



ROLE OF *SAHACHARADI TAILA UTTARBASTI* IN THE MANAGEMENT OF POST OPERATIVE URETHRAL STRICTURE- A CASE REPORT

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ABSTRACT:

The urethra is the tube that carries urine out of the body. This tube can become narrow and cause difficulty and discomfort when a man urinates. Narrowing of lumen of urethra is known as urethral stricture. 70% of urethral stricture is insidious at bulb. Trauma, infections like (TB, Gonorrhoea), TURP are the main causes of urethral stricture. Symptoms include varying amount of urethral discharge, morning dew drop, difficulty in micturition, dribbling of urine, increased frequency, incomplete voiding of urine etc. In Ayurveda urethral stricture can be correlated with Mutramarga samkocha- Mutrotsanga. Urethral stricture is not explained or mentioned as a separate disease in Ayurveda but the symptoms correlate with Mutrotsanga which is one of the 12 types of Mutraghata explained by Sushruta in Utttar tantra. There are advance surgeries available as the science advances with technology various surgeries like Urethroplasty, Visual Internal Urethrotomy, and Dilatation of urethra, but the recurrence rate is high enough approaching an alternative option. According to Sushruta Samhita Uttarbasti is one of the effective procedures for Mutrotsanga. The present paper is the case presentation of a 73 yrs. old male patient who came to Shalya Tantra OPD at Matrusri Davalba Ayurved Hospital, Vadodara, with the chief complaints of Pain during urination, there is obstructed urine flow, straining, dribbling and prolonged micturition after undergoing operative procedure for BPH, Patient also undergone repeated urethral dilatations but had no relief. Hence the treatment planned for the case was of Sahacharadi taila Uttarbasti. Improvement was obtained after 7 sittings at an interval of 3 days. This single case manifests that Mutrotsanga-Urethral stricture can be treated well with Uttarbasti.

Keywords: *Mutramarqa Samkoch, Urethral Stricture, Uttarbasti, Sahacharadi taila*

INTRODUCTION:

Urethral stricture disease remains a common cause of morbidity among men. The urethra is the tube that carries urine out of the body. This tube can become narrow and cause difficulty and discomfort when a man urinates. Narrowing of lumen of urethra is known as urethral stricture. It's a prevalent problem with an estimated incidence of 0.9% in susceptible population [1]. These conditions greatly affect the health and quality of life of patients. 70% of urethral stricture is insidious at bulb. Trauma, infections like (TB, Gonorrhoea), TURP are the main causes of urethral stricture. Symptoms include varying amount of urethral discharge, morning dew drop, difficulty in micturition, dribbling of urine, increased frequency, incomplete voiding of urine etc. Urethral stricture is not explained or mentioned as a separate disease in *Ayurveda* but the symptoms correlate with *Mutrotsanga* which is one of the 12 types of *Mutraghata* explained by *Sushruat* [2]. *Mutravaha Srotas* includes *Vrukka* (kidney), *Gavini* (ureter), and *Mutrashaya* (urinary bladder) and *Mutramarga* (urethra) [3]. *Ashtanga Hridaya* defines that urination is the function of *Vata*, and its vitiation settles in disturbed urinary functions [4]. It is a condition in consequence with some kind of obstructive uropathy, mechanical or functional; related either to upper or lower urinary tract resulting into either partial or complete retention of urine as well as oliguria or anuria.

The present study is concerned with the *Mutramarga Sankocha*, a condition

afflicting *Mutravaha Srotas*. In this condition, there is obstructed urine flow; straining, dribbling and prolonged micturition^[5] in such condition *Uttarabasti* of medicated oils is the most effective available treatment described by the seers of Ayurveda. The treatment options for urethral stricture vary in their success rates. Urethral dilation and urethrotomy are the most commonly performed procedures but carry the lowest chance for success (0-9%). Urethroplasty has a much higher chance of success (85- 90%) but its major complication is sexual dysfunction. Though the science has developed in many directions, it is unable to provide satisfactory treatment to patients without any complications and recurrences. Seers highlighted the use of *Uttarabasti* in the management of *Mutramarga Sankocha*. Previous researches also highlighted that, *Uttarabasti* is effective in providing symptomatic relief in urethral stricture without any side effects.^{[6],[7]} The current study re-establishes the effect of *Uttarabasti* of medicated oil (*Sahacharaditaila*) in the management of urethral stricture.

CASE HISTORY: A 73 yrs. old male patient, reported to *Shalya Tantra* OPD at Matrusri Davalba Ayurved Hospital, Vadodara, with the chief complaints of Pain, burning during urination, obstructed urine flow, straining, dribbling and prolonged micturition since one year.

As per the history provided by patient, he was operated for benign prostate hyperplasia through TURP (Transurethral Resection of the prostate) in 2022. Later on, patient discharge from hospital but

again within few days, he suffers from difficulty in micturition, increased frequency of micturition and burning micturition. At that time he was treated by urologists with antibiotic therapy. Patient got relief for some days but again having severe symptoms and retention of urine. Then he was catheterized with Foley's rubber urethral catheter and was diagnosed with Urethral stricture. Later on Patient undergone for urethral dilatation procedure, but again after 4 months he suffers from difficulty in micturition, poor stream and frequent micturition. He was diagnosed with recurrent urethral stricture. Even after these urethral dilatation patient had no significant permanent improvement in the flow of urine. Patient was advised to do manual self-urethral dilation, flow improvement for some time after dilation but it again reverse. Patient has no history of DiabetesMellitus, Hypertension or any other systemic disorders.

The RGU (Retro-grade urethorgraphy) showed stricture involving penobulbar junction and bulbar urethra (Fig-1).

His vital status was:-Pulse:-72/min, Respiratory rate:-20/min, Bp:-130/90 mm of Hg Temperature:-99 F.

TREATMENT GIVEN: - The treatment started with *Uttarbasti* of *Sahacharadi taila* with *Yava kshar*. The treatment was given at an interval of 3 days for 7times.

Equipment Required:

1. Surgical Gloves
2. 10-60 MI Autoclaved (*Sahacharadi Taila*)
3. 10 MI Disposable Syringe,

4. Kidney Tray
5. Infant Feeding Tube No.6
6. Urethral Catheter Of Fr No 6 To 14
7. Betadine Solution
8. Sponge Holder
9. *Yavakshar*
10. Sterilized Gauze Pieces
11. 2%Lidocaine Jelly

Procedure: *Uttarbasti* is performed in following 3 phases as follow.

1. Purva karma (pre-operative)

- Part preparation done.
- Written informed consent of patient was taken.
- All the needed investigations are done and necessary vitals are taken at first.
- Patient was asked to void urine, and be free from natural urges.
- Patient was asked to lie in supine position with cloth undone.
- Antiseptic care was taken.
- Luke warm autoclaved oil was mixed with *Yavakshar*.

2. Pradhan karma (operative)

- Obtained mixture was loaded in 10 ml disposable syringe.
- Penile region was painted with the help of betadine soaked gauzes and sponge holder; penis was retracted and cleaned by betadine solution.
- 2% lignocain jelly was inserted in the urethra followed by fetal feeding tube,

when it reaches bulbomembranous urethra patient was asked to take deep breathe.

- Further fetal feeding tube was inserted till it reaches bladder.
- (With every sitting an increasing no of urethral catheter were used after feeding tube ranging from 6fr to 14 fr).
- Then the medicated oil mixture was passed through tube with the help of syringe in one shot. Patient was asked to remain in same position till 15 minutes.
- Tube is removed and prepuce is repositioned to avoid phimosis.

- This process was done at an interval of 3 days for 7 sittings.

3. *Paschat karma* (post-operative)

- Patient was kept in same position for 10-20 min.
- Patient was advised to avoid undue straining.
- Post procedure vitals were taken and noted.
- Follow-up on regular interval was taken.

Table 1: Oral medications

Sr .no	Oral medication	Dosage	Anupana
1.	<i>Gokshuradi guggulu</i>	2 BD	<i>Ushnodaka</i>
2.	<i>Chandraprabha vati</i>	2 BD	<i>Ushnodaka</i>

Patient was advised to have normal diet and regimen. Assessment on the subjective and objective changes with the treatment was made. Follow up observation of 6 month for the development of any post complications, recurrence was done.

Criteria for the assessment:

Subjective Parameters:-Burning Micturition,

Straining at Micturition, Frequency of micturition

Objective Parameters: - Retrograde Urethrography

OBSERVATION AND RESULT:-

It was observed that the procedure called *Uttarbasti* is more effective for treatment of urethral stricture. After the procedure it was observed that patient felt 60 to 70% decrease of symptoms and after 1 month of treatment report in RUG significant resolution of stricture was seen

along with 90 % decrease of symptoms. The report of urethrogram shows that there is marked increase in calibre of lumen and increase inflow rate. Before treatment the RGU (Retro-grade urethrography) showed stricture involving penobulbar junction and bulbar urethra (Fig-1).But after treatment with *Uttarbasti* there is no abnormality seen in repeat RGU(retrograde urethrogram Fig-2).Before starting of trial patients was complaining the frequent burning micturition i.e. 10-12 times in a day with burning sensation in urethral orifice and inside too. After completion of trial the burning micturition stops completely with the regulation of frequency of micturition. Before starting the trial patient have a very poor stream of urine and patient take usually 5to 6 minute in completing the act of micturition. After complete

therapy patient takes only 1-2 minute in completing the complete act with the good stream of urine flow. The RGU report also showed no e/o any stricture after completion of treatment (Fig-2).



DISCUSSION:

This case which reported to *Shalya Tantra* OPD at Davalba Ayurvedic hospital, Varnama, Vadodara was a clear case of *Mutramarga Sankocha* (urethral stricture). *Mutra Marga Samkocha* is due to predominance of *Vata* and *Kapha Dosh*, Whereas *Dushyas* are *Rasa, Rakta, Mamsa, Sleshmadhara Kala* (mucous membrane). As the act of micturition is under the control of *Apana Vayu*, when it gets vitiated urinary defects arise. Due to vitiation of *Vata Dosh* *Chala, Ruksha, Khara Guna* increases in *mutramarga* resulting in *Mutramarga Samkocha*. Hence for the treatment of *Mutramarga Samkocha* *Vata* and *Kapha* should be pacified, *Sahachara taila* was used for *Basti* as it is indicated in *Mutra ghata* and said to be as ‘*Sarvavatavikarajit*’ with this motto *Sahacharadi Taila* and *Yavak Kshar*, used in procedure called

So on the basis of results observed in this case we found that *Sacharadi Tail Uttar Basti* procedure has significant results.



Uttarbasti was selected as the treatment protocol. *Uttarbasti* procedure acts both ways i.e. pharmacologically and mechanically on the stricture urethra. First the drug used by procedure get easily absorbed because of its *vyavai guna* by mucosa in urinary bladder and acts accordingly on urethral stricture when we look the pathophysiology of *Mutravrodh/ Mutrakrichcha*, we found that *Vata dosha* is dominant.. The drug used contains *Rasa-madhur, Tikta Guna-snigdha, Virya-Ushna, Vipaka-madhur* .It is *Balya, Brimhana, Vatarogahara*, simple to administer and helps in easy evacuation of *Mala and Dosh*. Virtue of these pharmacological properties the oil reduces *vata* and *kaphadosa* .*Sukshmaguna* of *yavakshara* with the *chedhan, bhedan* and *lekhan karma* helps in reduction of fibrous tissue of stricture. Whereas the oral administration of *Gokshuradi*

Guggulu increases urine production and thus provides relief from painful urination due to its *Tridosha (Vata, Pitta, and Kapha)* balancing and *Mutral* (diuretic) properties. Also the herbal components in *Chandraprabha Vati* have diuretic properties which help purify the blood of toxins more efficiently and eliminate micro-organisms that cause UTIs, and recurrent strictures. In modern aspect we can say that drug *Sahacharadi Tail* reduces the fibrosis in stricture part of urethra and increase the stretch ability of contracted urethra so the urine outflow became easier and good stream was formed. While the mechanical effect of *basti*, due to frequent insertion of catheter in urethra for removal of residual urine, it mechanically dilated the contracted part so that the lumen remains open that reflect as good stream of urine, and reduces the time of voiding. Due to above both reason the stasis of urine in bladder not happen and that reduces the chance of recurrent Urinary tract infection. It ultimately results in no recurrence of urethral stricture.

CONCLUSION:

The single case study concluded that the *Uttarbasti* with the *Sahacharadi Tail* and *Yavak Kshar* is the good choice of treatment for the case of *Mutrotsanga* (recurrent urethral stricture) as,

- By using standard *Uttarbasti* procedure surgery can be avoided.
- *Uttarbasti* showed best result in post TURP and recurrent urethral stricture.
- It can be given on OPD basis and patients do not require any hospitalization

- Procedure is cost effective.
- Hence it proves to be a significant treatment in urethral stricture.

Limitation of study:

This *Uttarbasti* treatment is not advisable in the acute condition of urinary system.

The procedure should be undertaken by skilled person. To place firm results the trial should be done on large sample.

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