

## Ayurvedic approach in treatment of urethral stricture by Uttarbasti - A Case presentation

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### Abstract:

Urinary problems are a common entity among the population. Urethral stricture is a relatively common disease in men with an associated prevalence of 229-627 /100000 males, typically older men.1 Mutraghat can be correlated to urethral stricture. The management of mutraghat according to ayurveda can be used in treatment of urethral stricture. This article is a case study of successful management of urethral stricture by Uttarbasti.

**Key Words:** Urethral stricture, Mutraghat (mutrotsang), Urethral dilatation, Uttarbasti

### Introduction:

Mutraghat refers to obstruction during micturition. Mutraghat is mainly of 13 types. In modern medicine this can be correlated to urethral stricture. Urethral strictures are fibrotic narrowing composed of dense collagen and fibroblasts. Fibrosis usually extends into the surrounding corpus spongiosum, causing spongio fibrosis.

These narrowings restrict urine flow and cause dilation of the proximal urethra and prostatic ducts. Prostatitis is a common complication of urethral stricture. The bladder muscle may become hypertrophic, and increased residual urine may be noted.

### A. Symptoms And Signs

1. A decrease in urinary stream is the most common complaint.
2. Spraying or double stream is often noted, as in post voiding dribbling.
3. Chronic urethral discharge, occasionally a major complaint, is likely to be associated with chronic prostatitis.
4. Acute cystitis or symptoms of infection are seen at times.
5. Acute urinary retention occurs due to infection or development of prostatic obstruction
6. Urinary frequency
7. Mild dysuria may also be initial complaints.
8. The bladder may be palpable if there is chronic retention of urine.

There is no curative treatment mentioned in modern medicine. Recurrent urethral dilatations is the only recommended treatment advised with leads to various complications such as recurrent urinary tract infections and also results in fibrosis of urethra and permanent strictures.

The treatment of Mutraghat is mentioned in Sushrut uttatantra 5/27. In its treatment uttarbasti is mentioned using various formulations.

Here is a case presentation of management of urethral stricture with Uttarbasti.

### Case Study-

A 71 year old male patient came with the following complaints -

1. Burning micturition since 1 yr
2. Dribbling micturition since 1 yr
3. Dysurea since 1 yr
4. Pain in abdomen since 1 yr
5. Acute on chronic retention of urine since 3 days

### History of present illness-

1. Patient was having symptoms of chronic retention of urine since 1 to 1.5 years. Two days prior to date of admission patient was admitted in private hospital for acute retention of urine with urosepsis where he was operated for supra-pubic cystostomy under L.A. In hospital patient was advised surgical procedure for urethral stricture. Patient came in our ayurvedic Hospital to avoid surgical procedure.

### Past history- No significant past history.

General examination was as follows -

G.C. good, afebrile

Pulse-66/min

B.P-130/80 mm of hg

CVS s1s2 normal

CNS-conscious and oriented

RS- mild bil. Basal crepts.

R/R-20/min

P/A. soft, mild tenderness over lower abdomen

## Case Report

### Lab Investigations –

Hb-9 gm%

White blood cells- 15900/cumm

RBC -3.90 millions/ul

N-92, L-06, E-1, B-00, M-01

Platelet-167000/cumm

Blood sugar -118 mg/dl

B.U.L- 122 mg/dl

Sr. creatinine-3.1 mg/dl

Urine routine - Pus cell-30-40/hp

### 2. USG (ABD + PELVIS) -

Bladder shows minimally thickened irregular wall s/o chronic cystitis. Other no obvious abnormality seen.

### 3. RGU-

Distal penile stricture 2cm length

Penoscrotal junction stricture 2cm length

**Diagnosis** – Urethral stricture

**Cause**- infective cause

**Procedure of Uttarbasti-**

**Materials and Methods-**

1. Til taila-30ml

2. Madhu-10ml

3. Saidhav-10gm

Mixed together and autoclaved in glass bottle.

Standardized and authenticated drugs were used.

Final product was standardized.

4. Xylocaine jelly 2%

5. Male urethral dilators

6. Foley's catheter no.16

**Pre-op** - Prepare Informed written consent Pre op IV antibiotics, antacids and antiemetics StanikSnehan with til taila and swedan with bashpa sweda.

**Procedure**-Supine position given Painting and draping done.

Xylocain jelly 2% 10cc inserted through penile urethra.

Then urethral dilation done with male urethral dilator 22f.

Suprapubic catheter which was previously in-serted was clamped.

Uttar basti preparation 40cc inserted by bladder syringe into bladder through urethra.

Then Foleys catheter inserted through urethra and clamped.

Patient then shifted in ward in good condition.

**Post op-**

1. After 3 hours urethral clamp was released.

2. Clear urine with uttarbasti preparation was seen in urosac.

3. Patient discharged on same day with open urethral catheter and clamped suprapubic catheter.

4. Patient discharged with

5. Bruhatvarunadikadha 4tsf thrice a day.

6. Gokshuradiguggulu twice a day.

7. Chandraprabhavati twice a day for 7 days

8. Patient was advised follow up after 7days.

**Table No. 1: OBSERVATIONS:**

f/u. no	Date	Complain	Wbc	Bul	Sr.creat	P.C in urine	Uttarbasti procedure	Rx given
1	31/05/15	1. Pain in abd. Less 2. no other Complain	10000	90	2	10-20	Done. Suprapubic catheter re-moved	Same as above
2	07/06/15	1.no pain at all	7500	45	1.2	5-10	Done	Same as above
3	14/06/15	No any fresh com-plain	7000	35	1.1	1-2	Done. Then ure-thral catheter removed. Pt passed urine with good flow Stream. No dribbling.	Same as above
4	20/06/15	No any fresh com-plain. No burning, no dribbling, Good urine flow stream	7300	30	1.00	3-4	R.G.U DONE.- no uretral stricture seen. Uroflowmetry- 16ml/sec	Same as above

## Discussion:

Urethral stricture was not seen after treatment with uttarbasti. The probable mode of action can be discussed as follows. Main cause for urethral stricture is chronic infection of urinary bladder which is controlled and cured by uttarbasti. Urethral dilatation also helps in release of urethral stricture.

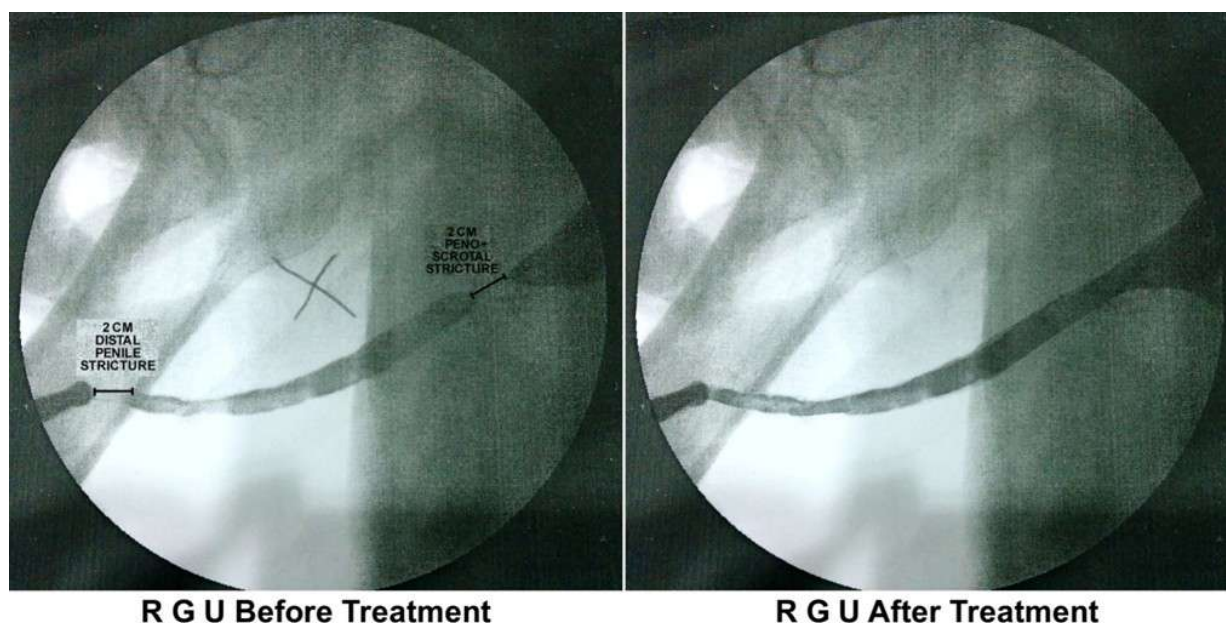
Til Tail (omega 6) has antioxidant and antibacterial properties. Madhu is demulcent, antioxidant, which helps to fight against bacterial and viral diseases, initiate growth of healthy granulation tissue. Saindhav has elements such as

Na<sup>+</sup>, mg<sup>+</sup>, ca<sup>2+</sup> which helps in healing, improves circulation, removes toxins. There are various advantages of uttarbasti such as it effective can be given on OPD basis and patients do not require any hospitalization. Procedure is cost effective.

## Conclusion:

1. Uttarbasti can be used in infective urethral stricture.
2. It is cost effective and improves the quality of life of patient as compared to other modern methods of treatment for urethral stricture.

**Figure No. 1: RGU before and after treatment**



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**Conflict of Interest:** Nil

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