sushruta in its Uttaratantra has explained twelve varieties of Mutraghata, but Vata Dosha is main causative factor of all kinds of *Mutraghata*^[3] In Modern science this condition can be co-related with Urethral Stricture pathologically. It becomes narrowing of Lumen due to constriction & fibrosis of tissue which prevent the normal flow of urine, spraying of stream, frequency of urine, incomplete emptying, dysuria or anuria & hesitancy. [4]

The modern science has suggested Treatment of Intermittent Dilatation but it may cause false passage, fistula formation & bleeding. The Surgical intervention such as Urethroplasty also carries high risk of recurences, modern science has done lot of research but has failed to provide satisfactory treatment without any complications.

In Such condition of Mutramarg Sankoch were chiefly Apana Vayu is Vitiated, Uttarbasti of Medicated oil is the major effective treatment in Ayurveda. Acharya Sushruta & Charaka has highlighted the use of Uttarbasti in the management of Urethral Stricture. [5]

Definition of urethral stricture: Urethral stricture is a narrowing caused by scarring of the lining of the urethra and the surrounding corpus spongiosum.

Stricture can range from less than 1cm long to those that extend the entire length of the urethra. They can occur at any point along the urethra, but are most often seen in the Bulbar Region.

Mutramarga sankocha: It is an Ayurvedic term which co-relates with Urethral Stricture. It is an clinical entity where in Vata Vitiation, specifically of Apana Vayu, sheltered in the Basti & Medhra occurs. Hetu Sevana results in Vikruti of Apana Vayu, consequently Chala, Ruksha, Khara Guna increases resulting into local constriction & hardening of tissues leading to constriction of the urethra.

Anatomy of urethra^[6]

Urethra is the tube like single continuous structure, that carries urine from urinary bladder, and semen from ejaculatory duct, out of the body. Starting from bladder it goes through prostate, external spincture, then perineal region.it is divided into six regions, named after the structures that surround it.

- a) **Prostatic urethra:** The portion of urethra which passes through prostate gland.
- **b) Membranous urethra:** The portion of urethra which passes through external sphincter (Valve) muscle.
- c) **Bulbar urethra:** The portion of urethra which passes through the "bulb" of the penis in perineum.
- **d) Penile urethra:** The portion of urethra which passes through the penis.
- e) Sub-meatal urethra: The portion of urethra which passes into the head (glans) of your penis.
- f) External meatus: The Visible tip of your urethral Opening.

Urologists also describe the urethra as being divided into main sections.

- a) Anterior (front) section: It is surrounded by a cylinder of spongy tissue called the corpus spongiosum
- b) Posterior (rear) section

Causes^[7]

- 1. Idiopathic: Unknown cause
- **2. Inflammatory:** Caused by infection or inflammation in the urethra e.g
- Sexually transmitted disease (STD's) e.g.
- Chronic inflammation e.g. lichen sclerosus (L.S) also known as balanitis xerotica obliterans (BXO)
- **3. Traumatic:** Caused by injury to urethra e.g.
- A fall astride the cross bar of bicycle
- Other crushing pelvic trauma
- **4. Iatrogenic:** Caused by medical intervention- e.g.
- Repeated urological procedure that involves passage of instruments
- Along the urethra
- Urethral catheterization
- Radiotherapy or surgery to adjacent organs
- **5.** Congenital: Inherited conditions e.g.
- Hypospaidas (or as a result of previous surgery to correct hypospadias)

Symptoms:[8]

- **1. Urinary flow:** Most commonest symptom presented in Urethral Stricture is poor urinary flow.
- **2. Dribbling of urine:** Due to narrowing of Urethral Lumen after urination, dribbling of urine is observed.
- **3. Urinary frequency:** Due to incomplete emptying of bladder, patients starts complaining of increased frequency of urine.
- **4. Straining:** Due to stricture in urethra, straining during micturition occurs.
- **5. Ejaculation:** Reduced force of ejaculation and low ejaculate volume are commonly seen in urethral stricture patients.
- **6. Dysuria:** Pain while passing urine is also seen
- 7. Spraying or splitting to the urinary system
- 8. Urinary tract infection

Diagnosis

- Physical Examination: A simple physical examination of Penis area can help in the presence of Urinary Stricture. i.e Reddness, Urethral Discharge, & swollen areas have to be find out.
- ii. Urethral Imaging(X –rays or Ultrasound)
- iii. Urethroscopy(to see inside of urethra)
- iv. Retrograde urethrogram(RUG)

Complications

- i. Urinary incontinence
- ii. Impotency
- iii. Bleeding
- iv. Infections
- v. Stricture Recurrence

Treatment module according to modern medicine^[9]

There are many types of treatment available ranging from conservative and minimal invasive procedures to complex reconstructive operations.

- 1) Urethral dilatation
- 2) Internal (optical) urethrotomy
- 3) Urethroplasty

- 4) Long term urethral catheter or suprapubic catheter
- 5) Perineal urethrostomy

For bulbar urethral strictures

- 1) Anastomotic bulbar urethroplasty
- 2) Augmentation buccal mucosa graft urethroplasty
- 3) Augmented anastomotic buccal mucosa graft urethroplasty

For penile strictures

- 1) Two -stage penile urethroplasty
- 2) Single stage penile urethroplasty

Treatment module according to ayurveda

Orally

- i. Kanchanar guggulu: It reduces deep inflammation, as mutravaha strotas becomes free from Avarodha (in the form of aghata) or avarana caused by vitiated kapha is restored to its normal state.
- ii. Gokshuradi guggulu: It acts as Rasayana & Balya (Gives Strength) & helps to strengthen the muscles of Mutramarga.
- iii. Chandraprabha vati: Due to Combination of Shilajit & Guggulu, fibrinolysis takes place in Urethral Stricture. Triphala, Trivritta & Danti help in Vata Anuloman-these medicines are Rasayan for Urinary Systems so recurrence of Urethral Stricture to avoid recurrence.
- iv. Dashamularistham, Varunadi Kashay, Bhrityadi Kashayam etc
- Trivanga Bhasma, Guggulu Panchapala Churna etc v.

Panchkarma

- i. Abhyang & Steam bath
 - Regular use of oil massages with Dhanwantaram Taila & steam bath prevents urethral stricture & has best results.
- ii. Avagah sweda (Bath tub): Massage & Warm fomentation help to pacify vata & open the channels as well as making bladder & urethral tissues soft & elastic.
- iii. Parisheka (Mediacated shower): Pouring a continuous stream of medicated decoctions such as Dashmool oil on lower abdomen helps to pacify Vata & Pitta & helps to retain the effects of Urethral dilatation over a long period of time.

- iv. Uttar basti: Medicated oils are administered through urethral route, the Ushna & Snigdha Guna medicated oils pacify the increased Rukshatwa, Kharatwa & Chalatwa of Apana Vayu, restoring its normal function & thus bringing about Stroto Shodhana & local Snehana actions. Medicated oils such as Apamarga Kshar oil, Kasis Oil, Saindhavadi Taila, Murchhit Tila Taila are used.
- Basti (Medicated enema): As Urethral Stricture is mostly a Vata-dominant condition v. in which Apana is vitiated, Basti is best treatment for Vata & Apana, as it helps to pacify vata & softens fibrotic tissues. Anuvasan Basti with Sahachar Oil or Niruha Basti with Dashamula is effective.

Pathya for urethral stricture

- i. Eat Dates, Coconut water, mung dal, old rice to help facilitate digestion & avoid irritation.
- Also recommended to eat coriander, berries, plums, watermelon & barley to help ii. facilitate the digestion & soothe the bladder. Also Drinking enough water will support normal urination.

Apathya for urethral stricture

- Avoid Eating Excess meat, alcohol, fish, fresh ginger, fried food, canned food, refined flour etc
- ii. Excessive sex, prolonged riding bikes or motorcycles over bumpy roads, continuous travelling.

CONCLUSION

Ayurveda has immense potential & it accepts challenges in treating the unsolved medical problems, while in context of Urethral Stricture were Modern science has limited resources at its helm which is mostly surgical in nature. Ayurvedic treatment such as Uttar Basti, Abhyang, Swedana, Parisheka has shown some remarkable results were recurrence rate is very low & future studies into it will definitely unlock its secrets & can prove a boon for Mankind in the field of Urology.

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