

**A CLINICAL CASE STUDY OF APAMARGA KSHARTAIL UTTARBASTI IN THE  
MANAGEMENT OF STRICTURE URETHRA**Samir Chaudhari<sup>1\*</sup> and Niteen Patel<sup>2</sup><sup>1</sup>MS Shalya Tantra Professor and Hod Shalya Tantra Department Shree Rmd Ayurved College Valsad.<sup>2</sup>MS Shalya Tantra Assistant Professor Shalya Tantra Department Shree Rmd Ayurved College Valsad.**\*Corresponding Author: Dr. Samir Chaudhari**

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**ABSTRACT**

Sushruta has described 12 varieties of *Mutraghata* In which mutrasangh correlated with stricture uretra. Urethral strictures are fibrotic narrowings composed of dense collagen and fibroblasts. Fibrosis usually extends into the surrounding corpus spongiosum, causing spongio-fibrosis. These narrowings restrict urine flow and cause dilation of the proximal urethra and prostatic ducts. Prostatitis is a common complication of urethral stricture. In modern science, the suggested treatment is urethral dilatation besides surgical treatment. Mutrasangh is the condition there is obstructed urine flow, straining, dribbling and prolonged micturition. In such condition *Uttarabasti* of medicated oils is the most effective available treatment described by the seers of Ayurveda.

**KEYWORDS:** Stricture uretra, *Uttarabasti*, *Mutraghata*, Mutra sangh.**INTRODUCTION**

Stricture urethra it becomes evident that urological problems from ancient age. It may be the reason that a clear and striking picture regarding their classification, symptomatology, complications and management are explained in sushrut samhita. The earliest description about the afflictions of urinary tract can be traced back to *Atharva Veda*. Comprehensive description regarding *Mutraghata* and its treatment with the use of *Loha Shalaka* give as an account of knowledge that our ancestors had anatomical, physiological, pathological and therapeutic aspects of the human body<sup>[1]</sup> As per Ayurvedic *Sharira Rachana*, *Mutravaha Srotas* includes *Vrukka* (kidney), *Gavini* (ureter), *Mutrashaya* (urinary bladder) and *Mutramarga* (urethra). *Ashtanga Hridaya* defines that urination is the function of *Vata*, and its vitiation settles in disturbed urinary functions.<sup>[2]</sup> Sushruta has described 12 varieties of *Mutraghata* In which mutrasangh correlated with stricture uretra<sup>[3]</sup>. Mutra sangh is the condition there is obstructed urine flow, straining, dribbling and prolonged micturition.<sup>[4]</sup> In such condition *Uttarabasti* of medicated oils is the most effective available treatment described by the seers of Ayurveda. Urethral strictures are fibrotic narrowings composed of dense collagen and fibroblasts. Fibrosis usually extends into the surrounding corpus spongiosum, causing spongio-fibrosis. These narrowings restrict urine flow and cause dilation of the proximal urethra and prostatic ducts. Prostatitis is a common complication of urethral stricture. The bladder muscle may become hypertrophic, and increased residual urine may be noted.

In modern science, the suggested treatment is urethral dilatation besides surgical treatment. It may cause bleeding, false passage and fistula formation. The surgical intervention like urethroplasty also carries high grade risk of recurrences.<sup>[5]</sup> Though the science has developed in many directions, it is unable to provide satisfactory treatment to patients without any complications and recurrences.

Acquired urethral stricture is common in men but rare in women. Most acquired strictures are due to infection or trauma.

**1. Infection**

Although gonococcal urethritis is seldom a cause of stricture today, infection remains a major cause—particularly infection from longterm use of indwelling urethral catheters.

**2. Trauma**

- a. Internal trauma-Large catheters and instruments are more likely than small ones to cause ischemia and internal trauma.
- b. External trauma for example, pelvic fractures can partially or completely sever the membranous urethra and cause severe and complex strictures. Straddle injuries can produce bulbar strictures.

**Case report**

A 64 year old male patient from billimora dist valsad Gujarat India visited to shree rmd ayurved college valsad OPD NO- 91832 IPD NO- 222688 having complaints of difficult micturition, increased frequency of micturition.

There is occasional burning micturition. As per the history provided by patient, he was operated for benign prostate hyperplasia through TURP (Transurethral Resection of the prostate) in 06/05 2021. Later on, patient discharge from hospital but again after 3month, he suffers difficult micturition, increased frequency of micturition and burning micturition. Then he diagnosed with urethral stricture. Then he undergo urethral dilatation for 2 time in 21/09/2021 and 05/01/2022. But even after this procedure, symptoms recur.

Patient having no history of Diabetes Mellitus, Hypertension and any other systemic illness. The uroflowmetry shows max 19.6ml/sec, post voiding residual(PVR) =187ml, RGU( Retrograde Urethrogram)

Smooth significant stricture at bulbur uretra with strip.

### MATERIALS AND METHODS

1. *Apamarga Ksharataila brought from pharmacy*

2. Other required instrument were

Disposable syringe 50ml

Surgical glove

Gauze piece (sterilised)

Sponge holding forcep

Diagnostic assessment of patient:

- Routine hematology (Hb, TLC, DLC) and Urine investigations are within normal limit
- RGU (Retrograde urethrogram) shows Smooth significant stricture at bulbur uretra with strip

Patient was asked to evacuate bladder before uttar basti. Patient lies in supine position. Painting and draping done with all septic precautions Then apamarga ksharataila loded in a 50ml syringe with gloved hand. External urethral meatus was open and oil pushed slowly in a single stroke.

Patient is asked to hold the oil for atleast 20-30 mins. Sequence of procedure start with 5 ml instillation of *Taila* into the urethra on 1st day, was increased to 10 ml for the rest of the period. As seen in the literary review, the duration of *Uttarabasti* should be 3 days or more with an interval of 3 days and repeated again. Thus, 7 or 11 sittings of 21 or 33 days with the gap of 3 days in between, for instillation of medicine were decided. The

procedure was scheduled in the morning and immediate follow-up taken after 3 days up to seven or 11 sittings as per symptom score. Follow-up was done up to 6 months fortnightly. 1st day 1st sitting and 4th day 2nd sitting likewise total 7 sittings in 21 days were given as per the necessity and 11 sittings in 33 days.

### The efficacy of procedure was assessed on the basis of following criteria

- Retrograde urethrogram
- Frequency of micturition
- Burning micturition

### RESULT

Before treatment in RGU (retrograde urethrogram) there is Smooth significant stricture at bulbur uretra with strip. But after treatment with uttarbasti there is Smooth partial stricture at bulbur uretra RGU (retrograde urethrogram). There is reduction in frequency of micturition also. As per patient before treatment he went for micturition after every half an hour. After treatment frequency reduced to 7-8 times a day. There is no burning micturition after treatment.

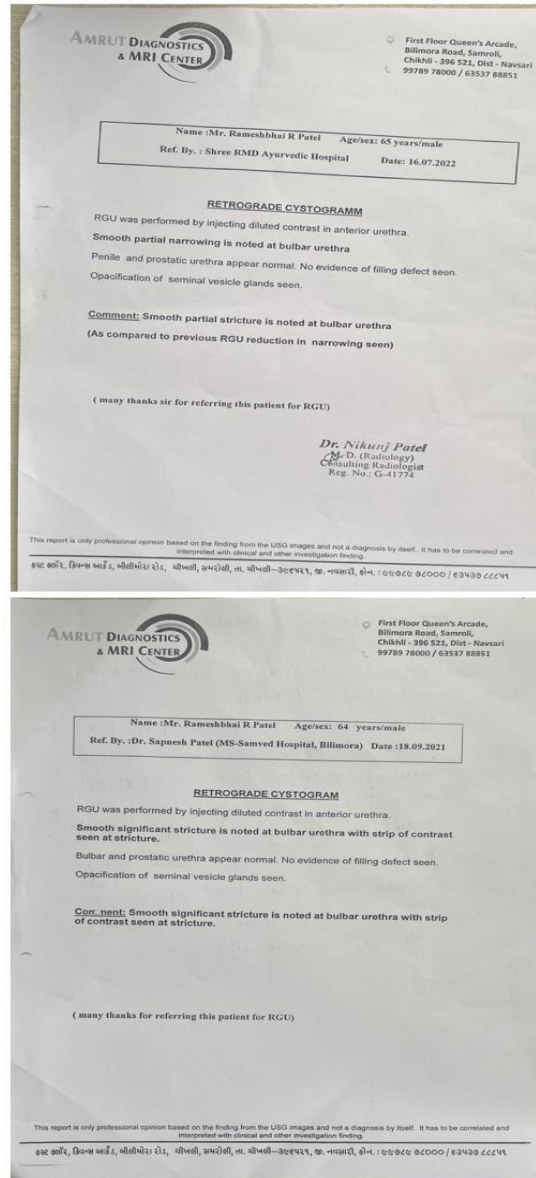
### DISCUSSION

Mutramarga Sang is a clinical entity where in vitiation of Vata Dosha specifically of Apana Vayu, sheltered in the Basti and Medhra occurs. Hetu-Sevana results in Vikruti of Apana Vayu in consequence to this, Chala, Ruksha, Khara Guna increases resulting into Sansaktata of Mutramarga and hence the Mutramarga Sankocha. There is a synergistic action of Apamarga Ksharodaka Siddha Taila and action of the Uttarabasti. Apamarga Kshara in the Taila form has the properties of the Lekhana and Ksharana.<sup>[6]</sup> Therefore, it might be resulting into the Ksharana and Lekhana of Mutramarga gata sansaktata. The Ushna and Snigdha Guna of Tila Taila pacifies the increased Rukshatwa, Kharatwa and Chalatawa of Apana Vayu, restoring its normal function and thus brings about Stroto Shodhana and local Snehana actions.

The study drug is directly instilled into the urethra, a known Sthana of Vayu, which gives direct access to the seat of Srotovaigunya and Dosha Dushya Sammurchhana. This directly acts on the Vikruta Vayu and breaks the Samprapti

### Retrograde urethrogram showing improvement





## CONCLUSION

Uttarbasti plays an important role in treating urinary disorders when applied with strict aseptic precautions and extreme carefulness. A detailed history with proper indication and skills are required to do uttarbasti. Thus from this case study we can conclude that uttarbasti with apamarga kshartaila are shows significant results in post operative urethral stricture (mutrotsanga).

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