Role of uttarbasti in management of mutra marga sankoch (urethral stricture)

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Mutra marga sankoch (Urethral stricture) is one of the common disorders of urinary tract. So far in modern surgery effective therapy has not been established for the condition. Though gradual urethral dilatation is practised, it shows very low cure rate and recurrences are common.

Thousands of years ago Acharya Sushruta had recommended Uttarbasti for the management of such type of urinary tract disorders. This therapy has been re-established after a thorough and scientific clinical study. The study was carried out in the Dept. of Shalya Tantra, Govt. Ayurvedic College and Hospital, Nanded (Maharashtra).

Thirty patients of urethral stricture were selected randomly for the study. After completion of Uttarbasti at the interval of 7 days, the cases were reviewed and the results were compared with conventional surgical procedure and finally it was concluded that Uttarbasti is an excellent therapy for urethral stricture.

Keywords: Mutra marg sankoch, Urethral stricture, Ayurvedic treatment, Uttarbasti.

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Acharya Sushruta is considered the father of surgery. He had mentioned excellent procedures for management of many surgical disorders. But to establish the effectiveness of these surgical and parasurgical procedures with full evidence, thorough scientific studies are required. Many herbal or mineral drugs are in use for several medical or surgical disorders since ancient times, commonly in disorders where modem treatment fails or shows recurrences or complications. The information is passed down by word of mouth from generation to generation. Thorough scientific studies are required to establish the therapies.

Mutra magra sankoch (Urethral stricture) is a condition in which modern surgical or parasurgical procedures pose many difficulties and complications. Acharya Sushruta and Charak had recommended Uttarbasti for the management of many urinary tract disorders1,2. In an attempt to establish an effective therapy for urethral stricture of varying aetiology the role of Uttarbasti was studied and the results are presented in this communication.

Material and Methods

Material

<table>
<thead>
<tr>
<th>Drug and their proportions</th>
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<tbody>
<tr>
<td>Til Tail (Sesame oil)</td>
<td>100 ml</td>
</tr>
<tr>
<td>Saindhav lavan (Rock salt)</td>
<td>04 gm</td>
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<tr>
<td>Madhu (Honey)</td>
<td>20 ml</td>
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Equipments
• Sterile 40 ml glass syringe.
• Sterile penile clamp
• Sterile cotton pad
• Drugs to prevent shock and tackle emergency

Methods
Parameters for selection of patient
• Sex: Male and Female patients
• Age: All age group patients
• Patients well diagnosed after clinical examination and radiological and laboratory investigations

Parameters for rejection of patients
• With acute urinary tract infection
• Diabetic patients
• Neoplasms of the urinary tract (lower)
• Benign prostatic enlargement
• Impacted calculus in urethra and bladder neck

Parameters for grading of symptoms and relief of the patients
Symptoms of mutra marga sankoch present at first visit are graded and followed up after each Uttarbasti, as shown below:

|             | Severe | Moderate | Mild | Complete
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<tbody>
<tr>
<td>Symptoms</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>-</td>
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</table>

Investigation
1. Urethrogram (Graphy) and volumetric studies were carried out in all patients before and after treatment.
2. Routine blood and urine investigations were done before and after treatment.

Procedure of Uttarbasti
1) Purvakarma
   1) Investigations
   2) Emptying of bladder before Uttarbasti
   3) Written consent of all patients was taken before the procedure
   4) Blood pressure and pulse rate is monitored
   5) Supine position is given to the patient
   6) Local antiseptic care was taken
   7) Sterile cloth sheets to cover the lower abdomen
   8) Sterile 40 ml Glass syringe, penile clamp

2) Pradhanakarm

After Purvakarma
Under all aseptic precaution glass syringe is filled with 40 ml of medicated oil and is taken in right hand and its nozzle is inserted gently into the external urethral meatus and slight pressure is applied to fix the junction. Lukewarm medicated oil is inserted with slight pressure and slowly over a period of 30 seconds. Care is taken to avoid entry of air into urethra. After that penile clamp is applied just proximal to glans penis and patients are kept in situ for 15 minutes. The female patient was advised not to micturate for next two hours. The procedure was repeated at the interval of 7 days up to five times in 21 patients, seven times in 08 patients and eleven times in only 01 patient.

3) Paschatkarma
• Patient is kept in same position for 15 minutes and then penile clamp is removed
• Post procedure blood pressure and pulse rate are taken
• Patient has been instructed not to pass urine for next two hours
• Patient called after 3 days
• Patient advised to avoid undue straining and unsafe intercourses
• Procedure is repeated in same manner up to the complete relief of symptoms

Profile of patients

1 Incidences of urethral stricture in relation to sex — Urethral stricture is found more common in male (96.67%) and very less in female patients (3.33%).

2 Incidences of urethral stricture in relation to age — Most common in young and middle aged persons, 50% cases were of age group in between 31-45 years and least common in children (no case recorded.)

3 Incidences of urethral stricture in relation to marital status — 21 cases were married while 9 cases were unmarried.

4 Aetiological factors — 70% of cases had history of exposure to unsafe sexual intercourse and urethritis was found as cause of urethral stricture. The incidence was followed by instrumental cause which was 16.67% (incidences shown in Table 1).

5 Prakriti — 25 cases were of Vata-Kapha Prakriti and 5 of Vata-Pittaj: Pakriti

6 Site—a) Membranous urethra -17 patients (56.66%); b) Junctional urethra (ant. and post.) -08 patients

<table>
<thead>
<tr>
<th>Table 1—Aetiological factors</th>
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<tr>
<td>Aetiological Factors</td>
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<tr>
<td>History of Exposure (Post Gonorrhoeal)</td>
</tr>
<tr>
<td>Instrumental (Indwelling Catheter)</td>
</tr>
<tr>
<td>Traumatic (Rupture Urethra)</td>
</tr>
<tr>
<td>Post Operation (Renal Calculi)</td>
</tr>
<tr>
<td>Meatal Ulcer Post Operative (Meatectomy)</td>
</tr>
<tr>
<td>Post Operative (Circumcision)</td>
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(26.66%); c) Prostatic part of urethra -03 patients (10.00%); d) Penile urethra -02 patients (06.66%)

7 Recurrence—No recurrence was observed.

Results and Discussion

Effect of the treatment in subjective parameters has been shown in Table 2. The age profile of patients is shown in Table 3. The result observed in this study is encouraging which is 100% as noted at the end of 11 Uttarbasti (Table 4). Urethrogram were carried out in all patients before and after treatment. Findings of urethrogram showed increase in calibre of urethral lumen. The urine flow rate was recorded before and after treatment. The average urine flow, rate before treatment was 30-50 ml/10 sec. while after completion of treatment it improved up to 140-160 ml/10 sec.
Table 3—Age profile of patients

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of Patients (%)</th>
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<tr>
<td>00-15 yrs.</td>
<td>00 (00.00%)</td>
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<tr>
<td>16-30 yrs.</td>
<td>14 (46.67%)</td>
</tr>
<tr>
<td>31-45 yrs.</td>
<td>15 (50.00%)</td>
</tr>
<tr>
<td>46-60 yrs.</td>
<td>01 (03.33%)</td>
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Table 4—Number of Uttarbasti required for complete relief

<table>
<thead>
<tr>
<th>Number</th>
<th>No. of Patients (%)</th>
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</thead>
<tbody>
<tr>
<td>05</td>
<td>21 (70.00%)</td>
</tr>
<tr>
<td>07</td>
<td>08 (26.67%)</td>
</tr>
<tr>
<td>11</td>
<td>01 (03.33%)</td>
</tr>
</tbody>
</table>

Probable mode of action of Uttarbasti

Til taila possesses ushna, teekshna, sukshma, sara, vikasi, mridukara, lekhana, vata-kapha prashamak, krimighna and vranaropak quality. It softens tissue, increases elasticity, penetrates up to deep tissue, heals and promotes regeneration. Saindhav lavan has chedana, bhedana, margavishodhankara and sharir avayava mridukar quality. So it softens the fibroed hypertrophied tissues and it increases penetration of til taila. The saindhava acts as anulomak of dosha and sandhankara and ultimately mutra marga vishodhana results. Madhu possesses lekhana, vranashodhana, ropana, srotavishodhana, yogavahi, kshataksha-yaghna property. It is synergistic to til taila and saindhava lavana. The medicated oil acts as lekhana on local soft tissue and pacifies vata and kapha. It gives snehan to tissues producing mardavata.

Thus the study confirms the curative role of Uttarbasti in mutra marga sankoch. It shows better results as compared to present common techniques.
Acknowledgement
The author is grateful to Late Dr. V. S. Amravat for his enthusiastic inspiration throughout the whole period of study. He is also thankful to Dr. Sunil Kadarn, M.S. (Uro.) as without his guidance the work would have remained incomplete.

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तैलं घूंतं वा तत् पेयं तेन वात्वपनुवासनम्
दधातुतर्बस्ति च वातकुक्तिप्रिपशान्तवे ॥ सू. ३.५६/५८

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बस्लिगुल्पन्तर्बस्ति च सर्वप्रयात्मेव दायवेदेत ॥ च.सि. १/५॥