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Case Study

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MATRA BASTI IN URETHRAL STRICTURE: A CASE STUDY

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ABSTRACT

Urethral stricture disease is relatively common in men and with an associated period /229-627 per 100000 males, 0.6% at older men is associated with a significant financial cost and potentially debilitating outcome.[1] Data from medicare and Medicaid series (for patients older than 65yrs) confirmed and increase incidence of stricture disease at 9/1,00,000 for 2001 compared to 5.8/1,00,000 in patients younger than 65years. The mean age of urethral stricture person was 45.1yr. the mean length of stricture was 4.2cm with majority occurring in anterior urethra (92.2%) in particular bulbar urethra (46.9%).32% had already undergone more than one procedure and 23% uretrotomy. 97% required urethroplasty for management. This shows risk and reoccurrence rate even after surgical intervention and made to think alternative. In ayurvedic literature, uttara basti with any sneha is mentioned as a line of management and many clinical trials have been conducted. As uttara basti requires OT set up (Aseptic measures), an alternative matra basti with Chandanabala laksha taila was tried in patient having history of recurrent urethral strictures. The results found in the case was encouraging. the study was done in TGAMC.ballari.

KEYWORDS: Mutrotsanga, Urethral stricture, Matra basti, Chandanabalalakdha taila.

INTRODUCTION

Urethral stricture is due to formation of fibrous tissue following damage to urthral mucosa. The commnest cause is gonococcal urethritis, transmitted through sexual intercourse and the commonest symptom is dysuria, flow increases on straining, urine stream is thin and dribbles at end. Due to retention gradually cysts develops which increases frequency of micturition.[2] It can be co related to mutrotsanga[3] due to similarity in clinical signs and symptoms in Ayurveda which develops due to mutramarga sankocha.

In bindu bindu mutrasrava[4], uttara basti is mentioned as prime line of treatment. In the place of uttara basti, Matra basti a type of sneha basti[5,6] is administered to tackle the samprapti.

CASE REPORT

A male patient aged about 48kgs K/C/O diabetis since 10years c/o decreased urine flow, increased frequency, dribbling of urine, burning micturition and straining to empty the bladder since 2 years. No past history of surgery /trauma.

Uroflowmetry shows max flow rate -22ml/s,
flow rate -10ml/s per DN, flowtime:12sec
voiding time – 104(sec), time to max flow: 13sec
USG showed: mild prostatomegaly, LUTS, 2 renal calculi
Ascending urethra….: stricture bulbar urethra
Urine microscopy: 1-2 pus cells
Sugar: FUS- 0.5%, PPUS-1%
Biochemistry: FBS- 159.6mg%
PPBS- 284.6%
HbA1c- 8.0%

MATERIALS AND METHODS

Matra basti ids the procedure of administarion of sneha per rectal route. The dose of sneha 72ml. Sneha taken in this case was chandana bala lakshadi taila,[7] it was made lukewarm before administration. The efficacy of procedure was assessed on the basis of urine stream frequency of micturition straining Dribbling.

INTERVENTION

Matra basti with chandanabala lakshadi taila for 16days at 72ml dose 4 course of treatment with gap of 45days between each course.

OBSERVATION

Symptoms	1st course	2nd course	3rd course	4th course	Follow up after 1 year
Decreased stream	Mild improved	Moderate	Moderate	Moderate	Still persist
Frequency of micturition	Mild reduction	Moderate	Moderate	Moderate	Still persist
Straining	Mild reduction	Moderate	Moderate	Complete remission	Absent
Dribbling	Mild improved	Moderate	Moderate	Complete remission	Absent
Pain during micturition	Completely reduced	Absent	Absent	Absent	Absent

Lakshana	Before treatment	After treatment
SHANAI MUTRA PRAVRITTI	PRESENT	ABSENT
BASTI TODA	PRESENT	ABSENT
ALPA MUTRA PRAVRITTI	PRESENT	ABSENT

RESULT

Dribbling of urine reduced after one course of matra basti.
Burning and pain during micturition completely reduced.
Sensation of incomplete bladder evacuation absenr.
Weak stream of urine still persist.

DISCUSSION

Viguna vata is considered as the main causative for mutrotsanga whereas lakshanas of prostatomegaly and burning micturition shows the involvement of kapha and pitta doshas respectively.

Following the history of expulsion of renal calculi injury /abhighata caused to the tissues of the urethra leads to fibrosis and further manifestation of urthral strictures.

Basti with its effect on apana vayu, has direct sthanika effect and also the karma or vatanulomana, tridoshahara redues the krichra mutra pravrutti relieving burning senation and reducing post voidal volume.

Taila is said to be parama vatahara and ingredients of Chandanabalalakshadi taila helps in reducing inflammation around the stricture site meanwhile strengthens and increases elasticity of damaged fibres and repairs it. Infection is arrested by chandana, ushira by its krimighna property as a whole.

CONCLUSION

The current study stands for the significant effect of matra basti in relieving 80% of symptoms without reoccurance. Frequency of micturition and weak stream still persist with moderate remission. Since 2 years patient is continuously on follow up for his diabetis and his previous symptoms of burning micturition, dribbling of urine, dribbling related to stricture have not reoccurred, thus showing significantly non reoccurance status.

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