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Case Report

Integrated management of Urethral Stricture - A case report

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ABSTRACT:

Background: Urethral stricture is a troublesome condition often difficult to treat. Complications often include obstructed urine flow, urine retention, calculi formation. Various surgical procedures are in practice but the outcome is limited due to various complications and limitations. In Ayurveda it is correlated with *Mutroutsanga* and often *Uttarbasti* along with medications are advised for the treatment. **Clinical findings**: A case of 34-year male, non-hypertensive, non-diabetic complaining of weak stream of urine, pain (VAS - 7) and burning sensation during micturition with increased urine frequency (15-20 times/day and 4 to 5 times/night) in the past 8 months. Ascending urethrogram showed urethral stricture and uroflowmetry showed increased voiding time and reduced flow. **Intervention**: An integrated treatment approach was adopted, consisting of *Yogabasti*, Urethral calibration, *Uttarbasti* and medications for a period of 6 months and a 1 year follow up. **Outcome**: Adopted treatment has given good clinical outcome in terms of reduction in pain (0), burning sensation (absent) and urine frequency (4 to 5 times in a day and 1 time at night) with improved urinary stream. **Conclusion**: Integrative treatment approach done for a period of 6 months has given better results in the management of urethral Stricture. No adverse events occurred during the treatment and 1 year follow up period.

KEYWORDS: *Ayurveda*, Case report, *Mutroutsanga*, Urethral calibration, *Uttarbasti*, *Yogabasti*.

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1. INTRODUCTION

Urethral stricture is relatively uncommon and over looked condition in surgical practice, recent studies have established stricture urethra is more common in males with the prevalence rate of 229 to 627 per 100,000 males, or 0.6% of the susceptible population, typically observed in middle-aged and older individuals. [1] In this condition there will be narrowing of the segment of urethra because of scar tissue caused by injury or infection. It can lead into various urinary symptoms i.e., hesitancy, incomplete bladder emptying, increase in urinary frequency and residual urine will lead to secondary infection as cystitis as well as untreated conditions may lead to complications in due course of time. The various reasons attributed to cause the stricture are classified as Idiopathic, Iatrogenic, Traumatic and Inflammatory among these causes iatrogenic (33%) and traumatic (19%) are the most common. [2,3]

In contemporary science the treatment of urethral stricture includes urethroplasty, visual internal urethrotomy (VIU) and Urethral dilatation. VIU and Urethral dilation are commonly performed procedures, followed with self-catheterization for rest of the life and urethroplasty is chosen as a final resort. [4] However, these interventions may end up with complications like bleeding, Urethral fistula etc.

In Ayurveda, diseases related to the urinary tract are included under the headings of *Mutrakruccha* (pain during passing urine), *Mutraghata* (urine obstruction) and *Ashmari* (Urinary stones). [5] Urethral stricture can be correlated with *Mutroutsanga* which is one among 12 types. Uttarbasti along with medicines is the routine line of management which is commonly practiced. [6] Here, we report a case of urethral stricture that was effectively managed using integrated approach that included *Yogabasti*, Urethral calibration, *Uttarabasti* and oral medications.

2. CASE REPORT

Patient information

A 34-year male, non-hypertensive, non-diabetic with *vatapitta prakruti* came with complaints of weak stream of urine, pain and burning sensation during micturition for 8 months. Increased frequency of urination about 15-20 times during day time and 4 to 5 times at night. He has consulted local medical practitioner for these issues but received no relief, and later he consulted Urosurgeon who advised to undergo surgery. However, he was reluctant to undergo surgery due to fear of pain, complications and poor economic status, so he visited our hospital seeking further management. Past history suggested that the patient was under hospitalization for fracture in Right hand and underwent surgery two years back. Psychosocial history suggested that he was anxious, worried and mentally depressed.

Timeline – The important events, diagnosis, investigations done prior to the hospital visit and changes after treatment are highlighted in timeline. (Table 1)

Table 1- Timeline highlighting important events and treatments

S.No	Date	Events/Complaints	Treatment
1	25/04/2024	Patient was experiencing pain during micturition, increased frequency of urine	Antibiotics, Urinary alkalisers for symptomatic relief
2	26/06/2024	Patient was experiencing pain and burning during micturition, increased frequency of urine, reduced stream	Advised with above Medicines with analgesics
3	7/08/2024	Symptoms persist and consulted urosurgeon for further treatment	Advised VIU (Visual internal urethrotomy) after performing ascending urethrogram
4	1/12/2024	Patient visited Ayurveda hospital for above symptoms	Planned for *Deepana* and *Pachana* (3 days) followed

			by *Yogabasti*
5	7/01/25	Mild Reduction in the symptoms	Urethral calibration followed by Uttarbasti with oral medications
6	7/3/25	Reduction in the symptoms like pain and burning micturition, Increase flow rate	Urethral calibration followed by Uttarbasti
7	23/5/25	Reduction in the symptoms along with improved quality of life	Urethral calibration followed by Uttarbasti

Clinical findings

General physical examination revealed that he was having good built, well-nourished with normal vitals. Local examination of genital organs revealed non circumcised penis with no scars, hypo/epispadias, sinuses and both the testis were of normal size and shape. On palpation penis was firm, no tenderness, retractable foreskin with normal external urethral meatus. There was no hardness/stricture in bulbar urethra.

Investigations – Routine blood and urine investigations were performed which were under normal limits.

Ascending urethrogram (7/8/2024) showed short segment partial narrowing involving distal bulbar urethra and dilatation of proximal bulbar urethra for which he was advised to undergo surgery.

Diagnostic Assessment–The disease was diagnosed as *mutrotsanga* based on the symptoms like pain and burning sensation in urethra during micturition, reduced stream along with less quantity of urine. Components of disease pathogenesis are vitiated *Apana Vata, Mamsa dhatu, narrowing of mutramarga* (urethra) causing obstruction. Urethral stricture (membranous part) was the diagnosis as per contemporary science which was confirmed by Urethrogram.

Therapeutic intervention

The present case was treated with the treatment principles of *mutrasanga* like *erandamula niruha basti, Uttar basti with Vastyamayantaka ghrita* along with medications. Initially *deepana* and *pachana* was started with *Chitrakadi vati* 1BID before food for 3 days (Table 2) followed with *Erandamula niruhabasti* and *anuvasana* with *ksheerabala taila* 60 ml for 07days for mala *shodhana* and to mitigate *vata dosha*. Urethral dilatation and calibration were done with silicon dilators (8F to 24F) to release the stricture, increase the lumen size and maintaining the patency of the tract. *Uttarabasti* with *Vastyamayantaka ghrita* for continuous 7 days was planned immediately after urethral calibration. *Varunadi Kashaya* and *tab Septilin* was advised for a period of 1 month.

Table 2 – Treatment plan

Sl no.	Intervention	19 to 30/11/24)	(1 to 3/12/24)	(4 to 10/12/24)	11 to 17/12/24)	19/12/24	24/12/24	26/12/24	7/01/25	18/01/25	3/02/25	19/02/25	7/3/25	8/4/25	23/5/25
1.	*Deepana* and *pachana* with *CDV*		✔												
2.	*Yogabasti (EMNB and AB with KBT)*			✔											

3.	Urethral Calibration				✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
4.	*Uttarbasti* with *VG 30 ml*				✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
5.	*VK* 15ml bid	✔		✔	✔	✔									
6.	Tab. Septillin bid	✔		✔	✔	✔									

CDV – *Chitrakadi vati* (KLE Ayurveda Pharmacy)

EMNB - Erandamula niruha basti (Saindava – 5 grams, Madhu – 80 ml, Ksheerabala taila – 80 ml, Erandamula Kashaya – 350 ml, Kalka – Gokshura, Yastimadhu, Triphala – 5 grams each)

AB - Anuvasana basti

*KBT - Ksheerabala taila (*KLE Ayurveda pharmacy) (80 ml)

VG - Vastyamantaka ghrita (Arya Vaidya sala) (30 ml)

Varunadi Kashaya (AVN pharma) 15ml bid before food with water

Tab. Septillin 500 mg (Himalaya) 1 bid after food with water

Urethral calibration procedure–All the aseptic precautions were followed for performing the procedure. 5ml of Lignocaine gel 2 % was introduced from external urethral meatus for achieving surface anesthesia. Guide wire with its soft end (0.035 to 0.038 inches in diameter) was introduced into external urethral meatus till it reached the bladder. Flexible urethral dilators (Endoblast)made up of Thermoplastic Polyurethane Elastomers (TPU) from smaller size (8F) to bigger diameter (22F) were introduced over the guide wire in order to dilate urethra sequentially in order to manage pain, and to prevent damage to urethra (undue trauma, false opening and urethral perforation).

***Uttara basti* procedure**

Purvakarma - Required material

1. Surgical Gloves.
2. 10-60ml Autoclaved (*Vastyamayantaka ghrita*)
3. 10 ml Syringe.
4. Kidney Tray.
5. Flexible urethral Dilators of different size.
6. Guide wire
7. Infant feeding tube 8 number.
8. Sponge holder
9. Povidone iodine solution for painting
10. Sterilized gauze pieces.
11. 2 % Lignocaine jelly

Related to patient preparation for the procedure

1. All routine blood investigations were done.
2. Consent was taken for procedure.
3. Part preparation was done.
4. BP and Pulse rate was measured.
5. Basti oil was autoclaved.
6. Instruments and needed materials were arranged.
7. Patient was advised to empty the bladder before procedure.
8. Under aseptic condition patient was shifted to operating room and asked to sleep in supine position.

Pradhankarma

1. Painting and draping was done.
2. Penis was held in right angle and 2% Lignocaine Gel was inserted for proper lubrication.
3. Sterile *Vatyamantakaghrita* 30 ml was pushed inside the urethra with the help of infant feeding tube.

Paschat karma

1. Patient was advised to not micturate upto 50- 60 minutes.
2. After completion of procedure patient shifted to ward with stable vitals.

Same procedure was done for 7 days, later weekly twice, weekly once, then once in 15 days for 4 consecutive times and then once in a month.

3. FOLLOW UP AND OUTCOME

The Patient was advised with oral medications and asked to undergo urethral calibration and *Uttarbasti* weekly twice for first week, weekly once for next week, then once in 15 days for 4 consecutive times and then for once in a month (2 times) (Table 3). He responded well with the treatment approach as the symptoms like weak stream of urine, pain and burning sensation during micturition reduced to greater extent. The oral medicines were given for 1 month and urethral calibration was continued for 6 months as mentioned above. The patient was followed up to 1 year to see effect of the treatment. The integrated approach i.e., urethral calibration along with *Uttarbasti* has given good clinical outcomes.

Adherence – The patient adherence to the treatment was monitored by asking him to visit regularly during follow up period by repeated reminders through phone call and messages.

Tolerance – The patient well tolerated both the procedures and oral medications, as it was providing him relief. The drug/procedural compliance form was provided to the patient to check regularity and also tolerance of treatment in terms of increase and decrease in the symptoms.

Adverse effects – No adverse events were encountered during the treatment and follow up period.

Table 3 – Assessment of various symptoms during intervention

Sl no.	Assessment of Symptoms	**Day 1 to 11**	**Day 12-14**	**Day 15-21**	**Day 22 to 27**	**Day 29**	**Day 33**	**Day 35**	**Day 46**	**Day 56**	**Day 71**	**Day 86**	**Day 104**	**Day 134**	**Day 180**
1	Pain during micturition VASscoring)	7	7	7	5	4	3	2	0	0	0	0	0	0	0
2	Burning sensation during micturition	Moderate	Moderate	Moderate	Mild	Mild	Mild	Mild	Absent	Absent	Absent	Absent	Absent	Absent	Absent
3	Urine frequency in Day	15-20 times	15-20 times	14 - 17 times	13 - 16 times	10 - 12 times	8 - 10 times	8 - 10 times	6 - 8 times	5 - 6 times	4 - 5 times	4 - 5 times	4 - 5 times	4 - 5 times	4 - 5 times
4	Urine frequency in Night	4-5 times	4-5 times	3-4 times	1-2 times	1-2 times	1-2 times	1 time	1 time	1 time	1 time	1 time	1 time	1 time	1 time
5	Weak stream of urine	Persistent	Persistent	Persistent	Improved	Improved	Improved	Improved	Improved	Improved	Improved	Improved	Improved	Improved	Improved

Table 4 - Changes in Uroflowmetry before and after intervention

Sl. No.	Parameters	Before Intervention (30/8/2024)	After Intervention (21/12/2024)
1.	Average urine flow rate	8.6ml/sec	9.3ml/sec
2.	Maximum flow rate	12.7 ml/sec	19.0 ml/sec
3.	Time to maximum flow	12.2 sec	13.9 sec
4.	Flow time	58.1sec	43.5sec
5.	Voided volume	510.3 ml	424.5 ml
6.	Voiding time	58.7s	46.7s
7.	Delay time	10.9 sec	10.6 sec)

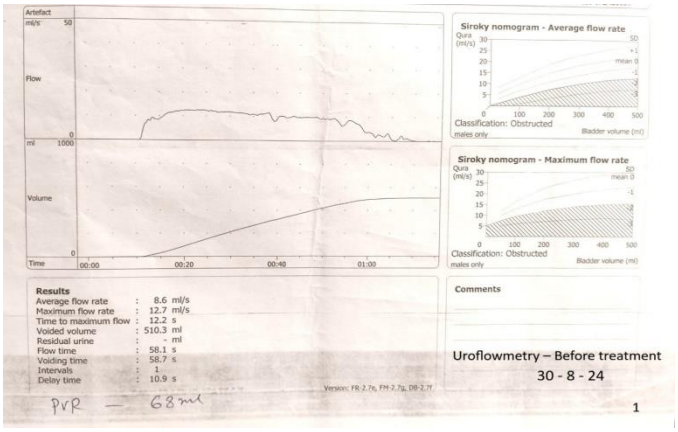

Figure 1: Uroflowmetry – Before treatment (30-8-24)

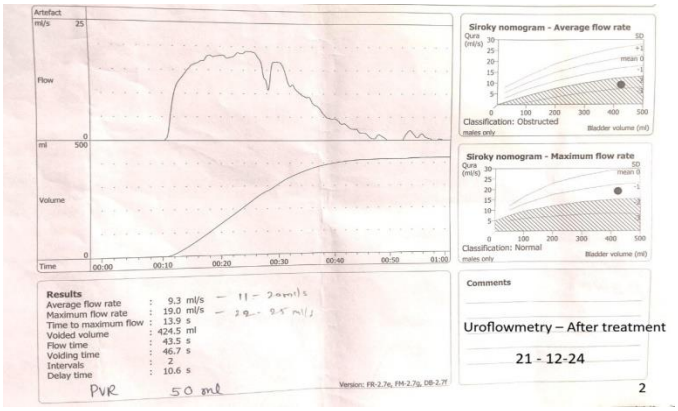

Figure 2: Uroflowmetry – After treatment (21-12-24)

4. DISCUSSION

Stricture urethra is mostly due to urethritis, injury and surgery pertaining to bladder and urethra. [7] Management plays a crucial role as to prevent further complications posed because urine retention and kidney damage. Surgical management includes urethroplasty, visual internal urethrotomy (VIU) and urethral dilations. Urethroplasty is considered as gold standard with a success rate of 85 to 90%. [8]

There are many studies which are available on the management of urethral stricture with *Uttarbasti* like *Sahacharadi taila*, *Kshara taila* and *Vastyamantaka ghrita*. [9,10] One such study showed good outcome on post-operative urethral stricture managed with *Sahacharadi taila Uttarbasti* for seven sittings along with oral medicines. [9] Another study with *Kshara taila Uttarbasti* for 7 days has shown good results in the reduction of the symptoms by 50%. [10] Studies related to the management of urethral stricture with integrated approach are limited. Hence, in this case it was managed with integrated approach by Urethral dilatation along with *Uttarbasti*, internal medications. The approach has reduced the symptoms and also improved the quality of patient life (Figure 1 and 2).

Yoga Basti as *Purvakarma- Acharya vagbhata* has explained that before administering the *uttar basti* , *Asthapana basti* should be administered in order to get *mala shodhana* and also pacify *vata* dosha which is main cause for *mutrasanga.* [11] *Asthapana basti* in the form of *Yoga basti* was planned before *uttarabasti* with i.e *anuvasana* with *varunadi ghrita* and *erandamula Kashaya basti* as *niruha*. The *varunadi ghrita* is indicated for *kapha vata* predominant conditions and it helps to mitigate the *vata kapha avarana*. *Erandamula niruha basti* contains drugs having *Ushna Veerya* and are *Vatakaphahara.* [12]

Uttarbasti- Acharya Vagbhata says that the one which is administered after the *Niruha Basti* procedure is known as *Uttarbasti.* It is instillation of medicated oil/ghee, into the urinary bladder for the treatment of various conditions like *Mutraghata*, *Mutrakruchra* and *Ashmari.* [13] *Vastyamantaka Ghrita* is indicated in the diseases of *mutravaha srothas* especially in *mutraghatha* and *mutra*

kruchra. The *ghrita* is known to possess *basti shodhana* property and *mutrala* action. [14] Urethral calibration followed with Uttara basti mainly helps in increasing the caliber of stricture area and also helps in reducing the stricture formation by softening the scar at stricture site. (Table 3) (Figure 2) Previous clinical research conducted on urethral stricture with urethral dilatation and *Uttarbasti* with *Apamarga kshara taila* showed that *Uttarbasti* has shown good results than the urethral dilatation. [14]

Septilin- The key ingredients are *Amlaki, Guduchi, Guggulu*, and *Yastimasdhu* which are known for wound healing, antioxidant and anti-inflammatory properties. [15] (Table 2)

Varunadi Kashaya - is a formulation commonly used in the treatment of *vata kaphaja* and *avarana* condition. It is known to possess anti-inflammatory, anti-oxidant activity.[16] (Table 2)

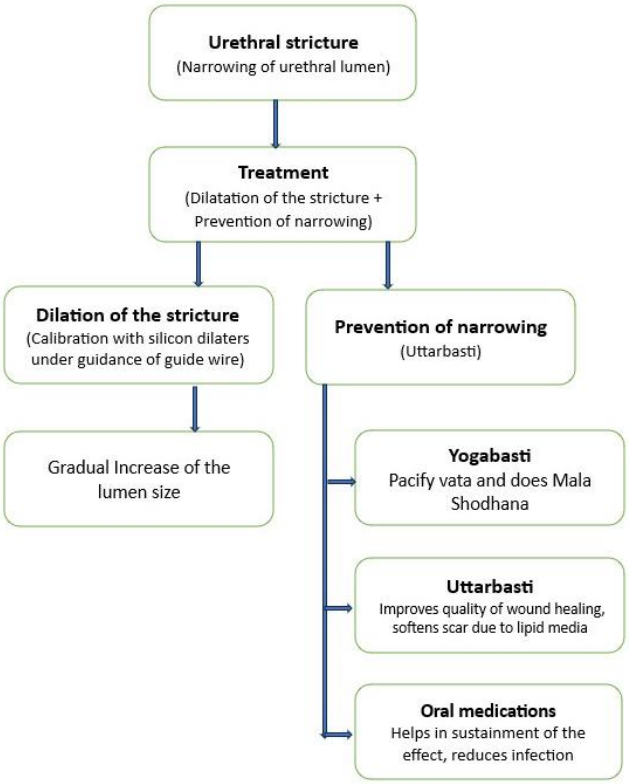

Figure 3: Plan of Care with Mode of Action

Strengths – It is integrated approach towards management of urethral stricture where in *yogabasti* as a *purvakarma* for *Uttarbasti*. Integration of calibration of urethra followed with *Uttarbasti* has enhanced treatment outcome.

Limitations – Ascending urethrogram was not done after treatment as it is invasive procedure and patient was not willing to undergo so uroflowmetry was done before and after treatment. Patient compliance for the treatment and expenses are other limitations which alter the treatment outcome.

5. CONCLUSION

The present case of urethral stricture with 8 months of chronicity was managed with integrated treatment approach that included yoga basti, Urethral calibration followed with Uttara basti and Oral medications for a period of 6 months. The approach has given good treatment outcomes and also improved the quality of patient life. No recurrence, and improved life quality was observed in 1 year follow up period. The key findings are reduced pain burning sensation during micturition, reduced frequency and increased urethral lumen size. Further studies in this area can produce evidence-based practice, protocol preparation and treatment policies for treating urethral stricture.

Key message – This integrated approach of urethral calibration followed with *Uttarbasti* has given good clinical outcome in the management of Urethral stricture.

Abbreviations

VAS – Visual Analogue scale

VIU - Visual internal urethrotomy

CDV – *Chitrakadi vati*

EMNB - Erandamula niruha basti

AB - Anuvasana basti

KBT - Ksheerabala taila

V G - Vastyamayantaka ghrita

V K - Varunadi Kashaya

TPU - Thermoplastic Polyurethane Elastomers

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - The patient reported that he suffered with pain and burning sensation during urination, disturbed sleep at night due to increased frequency of urine, difficulty to lead his social life. During treatment he felt very happy as his complaints got reduced and he felt relief from the symptoms. At the end of treatment his previous complaints were completely reduced and found new job to work again. The patient appreciated the treatment and care provided to him during the treatment course.

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Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

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