



COMPARATIVE STUDY OF UTTARBASTI KARMA WITH JATYADI TAILA & BALA TAILA IN MUTRAGHATA W.S.R. TO URETHRAL STRICTURE

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ABSTRACT

Urethral stricture is narrowing of the urethra caused by scarring, which has functional effect of obstructing the lower urinary tract. 70% of urethral strictures are subtle and harmful at bulb. Trauma, infections (TB, Gonorrhoea), TURP (Transurethral resection of the prostate) are the main causes of urethral strictures. Symptoms include varying amount of urethral discharge, morning dew drop, difficulty in micturition, dribbling of urine, urine incontinence, incomplete voiding of urine etc. According to Modern science, urethroplasty and dilatation of urethra are the treatment procedures followed for urethral stricture. In Ayurveda classics the term Mutraghata is related with the symptoms of decreased urinary output either by retention, absolute or relative anuria or oliguria. As per Ayurveda science Mutraghata disease falls under Mutravaha srotas vyadhi. Acharya Shushruta has categorized Mutraghata into 12 types. Among which symptoms are similar to Mutrotsanga. Acharya Sushruta mentioned Uttarbasti as one of the effective procedure for Mutraghata. Two cases of 42 years & 54 years old male patients were suffering from burning micturition, difficulty in micturition, urine incontinence, and incomplete voiding of urine are diagnosed as urethral stricture by conventional system of medicine. They were admitted in P.D Patel Ayurveda Hospital for one month and treated with Uttarbasti with Jatyadi taila & Bala taila respectively along with shodhana and shamana chikitsa.

KEYWORDS: Urethral stricture, Mutraghata, Uttarbasti.

INTRODUCTION

Urethral stricture is narrowing of lumen of urethra.^[1] The causes of urethral stricture are Congenital, Trauma, Inflammatory (post-gonorrheal, tuberculosis, recurrent UTI), instrumental (following passage of large calibre endoscope), post-operative (TURP) etc. A study comparing characteristics of strictures in men undergoing urethroplasty at leading centers in India and the West suggested that trauma-related strictures were much more common in India (36% vs. 15.8%), whereas the iatrogenic were lesser (16% vs. 35%). The incidence of Lichen Sclerosus (LS)-associated strictures were three times as compared to the western data (21.5% vs. 6.9%). Similarly, the number of pan-urethral strictures were almost two times that in West (18% vs. 8.9%), whereas strictures involving only the penile urethra were four times less common (5.3% vs. 27%).^[1] Regarding iatrogenic strictures, post-transurethral resection of prostate (TURP) strictures were three times more common than in the Western population. In ayurveda science urethral stricture having similar sign and

symptoms as of Mutraghata as mentioned in sushruta samhita. Mutraghata disease comes under Mutravaha srotas vyadhi. Acharya shushruta has categorized Mutraghata into 12 types. Among which symptoms are similar to Mutrotsanga.^[1] Acharya Shushruta has explained Uttarbasti as treatment procedure of Mutrotsanga.^[1] Here in this case series two cases of 42 years & 54 years old male patients were suffering from burning micturition, difficulty in micturition, urine incontinence, and incomplete voiding of urine and diagnosed as urethral stricture by conventional system of medicine were admitted in P.D Patel Ayurveda Hospital for one month and treated with Snehapana, Abhyang, Svedana, Virechana followed by Uttarbasti and Shamanachikitsa.^[2]

AIM AND OBJECTIVE OF CASE STUDY

To compare the efficacy of Uttar Basti with Jatyadi Taila & Bala Taila respectively in the two patients of urethral Stricture.

CASE HISTORY

Patient 1: A 42 years old male patient was relatively healthy before 8 years, and then he had started complaining about difficulty in micturition along with severe burning and pain in micturition, urine incontinence, and incomplete voiding of urine. He had consulted the conventional medicine doctor and was diagnosed with urethral stricture. Patient earlier admitted at P. D Patel Ayurveda hospital before 8 years and get relief in his condition. He is again experiencing same symptoms but due to covid-19 situations from past 2 years he was unable to come here for the treatment. After getting relief from the covid situation patient came to P. D Patel Ayurveda hospital for further treatment.

Equipment required

- Surgical gloves
- 10-60 ml autoclaved (tilataila/balataila/apamarga taila)

- 10 ml disposable syringe, kidney tray
- infant feeding tube no. 6
- betadine solution
- sponge holder
- honey 4ml
- rock salt 1gm
- sterilized gauze pieces
- 2% lidocaine jelly

Patient 2: A case of 54 years old male patient was relatively healthy before 7 years, then he had started complaining about difficulty in micturition along with burning and pain in micturition, Urine incontinence, and incomplete voiding of urine, He had consulted the conventional medicine doctor and was diagnosed with urethral stricture so he came to P. D Patel Ayurveda hospital for further treatment.

Brief Case History**Table 1: Case History.**

	Patient 1	Patient 2
Age	42 years	54 years
Gender	Male	Male
Religion	Muslim	Hindu
Occupation	Worker	Job
Diet	Non-vegetarian	Vegetarian
Address	Gulbarga, Karnataka	Vadodara, Gujarat

Chief complaints with Duration**Table 2: Chief complaints with Duration.**

Complaints	Patient 1 (Since 8 years)	Patient 2 (Since 7 years)
Difficulty in micturition	Severe +++	Severe +++
Burning Micturition	Severe +++	Mild +
Painful Micturition	Moderate ++	Mild +
Incontinence	Moderate ++	Moderate ++
Incomplete voiding of urine	Moderate ++	Moderate ++

INVESTIGATIONS**Blood Investigations****Table 3: Blood Investigations.**

Date	12/05/22	24/05/22
Investigations	Patient 1	Patient 2
Hemoglobin	14.9 gms%	15.9 gms%
Leucocyte Count	8230 mm ³	8130 mm ³
Neutrophils	55%	58%
Lymphocytes	28%	26%
Eosinophil	07%	08%
Monocytes	10%	10%
Plate late count	2,90,000/cumm	2,83,000/cumm
Random Blood Sugar	110	95.0
Serum Creatinine	0.7	1.0

Urine Investigations**Table 4: Urine Investigations.****Ultrasonography abdomen and pelvis****Table 5: USG Abdomen and Pelvis.**

Urethrogram**Table 6: Urethrogram Investigation.**

Quantity	10 ml	10 ml
Appearance	Clear	Clear
Colour	P. Yellow	P. Yellow
Specific Gravity	1.015	1.015
Reaction	Acidic	Acidic
Pus Cells	0-2	4-6
Epithelial Cells	0-2	0-2
Albumin	Absent	Absent
Sugar	Nil	Nil

Treatment**Table 7: Treatment Schedule.**

Injecting urethrogram		Bulbar urethral stricture.		Bulbar urethral stricture.	
Treatment	Medicine	Patient 1 Date	Patient 1 Dosage.	Patient 2 Date	Patient 2 Dosage
Snehapan	Gokshuradi Ghrita	12/5/22	40ml	18/5/22	40ml
		13/5/22	40ml-55ml	19/5/22	40ml-55ml
		14/5/22	55ml-70ml	20/5/22	55ml-70ml
		15/5/22	70ml-85ml	21/5/22	70ml-85ml
		16/5/22	85ml-100ml	22/5/22	85ml-100ml
		17/5/22	120ml-120ml	23/5/22	120ml-120ml
Sarvang ^[2] Abhyang	Narayana Taila	18/5/22 to 20/5/22	30mins	24/5/22 to 26/5/22	30mins
		24/5/22 to 23/6/22	30mins	29/5/22 to 29/6/22	30mins
Sarvang Bashpa Swedana ^[2]	Nirgundi Patra	18/5/22 to 20/5/22	10mins	24/5/22 to 26/5/22	10mins
		24/5/22 to 23/6/22	10mins	29/5/22 to 29/6/22	10mins
Virechan Karma ^[2]	Eranda Sneha + Dindayal Churna.	20/5/22	60ml+5gm.	26/6/22	60ml+5gm.
Samsarjan Karma		21/5/22 to 23/5/22		27/5/22 to 28/5/22	
Shaman Chikitsa	Varunadi Kwath. ^[2]	23/5/22 to 23/6/22	40ml-0-40ml	28/5/22 to 29/6/22	40ml-0-40ml
	Rasayan churna.	23/5/22 to 23/6/22	3gms*2times	28/5/22 to 29/6/22	3gms*2times
	Gokshuradi Guggulu ^[2]	23/5/22 to 23/6/22	3-3-3	28/5/22 to 29/6/22	3-3-3
Uttar Basti	Bala Taila ^[2] /Jatyadi Taila ^[2]	30/5/22 to 23/6/22	20ml (Jatyadi Taila)	04/6/22 to 29/6/22	20 ml (Bala Taila)
Avagaha Swedana ^[3]	Nimba Patra	24/5/22 to 23/6/22	2 times	29/5/22 to 29/6/22	2 times
Niruha Basti	Dashamoola Kvatha ^[3]	24/5/22 to 23/6/22 (Alternate Days)	320ml	29/5/22 to 28/6/22 (Alternate Days)	320ml
Matra Basti	Bala Taila ^[3]	25/5/22 to 22/6/22 (Alternate Days)	40 ml	30/5/22 to 29/6/22 (Alternate Days)	40 ml

Uttarbasti is the important Panchakarma procedure for treatment of reproductive and urinary disorders. In this

procedure medicated oil, ghrita and decoction are passed through genito- urinary tract. In male decoction /

oil can passed per urethra to bladder and per vagina to uterus or urinary bladder in female. Entire procedure should be performed under aseptic condition. In this data uttarbasti was performed for 25 days.

Dose: Angulimulsamit prasrut (palm of hand stretched out and hollowed as if to hold liquid up to the bases of fingers).

Purvakarma: Sarvanga Abhyanga with Narayana taila and Sarvanga Baspa svedana were done for 25 days.

Preparation of patient

- The pubic hairs were removed.
- Patients were advised to empty bladder prior to the administration of the medicine.
- Avagaha sveda for 15 minutes was given to the patients before the procedure.
- Then the pubic region and penis cleaned properly with antiseptic solution and covered with sterile green wound cloth and clipped with towel clips.

Time: In the morning, usually after complete digestion of previous meal.

Instruments

- Rubber catheter of appropriate size.
- Disposable syringe of 5ml/10ml capacity.
- Sponge holding Forceps.
- Green wound clothes.
- Conical flask & glass bottle for oil.

- Gloves.
- Surgical mask and gown.
- Cotton gauze pads.
- Towel clips.

All these instruments were properly autoclaved and the procedure was conducted in the O.T. room under strict aseptic measures.

Pradhana karma: After completion of Sarvang Abhyanga, Baspa Svedana and Avagahasvedana prepare the patient for Uttarabasti treatment with Jatyadi taila/Bala taila respectively.

- Autoclaved rubber catheter of appropriate size was attached to disposable syringe of sterilized Jatyadi taila/Bala taila respectively were filled in the syringe through rubber catheter attached to it.
- Catheter was smeared with respective oil and introduced in the urethra very slowly.
- Jatyadi taila/Bala taila respectively was pushed at the beginning of the urethra.
- Rubber catheter was introduced more deeply in the urethra progressively up to the stricture with continuous push of Jatyadi taila & Bala taila respectively.
- After pushing Jatyadi taila/Bala taila respectively, rubber catheter was slowly taken out from the urethra without any discomfort. And covered with cotton and gauze pads and gentle massage was given.



Figure: Uttarbasti Procedure: 1. Autoclaved Jatyadi/Bala taila. 2. Autoclaved Instruments. 3. Autoclaved Rubber Catheter Attached with disposable syringe of sterilized Jatyadi/Bala Taila. 4. Part painting with betadine solution. 5. Jatyadi taila/Bala taila introduced slowly. 6. Gentle massage was given.

Paschat karma

• Patients were advised to relax for 30 minutes on the bed and hot water bags were given for fomentation over supra pubic area.
All the instruments should be autoclaved every day.

RESULTS

Effect on Delayed to start Urinate: Urethral stricture is partial obstruction of urinary tract which causes obstruction in urine flow and results in delayed to start urinate. Reduction in Rukshaaguna of Vata by Jatyadi taila / Bala taila cause smoothness and softness at the site of the stricture and causes reduced obstruction of urine flow. Both patients get complete relief from delayed to start urinate.

Effect on weak stream: Improvement in weak stream is because of reduced obstruction in the passage of the urine after Uttarabasti Cikitsa with Jatyadi taila / Bala taila. Both patients have improvement in weak stream. Patient 1 has improvement in weak stream & Patient 2 has complete relief from weak stream.

Assessment of symptoms**Table 8: Assessment of symptoms.**

Symptoms	Before Treatment Patient 1	After Treatment Patient 1	Before Treatment Patient 2	After Treatment Patient 2
Delayed to start Urinate	++	-	++	-
Weak Stream	++	+	+++	+
Straining	+++	+	++	-
Intermittency	++	-	+	-
Incomplete of Emptying	++	+	++	-
Wetting pants after urinate	-	-	+	-
Pain/Discomfort	++	+	+	-
Burning	+++	-	+	-

DISCUSSION

Urethral stricture is a narrowing of the urethral lumen which highly impact on the health of the individual. Management of urethral stricture is carefully evaluated due to its treatment options which vary in their success rates. Urethral dilation and internal urethrotomy are the most usually performed procedures with lowest rate of long term success (0-9%). The discussion on surgical techniques and diagnostic methods of urethral stricture needs more research to explore the exact pathology. Hence there is need to elaborate other alternate and effective treatment for urethral stricture. In Ayurveda, Mutraghata is considered as difficulty in micturition. In Mutraghata vitiated doshas get localized in Basti, which cause structural and / or functional changes in Mutravaha srotas and ultimately results in Mutraghata. Stricture is caused by vitiated Vata dosha especially with its ruksha guna, hence treatment of Vitiated Vata dosha with Snigdha guna dominant dravyas can reduce Vitiated Vata Dosha. As per Acharya Sushruta the treatment principle for mutraghata vyadhi are snehan, svedana, virechan, and then basti with shaman chikitsa is mentioned to cure the mutraghata condition.^[2] Specifically Virechan karma does the srotoshodhan,

Effect on Straining

Easy passage of the urine resulted in reduced straining. Both Patients have reduced Straining. Patient 1 has some difficulty in Straining & Patient 2 has complete relief from straining.

Effect on Intermittency: Reduced obstruction in passage of urine and increase in urine flow reduce the intermittency of the urine. Both patients got complete relief.

Effect on Incomplete of emptying: Improvement in voiding urine causes proper emptying of the urinary bladder.

Patient 1 has improvement in emptying of bladder.

Patient 2 gets complete relief in incomplete emptying.

Wet Pants after urinate: Reduced obstruction and increased flow of urine as well as proper emptying of the bladder relieved wetting of pants after urination.

where malasanga occurs in pakvashaya which is the main site of vata dosha. Function of Basti is also get corrected by snehan, svedana virechan and basti karma in that specifically uttarbasti karma had improved the urine flow and other mutraghata disease condition. Taila is considered as the best among Vata pacifying dravya so the jatyadi taila and bala taila were taken which shows significant improvement as per their respective ropan and vatahara properties.

Probable action of Gokshuradi Guggulu: Gokshuradi Guggulu is a well-known and commonly used medicine in diseases of mutravaha srotas. It is specially indicated in Prameha, mutrakriccha and mutraghata along with other indications of mutra and shukravaha Srotasa^[2] Gokshuradi Guggulu (containing mainly Goksura, Guggulu, Triphala, Trikatu, Musta) are having Shothhara, Vatahara, Mootrala, Lekhana and Basti Shodhan property.

Probable Action of Varunadi Kwath: 'Varunadi Kwath', formulation explained by Chakradatta^[2], possess all the needful properties like Kaphahara, Lekhana and Mutrala. Varun as the main ingredient of Varunadi

Kwath is used for kaphavikara, medovikara, mandagni, urusthambha, shirashool, gulma and antravidradhi.^[2]

Probable mode of action of Uttarabasti: It is the procedure in which the medicament is introduced through the urethra. In urethral stricture, introduction of Jatyadi taila / Bala taila by its snigdha and vata hara properties can decrease ruksha guna of Vata dosha and helps to reduce as well as to heal the stricture. If there are minor lacerations occur during the procedure of Uttarabasti and / or forceful micturition through urethral stricture, it can also be easily healed by Jatyadi taila / Bala taila by its properties. The main site of vata dosha is pakvashaya and apan vayu is vitiated in the mutraghata condition. To regain the normal function of vata dosha the basti treatment will play a major role to control the vitiation of vata dosha.

Pathophysiological action: Due to recurrent infection especially like gonorrhoea, tuberculosis, UTI the mucosal linings are replaced by scars which leads to hypertrophy and finally causing narrowing of urethral lumen. The oils used in procedure are absorbed by mucosa of urethra and urinary bladder which helps in healing of scars due to recurrent infections. It softens tissue, increase elasticity, penetrates up to deep tissues, heals and promotes regeneration. In modern aspect drugs and oils are used to reduces fibrosed part.

Mechanical action: Mechanically strictures are decreased by the mechanical dilatation of urethra due to use of designed uttar basti netra.

CONCLUSION

By above result and discussion it can be conclude that the patient one which was treated with jatyadi tail uttarbasti having marked improvement and patient two was treated with bala tail uttarbasti having complete relief in sign and symptoms of mutraghata vyadhi. Hence mutraghata (Urethral stricture) can be treated fast and effectively with uttarbasti treatment.

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