

**REVIEW ARTICLE ON ROLE OF *UTTAR BASTI* IN THE
MANAGEMENT OF URETHRAL STRICTURE****Vd. Prashant Patil^{1*} and Vd. Madhuri Bhandare²**

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ABSTRACT

Urethral stricture is a condition where the urethra narrows, often due to factors like trauma, infections (such as TB or Gonorrhea), or procedures like TURP. Symptoms include urethral discharge, difficulty urinating, dribbling of urine, increased frequency, and incomplete voiding. In modern medicine, treatments like urethroplasty and urethral dilation are common. In Ayurveda, urethral stricture is compared to "*Mutra Marga Samkocha*," **Material and Methods:** This paper provides a collective information regarding *Mutra Marga Samkocha* (Urethral Stricture), from Nighantu, Samhita and Modern Medicine. *Uttarbasti* is performed by the use of oils like *Bala Taila*, *Tila Taila*, *Apamarga Kshar Taila* etc. **Result and Discussion:** Most of the

concerned information are retrieved from published international journals and classical text of Ayurveda. As per published research papers *uttarbasti* is highly effective in case of urethral stricture.

KEYWORDS: *Mutramarga Samkocha*, *urethral stricture*, *Bala Taila*, *Uttarbasti*.

INTRODUCTION

In Ayurveda, urethral stricture is compared to a condition called "*Mutra Marga Samkocha*," As per Ayurvedic anatomy, disease related to genitourinary system falls under *Mutravaha Strotas Vyadhi*. Acharya *Shushruta* has classified *Mutraghata* into 12 types.^[1] Although it's

not explicitly named, the symptoms resemble those of "*Mutrotsanga*," as described by Acharya Sushruta.^[2] He recommended a treatment called "*Uttarbasti*" for this condition.

Acharya Charak, another Ayurvedic scholar, categorized urinary diseases, including "*Mutra Krichha*," into eight types.^[3] In modern medical terms, "*Mutra Marga Samkocha*" can be correlated with urethral stricture,^[4] which involves the narrowing of the urethra. Urethral stricture has various causes, including congenital factors, trauma, inflammatory conditions (like post-gonorrheal or tuberculosis infections, recurrent UTIs), instrumentation (following the passage of large endoscopes), and post-operative factors (as seen after TURP surgery).

Pathologically, inadequately treated infections can lead to the infiltration of peri-glandular tissues with round cells and fibroblasts, ultimately resulting in scar tissue formation and stricture development. According to modern medical literature, treatments for urethral stricture include internal urethrotomy, urethral dilation, and urethroplasty.^[5]

Uttar basti is one of the important panchakarma procedure for treatment of reproductive and urinary disorders.^[6] In this procedure medicated oil, decoction, *Ghrita* are passed through genito-urinary tract. In male decoctions and oils are passed per urethra to bladder and per vagina to uterus or urinary bladder in female. Entire procedure should be performed in Aseptic condition. This procedure is performed till 15-20 minutes and performed in alternate days or in interval of 3 days. 7 sittings of procedure have found to be providing satisfactory results in urethral stricture.

Nowadays evidence based male *Uttarbasti* is practiced. Some of the conditions are.

Condition	Clinically practiced medicine
Azoospermia ^[7]	<i>Pipalyadi taila/Anutaila</i>
Benign Prostatic hyperplasia (<i>Mutraghata</i>) ^[8]	<i>Daruharidra kashaya/ Bhruhatyadi kasaya</i>
Physiological urethral stricture ^[9]	<i>Tila taila/ Sahacharadi taila/ Balataila/ Apamarga kshara taila</i>
Erectile dysfunction ^{[10][11][12]}	<i>Ashwagandha taila/ Sahacharadi taila/ Arjuna shalmali sidda taila</i>

Incidence

o.6% of total population is found to be suffered from urethral stricture. Most of the are found to be middle and old aged male.^[13]

AIM AND OBJECTIVES

1. To study the concept of *Urethral Stricture and Mutra Marga Sankocha*
2. To study about clinical manifestation and management of *Urethral Stricture with the help of Uttar Basti*.

MATERIALS AND METHOD

Literary sources like classical texts, clinical trials, published manuscripts.

Equipment Needed

- Surgical gloves
- 10-60 ml of sterilized oil (like *Tila Taila*, *Bala Taila*, or *Apamarga Taila*)
- 10 ml disposable syringe
- Kidney tray
- Infant feeding tube no.6
- Betadine solution
- Sponge holder
- 4 ml of honey
- 1 gm of rock salt
- Sterilized gauze pieces
- 2% lidocaine jelly

Dose

- 10-60 ml on surgeons choice,^[14] *Angulimulsamit prasrut*^[15] (i.e. palm of hand stretched out and hollowed as if to hold liquid up to the bases of fingers).

Procedure

Uttarbasti involves three phases.

1. Pre-operative (Purvakarma)

- Conduct necessary medical tests and record vital signs.
- Ensure the patient has emptied their bladder.
- Have the patient lie down on their back with clothing undone.
- Provide antiseptic care.
- Mix lukewarm sterilized oil with rock salt.

2. Operative (Pradhan karma)

- Load the oil mixture into a 10 ml syringe.
- Apply betadine to the penile region using gauze and a sponge holder, retracting and cleaning the penis.
- Insert the infant feeding tube until it reaches the bulbomembranous urethra.
- Instruct the patient to take a deep breath.
- Pass the medicated oil mixture through the tube using the syringe all at once.
- The patient remains in the same position for 15 minutes.
- Remove the feeding tube and reposition the prepuce to prevent phimosis.
- This process is repeated every other day or with a 3-day interval for a total of 7 sessions.

3. Post-operative (Paschat karma)

- Instruct the patient not to urinate for 2 hours after the procedure.
- Monitor vital signs after the procedure.
- Schedule regular follow-up appointments.

This procedure is a traditional Ayurvedic treatment for certain conditions involving the urethra.

Contraindications

- Hypersensitivity
- Anatomical urethral stricture
- Phimosis
- Hypo/Epispadias
- Carcinoma of penis
- Diabetes Mellitus

DISCUSSION

Causes of *Mutra Marga Samkocha* (Urethral Stricture)

- *Mutra Marga Samkocha* is primarily caused by an imbalance of *Vata* and *Kapha Doshas* in the body.
- The affected tissues are the *Rasa* (plasma), *Rakta* (blood), and *Mamsa* (muscle) along with the mucous membrane (*Sleshmadhara Kala*) of the urinary tract.
- *Apana Vayu*, responsible for the act of urination, plays a role, and when it's imbalanced, urinary issues can occur.

Treatment Approach

- To treat *Mutra Marga Samkocha*, the goal is to pacify *Vata* and *Kapha Doshas*, which is achieved through the use of specific medicines in the *Uttarbasti* procedure.

Mode of Action

-Pharmacological Action: Oils like *Bala Taila*, *Apamarga Taila*, and *Tila Taila* are chosen because they balance *Vata* and *Kapha Doshas*. Rock salt, added to these oils, aids in their absorption through the mucous membranes. The properties of these oils lubricate and dilate the urethral passage, while honey's properties aid in healing scars.

-Pathophysiological Action: Recurrent infections, such as gonorrhea, tuberculosis, and UTIs, can cause scarring of the mucosal linings, leading to urethral narrowing. The oils used in the procedure are absorbed by the urethra and bladder mucosa, promoting scar healing, tissue softening, increased elasticity, and tissue regeneration. In modern terms, these oils help reduce fibrosis.

Mechanical Action

The stricture is mechanically treated by dilating the urethra using foetal feeding tubes and catheters during the procedure.

CONCLUSION

In various traditional texts, it is explicitly emphasized that *Uttarbasti* should be conducted by a skilled group of practitioners. This therapeutic approach has shown remarkable effectiveness in addressing urethral stricture. Its success primarily arises from the precise application of medication directly to the affected areas, a phenomenon that has also been substantiated through scientific research. Therefore, it is advisable for healthcare professionals to consider incorporating *Uttarbasti* into their treatment protocols, based on the findings of various evidence-backed clinical trials. This treatment approach combines Ayurvedic principles with modern medical understanding to address the underlying causes and symptoms of urethral stricture.

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