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INTEGRATED AYURVEDIC MANAGEMENT OF PARTIAL URETHRAL STRICTURE WITH ASSOCIATED SCIATICA – A CASE REPORT

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ABSTRACT

Urethral stricture is a chronic urological disorder characterized by urethral narrowing, resulting in poor urinary flow and recurrent urinary tract infections. Conventional approaches such as urethral dilatation and urethroplasty often have limited success and high recurrence rates. In Ayurveda, this condition resembles *Mutraghata*, predominantly caused by *Vata vitiation*, in which Vasti Chikitsa is emphasized as a primary therapy. A 32-year-old male patient with partial urethral stricture, hypotonic bladder, and lumbar spondylosis presented with burning micturition, increased frequency, and low back pain. The treatment was planned in three phases. The integrated approach combining *Matra Vasti* and *Uttaravasti* with internal and external Ayurvedic therapies effectively addressed urethral stricture, hypotonic bladder and associated neurogenic symptoms, highlighting potential for conservative management in refractory cases. It exert effects at the cellular level by correlating Ayurvedic dosha-dhatu-srotas dynamics with modern pharmacokinetics, neurophysiology, and anti-fibrotic mechanisms.

KEYWORDS: *Mutraghata*, *Vasti Chikitsa*, Urethral Stricture, *Yashtimadhu Taila*, *Apamarga Kshara*, *Sahacharadi Taila*, *Uttaravasti*, *Matra Vasti*.

INTRODUCTION

In Ayurveda, conditions presenting as mutraghāta[1] and mutrakṛicchra[1] characterized by obstructed or painful micturition are considered disorders of vāta, particularly āpana vāyu, with constriction and fibrosis of the urethra. In modern medicine Urethral stricture is a pathological narrowing of the urethral lumen, most commonly affecting the membranous urethra in adult males aged 25–40 years. Patients typically present with dysuria, progressive narrowing of urinary stream, increased frequency, and urethral discharge, the mainstay of treatment is instrumental dilatation or endoscopic/ surgical intervention. In Uttar Basti, the administration of medicated oil through the urethra into the urinary bladder, is regarded as the treatment of choice for such vāta-dominant disorders of the urinary tract, as the bladder is described as the āśaya of āpana vāyu governing normal evacuation of urine, stool, flatus, and reproductive elements. Urethral stricture can be correlated with mutrasaṅga, a subtype of mutraghāta, where ūrdhvataḥ prasāraṇa of āpana vāyu leads to obstruction and painful micturition. This case report demonstrates the therapeutic potential of Uttar Basti in improving urethral caliber and urinary flow, providing a rationale for further clinical studies with larger cohorts.

CASE REPORT

A 32 years old male patient working as a Farmer approached OPD of SV Ayurvedic medical college and Hospital, Tirupati, department of Shalya tantra on 15/10/2024 with Complaints of burning micturition since 4 years. Associated with occasional mild pain, increased frequency of micturition (D/N -7-8/2 times) only on self-catheterization, low back ache, numbness of B/L L.L & U.L. Detailed history of patient revealed that Patient was apparently normal before 4 years he gradually developed severe pain in low back region. So he consulted some allopathic hospital and after doing some investigation they diagnosed it as Sciatica. So he took medication but did not found any relief, & after few months he started developing decreased flow & increased frequency of micturition on & off, increased urgency with poor stream associated with strain to void, tingling sensation in B/L L.L & U.L. So he again visited allopathic hospital & underwent investigations of MRI Spine & USG KUB & diagnoised as Lumbar Spondylosis & L4-L disc bulg, Right hydronephrosis, Urethral Stricture. Hence he underwent treatment of urethral dilatation on daily basis for normal micturition. As these complaints started disturbing the daily activities, he visited to SVAYH for better treatment.

PAST HISTORY

K/c/o Partial Urethral Stricture, Hypotonic Bladder, Sciatica

No H/O Diabetes Mellitus, Hypertension.

Medical History- Under Self dilatation with 12, 13, 16 size Catheter.

FAMILY HISTORY

Nothing specific

Personal History

- **Diet** : mixed **Bowel:** regular
- **Appetite** : Good **Sleep :** disturbed
- **Micturition :** Increased frequency (D/N:10/2times/day) with obstruction.
- *Addiction : Nil*

In GENERAL EXAMINATION

Patient was moderately built, with normal vitals, & having Vata + kapha pradhana Prakruti.

On Systemic examination everything was found to be normal as no abnormality detected.

ASHTA VIDHA PARIKSHA

1. Nadi : 82 bpm,
2. Mootra : bahu mutrata (D/N: 10-2times/day)
3. Mala : Once a day (abadda mala)
4. Jihwa : Alipta
5. Shabda : Avisesha
6. Sparsha: Anushna sheeta
7. Druk : Avisesha
8. Aakruti: Madhyama

- **Vyadi Vinischaya : Gridrasi + Mutraghata**

LAB INVESTIGATIONS	
Bloodgroup - A+ve	
Hb	-15.6gm%
BT	- 3min 0sec
CT	-7min30sec
TC	-6300 cells/cum
DC	-P:32%, L:59%, E:7%, M:2%
RBS	-89 mg/dl
ESR	-10mg/dl
VDRL	- Non reactive
HIV	- Non reactive
HbsAG	- Negative
Montoux test - Negative	

Urine Routine examination-
Sugar – Nil
Albumin- Nil
Microscopic examination- pus cells- plenty
Epi cells -3-4cells/hpf

MRI SPINE 05/1/2024

- Posterior annular fissure at the level of $L_4 – L_5$.
- Degenerative discoverted changes noted at Cervical, Dorsal & Lumbar spine, most significant at $L_4 – L_5$ Vertebral Level. Lumbar Spondylosis

Urodynamic Impression: Hypotonic bladder

X- **Ray Retrograde Urethrogram:** likely anterior urethra partial stricture.

On Examination : (15/10/2024)		**BEFORE TREATMENT**		**AFTER TREATMENT**	
S.NO	**TEST**	**Rt L.L**	**Lt.L.L**	**Rt L.L**	**Lt.L.L**
1.	**SLRT**	**At 70^O +**	**-**	**-**	**-**
2.	**BOWSTING TEST**	**+**	**++**	**-**	**-**
3.	**LASEGUES TEST**	**+**	**++**	**-**	**+**
4.	**REVERSE SLRT / FEMORAL STRETCH TEST**	**-**	**+**	**-**	**-**

Total treatment schedule

➢ **Phase-1**

✓ Sthanika Abhyanga[3] with Nirgundi Tailam for 3days f/b Nadisveda

✓ मात्रा वस्ति[2]- **60ml-** Sahacharadi Tailam(50ml)+Eranda Tailam(10ml) **for 5 days.**

➢ **Phase-2**

✓ मात्रा वस्ति- **60ml-** Dhanwantari Tailam[4](50ml)+Eranda Tailam(10ml) **for 5 days.**

➢ **Phase-3**

✓ **Sthanika Abhyanga** with Sahacharadi Tailam + Tapa Sveda for 9days f/b

✓ **Uttara Vasti** with Yastimadhu tailam(20ml)+ Apamarga Kshara[5](125mg) for 7days alternatively.

MATRA VASTI & UTTARA VASTI SCHEDULE

Day of R_X	**Date & Time**	**Vasti Retention Time**	**Complaint/Complications if any**
Day – 1	**16/10/2024 & 10am**	5 hours 15min	Nil
Day – 2	**17/10/2024 & 10:30am**	6 hours 30min	Nil
Day – 3	**18/10/2024 & 10:15am**	7 hours	Nil
Day – 4	**19/10/2024 & 10:20am**	2 hours	Nil

Day – 5	**20/10/2024 & 10:15am**	5 hours 20min	Nil
Day – 6	**21/10/2024 & 11am**	6 hours 30min	Nil
Day – 7	**22/10/2024 & 10:30am**	2 hours	Nil
Day – 8	**23/10/2024 & 10am**	7 hours 30min	Nil
Day – 9	**24/10/2024 & 10:30am**	5 hours 30min	Nil
Day – 10	**25/10/2024 & 11:30am**	6 hours	Nil

Procedure of Uttaravasti

On the day of vasti, the patient was asked to take bath and light food and checked for voided urine and stool. The patient is prepared in a supine position, supported by a soft pillow over the lumbar region. After empting urinary bladder, painting of penile region with betadine antiseptic solution was done and then instilled 2% xylocaine jelly into the urethra. With the help of disposable feeding tube of no. 9, a mixture of autoclaved medicated oil pushed into the urethra and advised to retain as per their capacity.

***Diet** - Normal bland diet, avoid excessive salty, sour and spicy food, ginger, non-veg etc.,

***Life style** – advised Yoga with Sitz bath twice daily upto 15-20min, avoidance of excessive work, stress, worries and excessive sun exposure and to maintain proper perineal hygiene.

Uttaravasti Schedule

Day of R_X	Date & Time	R_X	VRT	Micturition D/N	CIC(14)	Complaint/ Complications if any
Day-1	26/10/2024 & 10:15am	Sthanika Abhyanga + Tapa Sveda f/b **Uttaravasti 1st sitting**	45min	9/2 times	Once at 3:45pm	c/o burning micturition, disturbed sleep
Day-2	27/10/2024 & 10:15am	Sthanika Abhyanga + Tapa Sveda		7/3 times	Twice at 10am & 12pm	
Day-3	28/10/2024 & 10:15am	Sthanika Abhyanga + Tapa Sveda f/b **Uttaravasti 2nd sitting**	9hrs 20min	7/6 times	No CIC	

Day-4	29/10/2024 & 10:15am	Sthanika Abhyanga + Tapa Sveda		9/2 times	No CIC	
Day-5	30/10/2024 & 10:15am	Sthanika Abhyanga + Tapa Sveda f/b **Uttaravasti 3rd sitting**	1hour	12/2 times	Once at 9am	No-burning micturition, -No Pain
Day-6	31/10/2024 & 10:15am	Sthanika Abhyanga + Tapa Sveda		11/1 times	No CIC	
Day-7	01/11/2024 & 10:15am	Sthanika Abhyanga + Tapa Sveda f/b **Uttaravasti 4th sitting**	4 hours 10min	10/3 times	vice at 10am & 11am	

TIME LINE OF THE CASE

Date & day of visit	**Patient summary from initial and f/u visit and description of symptoms and signs**	**Treatment Interventions**
15/10/2024	Increased frequency and urgency of micturition (D/N:30/20 times/day) and burning micturition +++	• Tab. Trayodashanga Guggulu 1tab thrice daily after food • Tab. Shanka Vati 1tab twice daily before food. • Eranda Brista Haritaki Churnam 1tsp BT with luke warm water. • Nirgundi Tailam + Rheuma Sap External application. • Tab. Jatamamsi 1 tab once daily at bed time. • Tab. Sahacharadi kashayam 1 tab twice daily after food. • Tab. Varunadi kashayam 1 tab twice daily after food. • Tab. Neeri 1 tab twice daily after food. • Tab. Shallaki MR1 tab twice daily after food. • Tab. Muscalt forte 1tab thrice daily after food. • Sahacharadi Tailam External application.

OBSERVATIONS AND RESULTS

Table 1: Showing signs and symptoms.

Signs and symptoms	Before treatment	After treatment
Daha	Present	Absent
Ruja	Present	Absent
Peetamutrata	Present	Absent
Muhurmutrapravrutti	Present	Absent
Katishoola	Present	Got mild relief
Urine microscopic examination	Puscells-Plenty	Puscells-2-4cells/hpf
	Epicells–3-4cells/hpf	Epicells-1-2cells/hpf

Mode of action

1. Matra Vasti[2]

It acts as Snehan (oleation) pacifies vata in asthi-majja dhatus; nourishes neurons/muscle fibers in hypotonic bladder/Gridhrasi via apana vayu normalization. According to Modern: Rectal absorption of taila (Sahacharadi/Dhanwantari) bypasses first-pass metabolism; modulates ENS opioids/endorphins, boosts parasympathetic S2-S4 acetylcholine release for detrusor contractility; phytocompounds inhibit IL-6/TNF-α in radiculopathy (vata shamana).

2. *Uttara Vasti*

It acts as Lekhana (scraping) by Apamarga Kshara[12] + snigdha (Yashtimadhu) clears mutramarga srotas blockage; kapha-vata shamana, mutra shodhana. According to Modern: Alkaloids/saponins exfoliate fibrotic urethral epithelium; activate metalloproteinases, downregulate TGF-β to curb myofibroblasts; restore glycosaminoglycan layer, reduce mast cell degranulation.

Absorption: Lipid-soluble taila via rectal/urethral mucosa → systemic circulation; vasodilation from snehana/sweda boosts perfusion.

3. *Integrated Oral (Trayodashanga Guggulu/Varunadi/Neeri)*

- Guggulsterones block NF-κB for L4-L5 asthigata vata relief; flavonoids enhance urothelial ATP signaling for detrusor coordination (vata anulomana).

Key Dravyas & Pathways

Dravya	Ayurvedic Action	Modern Cellular Effect
Yashtimadhu Taila[7]	Vata-pitta shamaka, vrana-ropaka	NF-κB inhibition; mucosal re-epithelialization
Sahacharadi Taila[6]	Vatahara, snayu-balya	Schwann cell/myelin repair; bladder innervation

Eranda Taila[6]	Anulomaka, shoolahara	Prostaglandin modulation; smooth muscle relaxation
Apamarga Kshara[5]	Lekhana, shodhana	Fibrotic debridement; angiogenesis

DISCUSSION

This integrated model bridges Ayurveda's vata-dominant vyadhi (Mutraghata/Gridhrasi) with modern pathophysiology of urethral stricture/sciatica, obstructed apana vayu mirrors neuromuscular hypotonia and fibrosis, while srotas/dhatu poshana aligns with anti-inflammatory remodeling. Matra Vasti's ENS modulation enhances detrusor tone (e.g.,via acetylcholine upregulation), ideal for hypotonic bladders; Uttara Vasti's kshara-driven antifibrosis prevents stricture recurrence by targeting TGF-β/myofibroblasts. Oral guggulu complements by curbing spinal inflammation (NF-κB/IL-6), yielding holistic vata anulomana.

4. CONCLUSION

At the cellular level, the combined *Matra Vasti* and *Uttaravasti* therapies[7]

- Decrease local inflammation and fibrosis,
- Promote epithelial healing,
- Rejuvenate neuromuscular function, and
- Normalize *Apāna Vāta* activity — restoring both structure (*mārga viśuddhi*) and function (*mutra pravṛtti*).

This dual-level (Ayurvedic and biomedical) mechanism validates *Vasti Chikitsa*[7] as a **neuro-mucosal rejuvenative and anti-fibrotic therapy** for conditions like urethral stricture with hypotonic bladder.

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