

SUCCESSFUL MANAGEMENT OF STRICTURE URETHRA WITH BLADDER
CALCULUS BY AYURVEDIC MEANS – A CASE STUDYDr. V. K. Kasle^{1*}, Dr. Dhana Lilke² and Dr. Suman J. Saroj³¹Assistant Professor, Department of Shalyatantra, Govt. Ayurved College, Osmanabad, Maharashtra, India.²Assistant Professor, Department of Shalyatantra, Govt. Ayurved College, Osmanabad, Maharashtra, India.³PG Scholar, Department of Shalyatantra, Govt. Ayurved College, Osmanabad, Maharashtra, India.**Corresponding Author: Dr. V. K. Kasle**

Assistant Professor, Department of Shalyatantra, Govt. Ayurved College, Osmanabad, Maharashtra, India.

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ABSTRACT

Stricture urethra is a disease which converts the pleasure into pain and associated with many complications. In this there is narrowing of the urethra due to infection, trauma or instrumentation. The patient complaints of weak stream of urine, straining and sometimes hesitancy. Its management includes urethral dilatation, internal urethrotomy or urethroplasty. Due to the presence of residual volume it may develop bladder calculi. In this case study the patient was having history of bladder calculus since 2 year with accidental diagnosis of stricture urethra. In this case management was expected to treat the stricture first followed by the removal of bladder calculus. *Uttarbasti* is a procedure mentioned in *ayurvedic* literature for urethral diseases and so is an effective means for treating stricture urethra. In this study an approach was made to relieve the stricture by *ayurvedic* management and then suprapubic cystolithomy was performed.^[3] The procedure and surgery went uneventful and as expected without any delayed complications.

INTRODUCTION

In stricture urethra there is narrowing of the urethral passage which leads to unsatisfactory act of micturition. It has many aetiological factors but infection is the most common among them rest includes trauma, instrumentation or post-operative.^[1] Its management includes surgical procedures like urethral dilatation, internal urethrotomy or urethroplasty.^[2] which are very costly and results are not that commencing. In *Ayurveda uttarbasti* is procedure mentioned, which is intraurethral injection of medicated oil and is effective against urethral diseases.^[3] In this case study the patient was known case of bladder calculus of size 2.2 cm and developed stricture urethra after that. It was necessary to operate for the calculus as it was creating discomfort, pain and haematuria. In this, the aim was to cure stricture urethra with removal of bladder calculus. Approach was headed to manage stricture urethra with *ayurvedic* means and after that operative procedure for bladder calculus was done.

CASE STUDY

A 65 years male patient with the following complaints attended the OPD of government Ayurveda hospital Osmanabad,

1. Acute retention of urine
2. Intermittent haematuria
3. Burning micturition
4. Straining during micturition
5. Lower abdominal pain

Patient attended the OPD of Govt. ayurved hospital Osmanabad with complaints of acute retention of urine since last night and was tried with foleys catheter of no.16 but was not successful due to resistance then gradually decreasing size catheters were used but didn't passed so finally the urine was drained with no.8 feeding tube which entered per urethra with resistance as this was suggestive of stricture urethra so the patient was shifted to Male Surgical Ward for further management. In that aspect he was investigated with Retrogarde urethrogram which showed stricture in membranous urethra and so the approach of the treatment was not only to operate for bladder stone but also to deal with the stricture.

The rest of the above complaints were presented since 2 years.

Patient was normal before 2 years but then developed the above complaints, for which he was investigated at different centres and was diagnosed as bladder calculus. He was advised cystolithotomy but was not affording so he attended the OPD of Govt. Ayurved Hospital, Osmanabad and was treated accordingly.
N/H/O- DM/HTN/ASTHMA/KOCHS
N/H/O- Any other surgical illness.

Personal history

Apetite – good
Bowel – normal
Micturition – straining

Addiction – tobacco chewing
Sleep – normal

Examinations

Pulse – 80/ min
B.P – 130/80 mm of Hg
RS – clear
CVS – S₁S₂ normal
No added sounds
CNS – NAD

Local examination

Tenderness over the lower abdomen seen
Urethral meatus was normal opening
While palpating along the length of the urethra cord like fibrosity was felt along the stricture site.

Investigations

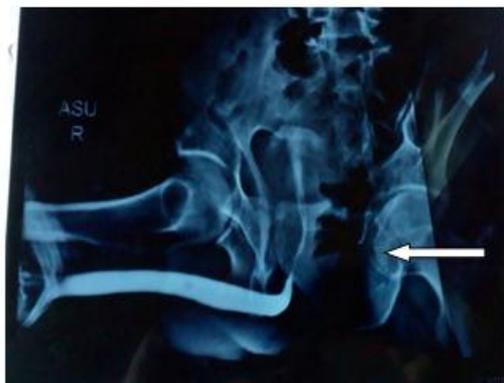
CBC – within normal limits
BT- 1 min 4 sec
CT – 5 min 0 sec
BSL Random – 105 mg/dl
Urine routine and microscopy – NAD
Sr. creatinine – 0.9
Urine culture sensitivity – no culture of any bacteria or growth found.
Retrograde urethrogram – filling defect of the of the posterior urethra seen, stricture at membranous urethra.
X-RAY KUB – bladder calculus of size 2.2 cm was seen
USG abdomen and pelvis – bladder calculus of size 2.2 cm, residual volume 120 cc, mild prostatic enlargement of 28 gm.

MATERIALS AND METHODS

The patient was treated with *uttarbasti* of *tila taila* and *saindhav* for 2 settings. One setting included 5 *uttarbasti* for alternate days. Urine flow per second was measured on first and last day of the during the course. Along with that oral treatment for bladder calculi was given *gokshur*, *saariva*, *pashanbheda kwatha* 30 ml twice daily. After this regime the patient was taken for suprapubic cystolithotomy under all aseptic precautions and under spinal anaesthesia 2.2 cm bladder calculus was removed uneventfully.

RESULTS

On first day of admission it was difficult to pass feeding tube of no.8 per urethra for relieving the retention of urine. But during *uttarbasti* course patient got relief from complaints like straining and burning micturition within very 3rd day of the commencement of treatment. On last day of *uttarbasti* he got complete relief from the symptoms and the stream of urine was improved. After second setting of *uttarbasti* it was possible to pass no.22 three way foleys catheter per urethra. Urine flow per second was improved from 4 ml per second on first day before *uttarbasti* to 9ml per second after the course. Pain of bladder calculus was also relieved with the oral medications mentioned above.



Retrograde urethrogram



Xray showing bladder calculi



Excised bladder calculi

DISCUSSION

Uttarbasti is a procedure advised by *Acharya Sushruta* in the management of *mutraghat* and *mutrakruhra*.^[4] i.e urethral diseases. *Uttarbasti* is amongst the sixty *upkramas* mentioned in the treatment of *vrana*.^[5]

Til taila (*Sesamum indicum*)

Is having properties- *ushna*, *sukhsma*, *twakprasadna*, *mrudukar*, *vranaropan*, and is indicated for *basti karma*. *Til taila* is said to be best for *snehan*. Helps in the lubrication of the urethral passage.

Saindhav (*Asphaltum Punjabinum*)

Is having main properties like *chedan*, *bhedana*, *sara*, *sukshma*, *marg vishodhankar*, *sharir avayamridukar*, *vatanuloman*.^[6], so it helps in the *lekhan karma* of the fibrosed tissues. Also *sukshma guna* of *saindhav* helps to penetrate and the act in the deeper tissues, and increase the penetrating property of the oil and decreases the barrier for the *taila* to work. Its *teekshma guna* is neutralized to some extent by oil. *Marga vishodhan* property of *saindhav* is very important property explained by *Acharya charak*⁷. This helps in the clearing the obstruction and narrowings in the urethra.

They not only help in the healing but also provoke the regeneration of the urethral mucosa and performs *vata shaman* in terms of softening and increasing the elasticity of the urethral and periurethral tissues. This helped in relieving the symptoms of stricture after that it was easy to operate on bladder stone. After that patient didn't showed any recurrence of complaints till now.

CONCLUSION

Ayurvedic regimes to cure stricture urethra is cost effective, non-invasive and result oriented. Dealing with both the disease and giving relief with minimal surgical handling was a challenge in this case and was effectively achieved by *ayurvedic* means and suprapubic cystolithotomy.

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