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MANAGEMENT OF BULBAR URETHRAL STRICTURE THROUGH MATRA BASTI: A CASE REPORT

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ABSTRACT

Urethral stricture is an abnormal narrowing of the urethra caused by fibrosis and scarring of the urethral tissues, commonly resulting from trauma, infection, inflammation, or urethral instrumentation. It produces obstructive urinary symptoms such as poor urinary stream, straining, dysuria, incomplete bladder emptying, and recurrent urinary tract infections. Recurrence after surgical management remains a major challenge. In Ayurveda, urethral stricture can be correlated with *Mutraghata*, a disorder mainly caused by aggravated *Vata Dosha* leading to obstruction in the *Mutravaha Srotas*. *Matra Basti* is considered beneficial in such Vata-dominant conditions. **Case Presentation:** A 47-year-old male patient, not a known case of diabetes mellitus or hypertension, presented with straining during micturition, dribbling of urine, burning micturition, and bilateral low back pain for 2 months. He attended S.V. Ayurvedic Hospital, Tirupati, for treatment. **Intervention:** The patient was treated with *Matra Basti* using *Dhanwantari Tailam* for 8 days in two sittings with a one-month interval. Internal medications administered included Sheetaprabha Vati, Varunadhi Kashaya tablets, Neeri tablets, Himplasia, and Balamoola Kwatha Churnam. **Objective:** To evaluate the efficacy of *Matra Basti* and internal Ayurvedic medicines in the management of urethral stricture (*Mutraghata*). **Methodology:** This was a single-case pre- and post-interventional study assessed using the International Prostate Symptom Score (IPSS) before and after treatment

with a 6-month follow-up. **Results and Conclusion:** The patient showed significant improvement in urinary flow, pain, burning sensation, and IPSS score. The case suggests that Ayurvedic management may be beneficial in bulbar urethral stricture; however, larger studies are needed for validation.

KEYWORDS: Mutraghata, Matravasti, Bulbar Urethral Stricture.

INTRODUCTION

Urethral stricture is a frequently encountered urological condition characterized by narrowing of the urethral lumen due to fibrotic changes, most commonly resulting from trauma, infections, or iatrogenic factors such as catheterization and surgical procedures. This structural alteration leads to obstruction of urinary flow and presents clinically with symptoms including dysuria, burning micturition, poor urinary stream, and a sensation of incomplete bladder evacuation. Despite advancements in surgical management, recurrence and suboptimal long-term outcomes remain persistent concerns.

In Ayurvedic literature, although urethral stricture is not described as a distinct entity, its clinical features closely resemble conditions such as *Mutraghata* and *Mutradaha*. *Mutraghata* is described as a group of disorders characterized by obstruction or difficulty in the passage of urine, primarily attributed to the vitiation of *Vata Dosha*, often in association with *Kapha*. *Mutradaha*, on the other hand, correlates with symptoms of burning micturition. These conditions involve derangement of the *Mutravaha Srotas*, leading to impaired urinary function. Classical Ayurvedic texts emphasize the importance of correcting the underlying *Dosha* imbalance, relieving obstruction, and restoring normal urinary flow through appropriate therapeutic interventions.

CASE REPORT

A 47-year male patient, presented to the Shalya OPD. After proper diagnosis as case of urethral stricture, he was admitted in the S.V.Ayurvedic Hospital, Tirupati with IPR NO.2825 at 31October 2023 with complaints of straining and dribbling of urine, pain and burning sensation during micturition since 2 months, associated with pain in both sides of low back region during passage of urine since 2 months.

Past History

- No history of Tuberculosis, Bronchial Asthma, Epilepsy etc.

- No history of PUC (Per Urethral Catheterization).
- No history of Urethral dilatation.
- No history of diabetes mellitus or hypertension.

History of present illness

A male patient aged 47 years presented with complaints of straining during micturition and dribbling of urine since 2 months, the symptoms were gradual in onset and progressively increasing in severity, he had associated pain and burning sensation during micturition since 2 months, he had complaint of pain in bilateral low back region particularly during the act of micturition, the urinary symptoms were persistent and were affecting his daily activities, the patient was apparently normal before the onset of these complaints, so he came to SVAYH for treatment.

Family History

- No significant family history

GENERAL EXAMINATION

- Patient moderately built and nourished
- Conscious, cooperative, and well-oriented to time, place, and person
- Vitals: Pulse – 78/min,

BP – 130/90mmHg,

Temperature – Afebrile,

Respiratory rate – 16/min

- No pallor, icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema

LOCAL EXAMINATION Genitourinary System)

- Inspection of external genitalia: Normal appearance
- No visible swelling, redness, or discharge from urethral meatus
- No phimosis or paraphimosis
- No evidence of external injury or scar

SYSTEMIC EXAMINATION

- **Cardiovascular System (CVS):** S1 and S2 heard, no added sounds.
- **Respiratory System (RS):** Normal vesicular breath sounds heard bilaterally, no added sounds.

- **Central Nervous System (CNS):** Patient conscious and oriented to time, place, and person, no focal neurological deficits.
- **Abdomen (Per Abdomen):** Soft, non-tender, no organomegaly, no palpable mass.

INVESTIGATIONS

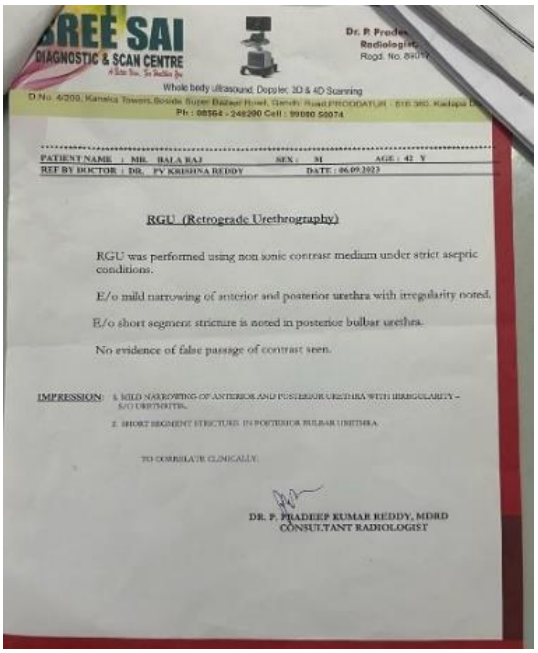
RETROGRADE URETHROGRAPHY (RGU)

Before Treatment:- Dated: 06.09.2023

- Mild narrowing of anterior and posterior urethra with irregularity S/O urethritis.
- Short segment stricture in posterior bulbar urethra.

After Treatment Follow up scan :- Dated: 15.10.2024

- Urethral wall irregularity -S/O: Urethritis



Before treatment

Follow up after 1 year

BLOOD TESTS

HB-13gms

ESR- 60mm/hr

CT-6 mints

BT-2 mints 30 sec

Urine analysis:

ALBUMIN-Nil

Pus cells- 5-6

MODERN DIAGNOSIS

Patient was diagnosed as a case of Bulbar Urethral Stricture.

AYURVEDIC DIAGNOSIS

Patient was diagnosed as a case of Mutraghata.

TREATMENT GIVEN

After routine investigations as well as viral markers, oral Ayurvedic medicaments and Basti therapy was introduced.

Oral Therapy

S.No	1st sitting(1 month)	2nd sitting(1 month)	After treatment(for 6 months)
1.	1. Sheetaprabha vati 2-0-2 2. Varunadhi Kashaya tablets 1-0-1 3. Neeri tablets 1-0-1 4. T.Hemplasia 1-0-1 5. Balamoola quatha churnam 10ml TID with warm water Matra Vasti: 60ml Dhanwantari tailam	1. Sheetaprabha vati 1-0-1 2. Varunadhi Kashaya tablets 1-0-1 3. T.Hemplasia 1-0-1 4. Balamoola quatha churnam 10ml TID with warm water Matra Vasti: 60ml Dhanwantari tailam	1. Varunadhi Kashaya tablets 1-0-1 2. T.Hemplasia 1-0-1

MATERIALS

1. Surgical Glove.
2. matra vasti catheter
3. Dhanwantari tailam

METHODS

1. Sarvanga abhyangam with nirgundi tailam and followed by nadi sweda for 1 day
2. Basti therapy: Matra vasti for 8 days with Dhanwantari tailam 60ml and local abhyangam (over abdomen below umbilicus to pelvis).

Poorvakarma (Preoperative Measures)

The patient was instructed to evacuate natural urges in the morning and report for the procedure All necessary materials required for *Matra Basti*, including *Dhanwantari Tailam*, rubber catheter, and syringe, were arranged in advance. The patient was then positioned comfortably on the procedure table in the left lateral posture.

Pradhana Karma (Operative Measures)

Approximately 60 ml of lukewarm *Dhanwantari Tailam* was administered per rectum using a plastic syringe attached to a rubber catheter. The procedure was carried out slowly and carefully once daily for a duration of 8 days.

Pashchata Karma(Postoperative Measures)

Following the administration of *Matra Basti*, the patient was advised to remain in the left lateral position for about 10 minutes. Gentle tapping was performed over the back, and the legs were maintained in a flexed position. Subsequently, the patient was shifted to the ward, where local *Svedana* was provided to the lower abdomen using a hot water bag. The patient was also instructed to observe and record the *Pratyagamana Kala* (time of expulsion) of the Basti.

ASSESSMENTS AND RESULTS

Patient started showing improvement in symptoms after 2 days of vasti management. The total duration of treatment was 8 days for 2 sittings with 1 month interval. There is significant improvement in flow of urine and emptying and got relief from pain and burning sensation.

Assessment of urethral stricture with internal prostate symptom score (IPSS)

SYMPTOMS	BT	AT 1ST SITTING	AT 2ND SITTING	FollowUp (after 1 year)
Incomplete emptying	**3**	**2**	**1**	**0**
Frequency	**3**	**1**	**0**	**0**
Intermittency	**3**	**1**	**0**	**0**
Urgency	**2**	**1**	**0**	**0**
Weakstream	**5**	**3**	**2**	**0**
Straining	**4**	**1**	**1**	**0**
Nocturia	**4**	**1**	**0**	**0**

Relevant investigations such as CBC with ESR, Ultrasound (whole abdomen and pelvis-specially bladder wall thickness), Urine (routine) were repeated at interval of one-month duration.

Total score	Symptom grade	BT	AT(1st sitting)	AT(2nd sitting)	Follow Up (after 1 year)
0-7	mildly symptomatic	-	-	4	0
8-19	moderately symptomatic	-	10	-	-
20-35	severely symptomatic	24	-	-	-

DISCUSSION

In Ayurveda, Basti is regarded as the main seat of Apana Vayu, which regulates the physiological functions of urination, defecation, ejaculation, and the passage of flatus. In conditions such as Mutraghata, particularly Mutrotsanga, the underlying pathology is primarily due to the vitiation of Vata dosha, especially Apana Vayu, often accompanied by secondary aggravation of Kapha dosha. The ruksha (dry) and khara (rough) qualities of Vata contribute to tissue desiccation and fibrosis in the urethra, causing luminal narrowing, while its chala (mobile) nature leads to frequent and painful urination. Simultaneously, increased Kapha—with its sthairya (stagnation), gaurava (heaviness), upalepa (mucoid deposition), and bandha (obstruction)—exacerbates the constriction and chronicity of the lesion. The main dushyas affected include Rasa, Rakta, and Mamsa dhatus, with the mucosal lining (shleshmadhara kala, an upadhatu of Mamsa) being the structural site involved, ultimately resulting in fibrotic stricture formation. Dhanwantari Taila Matra Vasti and Adjunct Ayurvedic Therapies in Urethral Stricture.

1. Mode of Action: Dhanwantari Taila Matra Vasti

- Rectal Absorption and Systemic Effect: Taila-based drugs are lipid-soluble and easily absorbed through the rectal mucosa due to its rich vascular and lymphatic network. After absorption, active compounds enter the systemic circulation, acting rapidly. According to Susrutha, the Vasti's potency spreads through the Srotas, nourishing the body like water reaching all parts of a tree from its roots.
- Pre-Vasti Therapy (Swedana): Swedana before Matra Vasti enhances Anulomana, improving the efficacy of the procedure.
- Systems Biology Perspective: Interconnected organs and Srotas ensure that modulation of the gastrointestinal system also influences the urinary tract.

- **Pharmacological Actions of Ingredients:**
  - Bala Mula: Strengthens Mamsa dhatu and detrusor muscles, supporting urinary function.
  - Thila Taila: Nourishes dhatus, alleviates Vata, reduces spasms, and regulates Apana Vata.
  - Dasamulas: Remove channel obstructions and restore normal flow of Malabhaga Doshas.
  - Shilajat : Enhances absorption and bioavailability of other ingredients; alleviates Vata.
  - Kulatha & Yava Saidava: Exhibit Lekhana (scraping) action, clearing obstructions in Srotas.

- **Overall Effect:** Combines muscle strengthening, spasm reduction, and Srotorodha clearance to restore urine flow and relieve obstruction, acting both locally and systemically.

2. Supporting Ayurvedic Formulations

- **Sheetaprabha:** Promotes urine flow, reduces burning sensation, and soothes inflamed urinary mucosa.
- **Varunadhi Kashayam Tablets:** Break down fibrous tissue (Lekhana), reduce inflammation, act as mild diuretics, and restore Vata-Kapha balance.
- **Neeri Tablets**: Reduce urinary tract inflammation, increase urine flow, relieve dysuria, and provide antimicrobial support.
- **Himplasia Tablets**: Contain Gokshura, Puga, and Varuna to reduce bladder spasms and support urinary function.
- **Balamoola Kwatha Churnam:** Regulates Apana Vata, strengthens urinary tissues, and exerts mild anti-inflammatory effects.

CONCLUSION

The integration of Dhanwantari Taila Matra Vasti with supportive Ayurvedic formulations appears to be a promising approach for managing urethral strictures. This combined therapy helps improve urinary flow, reduces inflammation, strengthens urinary tissues, and alleviates channel obstruction by addressing the underlying Vata imbalance. While the current observations are encouraging, further large-scale clinical studies are required to confirm its effectiveness and evaluate long-term outcomes.

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