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EFFECT OF *MURCHHIT TILA TAILA UTTARBASTI* IN MANAGEMENT OF URETHRAL STRICTURE - A CASE STUDY

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ABSTRACT

In Geriatric patients, urological problems like dribbling micturition, burning micturition, dysuria etc. are commonly seen due to Urethral Stricture, BPH, Chronic urinary tract infection, Urinary Incontinence, Over-active bladder etc. In this study, we will discuss the effect of the *Ayurvedic Panchkarma* Procedure i.e., *Uttarbasti* in Urethral Stricture. Urethral Stricture involves scarring that narrows the tube that carries urine out of the body mostly due to STD's, Catheterisation, straddle injury to the perineum. Newer Surgical Techniques like Urethral Dilatation, DVIU, Urethroplasty etc are used but they are painful, expensive & has recurrences. In Ayurvedic literature, *Mutra margasankoch* and *Mutrotsanga* are an entity that can be closely related to urethral stricture which is described by *Acharya Sushruta* in *Uttartantra*. In this case study, a 45-**year-old** male patient suffering from LUTS Came to *Shalya* OPD undergone repeated urethral dilatations but was unrelieved. So, after clinical evaluation & Investigations, the case was diagnosed as Urethral Stricture & treated with *Uttarbasti*. In this case study, *Murchhit Tila Taila* for the *Uttarbasti* procedure was used. After the Procedure results were evaluated & the results are satisfying.

Keywords: *Uttarbasti, Murchhit Tila Taila*, Urethral Stricture

INTRODUCTION

Ayurveda is the science of Life & Originated in India more than 5000 years ago & is often called "Mother of All Healing" *Ayurveda* is formally organized into 8 branches commonly known as "*Asthang Ayurved*". According to ***Acharya*** *Sushruta,* who is known as the Father of Indian Surgery *Shalyatantra* **is** the main branch, which deals primarily with knowledge of various surgical disorders with their causes, symptoms, diagnosis and management [1]. *Acharya Sushruta* described *Mutraghata roga (*Obstructive Urinary pathology*)* in *Uttartantra*. There are 12 varieties of *Mutraghata* is described in *Sushruta Samhita*. *Mutramarg sankoch* is not mentioned as a separate entity but the symptoms have similarities with *Mutrotsanga* [2]. In *Mutrotsanga (*Tardy flow of urine*)* the pathology must be in the urinary bladder or urethra anywhere from the bladder to the tip of the penis. Symptoms of *Mutramarg sankoch* can be correlated with Stricture Urethra. Urethral Stricture means narrowing of the urethral lumen by a fibrotic tissue which obstructs the flow of urine & produces LUTS like Dribbling micturition, hesitancy, urgency, dysuria etc [3]. The etiological factors may be chronic infection, post-surgery, trauma etc. [4] In Modern Medicine modality of treatments include surgical techniques like Urethral Dilatation like Balloon & Sequential Dilatation. Newer Modern Surgical techniques are presently in use like DVIU (Direct Visual Internal Urethrotomy), Urethroplasty, Urethral Meatal Stenting, Free Graft (Skin, Mucosal Lining of cheeks). Repeated instrumentation carries the risk of local trauma, false passage, formation of infection.[5] Apart from Complications, these techniques are expensive & it is unable to provide satisfaction & uneventful recovery. *Acharya Sushruta* described *Uttarbasti* under the heading of *Shashtiupakrama [6]*. Which is a unique treatment of *Mutraghata Vyadhis*. In this Procedure medicated oil, Decoction & *Grita* are passed through Per Urethra in males & in the Urinary bladder or Urethra in females. It is carried out as per the advancement of the disease. Previous studies also suggest encouraging results with different medicated oil.[7]

Case Report

A Male patient of 45 yrs old complains of Dribbling Micturition, Dysuria, increased frequency of micturition for the past 8 months.

History of Present illness:

The patient was asymptomatic before 10 months then started complaining of the above symptoms but since the symptoms were not so significant patient ignored it, but 3 months ago complaints got increased & shown to a Urologist in Osmanabad. The patient has undergone Urethral dilatation & Suprapubic catheterisation at the urology hospital but had no relief. So, for further, management the patient came to ***Shalyatantra*** OPD at GAC, Osmanabad.

Past History:

Medicinal History: N/H/O DM/HTN /KOCHS/BA

Surgical History: Circumcision **at age of** 13 yrs, Supra-public catheterization & Urethral Dilatation done 4 months ago.

Family History: No relevant family history was noted

Allergic History: None

Personal History:

Bowel: Irregular

Urine: Irregular

Diet: Mixed

Appetite: Regular

Occupation: Primary School teacher

Addiction: None

Systemic Examination

R.S: Air entry bilaterally Equal & clear, No abnormal sounds

CVS: S1 S2 Normal, no abnormal cardiac sounds heard

CNS: Conscious, Oriented to time, Place & Person.

Local Examination:

The patient is examined in a supine position along with genital examination.

-External urethral meatus stenosis is seen (Coronal Hypospadias)

-Penile Shaft normal curvature is seen.

-B/L Testis normally palpable

-Spermatic cord non-tender B/L Palpable

-No Inguinal Lymphadenopathy

Investigations:
CBC:
Hb-12.1mg/dl; **BT**-2' 40"
WBC-8600; **CT**- 6' 70"
Platelets: -210000; **VDRL**-Negative
BSL (R) -84 mg /dl; **HbsAg**- Non -Reactive
ICTC-Non-Reactive
Urine Routine & Microscopic S /O -No evidence of Sugar /Pus cells/RBC's & Casts, Crystals
KFT: Sr. Urea- 23 mg/dl
Sr. Creat- 1.51
Sr. Uric Acid -5.1

Materials & Method:

In this study, 20 ml of *Murchhit* ***Tila Taila*** was used for *Uttarbasti*. The dose may be varied from 10 ml to 60 ml depending upon the severity of the disease. Some other ingredients like rock salt were used in powder form in the amount of 1 gm. After mixing salt in oil make it warm enough to touch. Avoid too much heat as it may cause burn. *Uttarbasti* oil along with other required instruments like a disposable syringe, surgical gloves infant feeding tube 8 no, Xylocaine jelly,2 % betadine swab & some betadine gauze pieces, sponge holding forceps, hole sheet, the penile clamp was sterilized & kept ready for the procedure.

Dose: Alternate-day *Murchhit Tila Taila* + 1 gm *Saindhav* mixture *Uttarbasti* given to the patient for 10 days with a feeding tube, repeated after 10 days for 2 months.

Follow up: Taken at 2 months
Route: Per Urethra

Assessment Criteria:

A) Subjective Criteria

1)Weak Stream

Sr. No	Grades	Symptoms
1	0	Normal Stream
2	1	Moderate stream falling 10 cm ahead of legs **(After Study)**
3	2	Poor Stream falling near legs within 10 cm **(Before Study)**
4	3	Dribbling Micturition soiling clothes & body parts
5	4	Acute Retention of Urine

2)Hesitancy

Sr. No	Grades	Symptoms
1	0	The normal flow of urine within 5 secs
2	1	The flow of urine after straining for 5 -10 secs **(After Study)**
3	2	The flow of Urine after straining for 10-15 secs
4	3	The flow of Urine seen after straining for more than 15 secs **(Before Study)**
5	4	No flow of urine after straining for any time.

3)Dysuria

Sr. No	Grades	Symptoms
1	0	Normal Stream with no straining & pain
2	1	Moderate stream with mild straining & pain **(After Study)**
3	2	Poor Stream with moderate straining & pain **(Before Study)**
4	3	Dribbling with moderate straining & pain
5	4	No flow of urine despite severe straining & pain

B) Objective Criteria

1)Urine Flowmeter

Observation & Results:

Sr. No	Symptoms	Before Treatment	After Treatment
1.	Weak Stream	02	01
2.	Hesitancy	03	01
3.	Dysuria	02	00
4.	Urine Flow/Sec	5 ml/sec	11 ml/sec

DISCUSSION

Urethral stricture is a commonly encountered disease in day-to-day surgical practice which is relatively common in men, reason can be attributed to testosterone which plays an important role in the development of the urethra & function of the smooth muscles of corpora cavernosa, due to a decrease in androgen receptors & periurethral vascularity in the urethra leading to increase in urethral stricture. The Management of urethral stricture disease over the last few decades has been mainly surgical like urethral dilatation which requires an expert hand to avoid complications like false passage & journey of the treatment proves to be expensive. Urethroplasty which is considered a Gold Standard treatment, still patients come with recurrence after some years. *Uttarbasti* is an ***Ayurvedic panchkarma*** procedure advised by *Sushruta* in the management of *Mutraghata* and *Mutrakrichra(***Difficulty in Micturition)**. *Mutramargasankoch* is a disease that is caused by mainly *Vata* and *Kapha Doshas* and trauma to the urethral lining is one of the pathological factors in this disease. *Uttarbasti* procedure acts both ways i. e pharmacologically & mechanically on the stricture urethra. Here in the study *Murchhit Tila Taila* has been used which easily gets absorbed by mucosa in the urinary bladder & acts on urethral stricture. *Murchhit Tila Taila* is having the main properties *Vata-Kaphagna. Murchhit Tila Taila* possesses properties of *Vyavahi, Sukshma & Snigdha (*smooth) Guna which helps in the Lubrication & Dilatation of the Urethral Lumen. Also has properties like *Snehan (***Oleation)** *& Sar* which increases the elasticity of the tissues, penetrate deep tissues, help in wound healing and softening of the tissues. Also makes the *Mutramarg* smooth for the passage of urine and so less friction is present. The ingredients used for *Murchana* have their own therapeutic activity. Also, *Saindhav* used possess properties *Chedana, Bhedana, Sara, Sukshama, Vikasi, Margvishodhankar, Sharir Avayamridukar, Vataanuloman*, so it helps in the *Lekhan karma* **(Scrapping**) of the fibrosed tissues. Also, the *Sukshama Guna* of *Saindhava* (Rock Salt) helps to penetrate and act in the deeper tissues. Now come to the mechanical effect of *Uttarbasti* as due to frequent insertion of an infant feeding tube in increasing sizes mechanically dilates the contracted part so that lumen remains open that reflect an as good stream of urine. The above mode of action of drug results in no stasis of urine reduces chances of UTI & Ultimately results in no recurrence of urethral stricture.

CONCLUSION

The case study concluded that *Murchhit Tila Taila Uttarbasti* is as good as some of the Modern surgery techniques that are widely accepted globally. There is lesser evidence of Recurrence with *Murchhit Tila Taila Uttarbasti* with almost no complications such as bleeding or false tract.

It is a minimal invasive economical & cost-effective treatment available for Urethral stricture and can be easily performed in the Indian OPD set-up of the Hospital.

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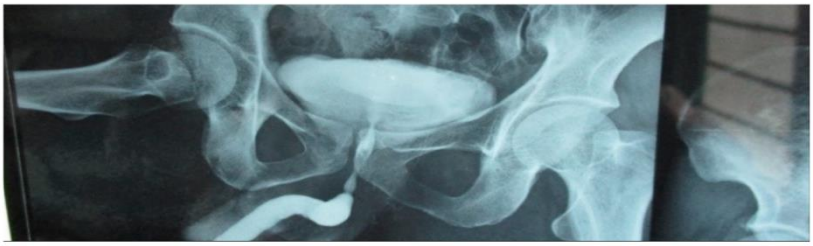
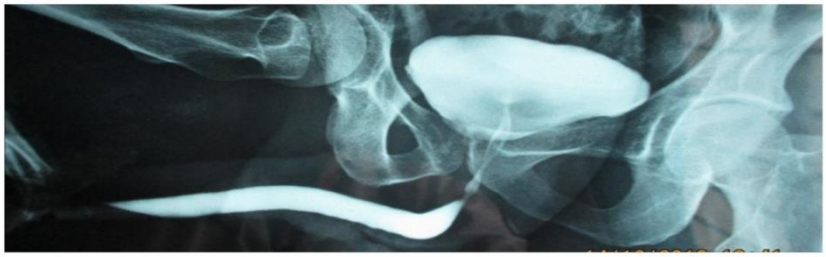
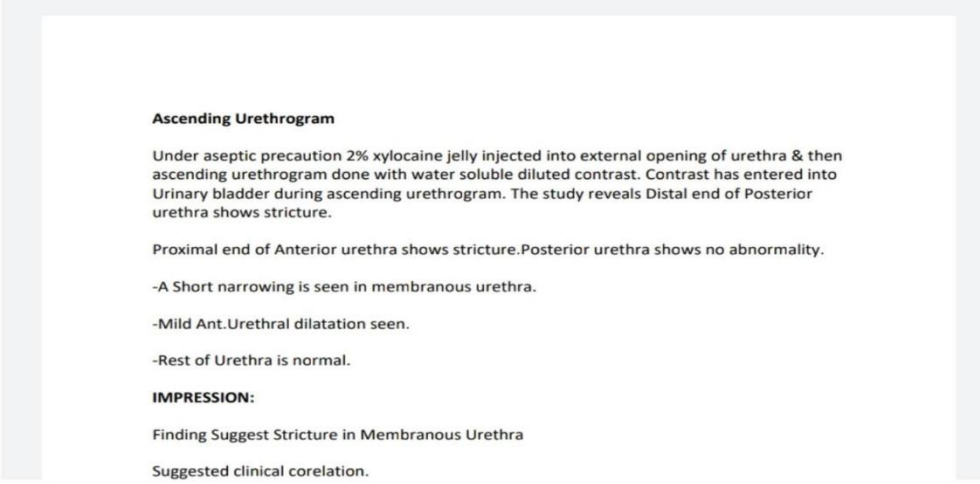
EQUIPMENT FOR UTTARBSTI.

PROCEDURE UTTARBASTI





PRE & POST TREATMENT RGU



Ascending Urethrogram

Under aseptic precaution 2% xylocaine jelly injected into external opening of urethra & then ascending urethrogram done with water soluble diluted contrast. Contrast has entered into Urinary bladder during ascending urethrogram. The study reveals Distal end of Posterior urethra shows stricture.

Proximal end of Anterior urethra shows stricture.Posterior urethra shows no abnormality.

-A Short narrowing is seen in membranous urethra.

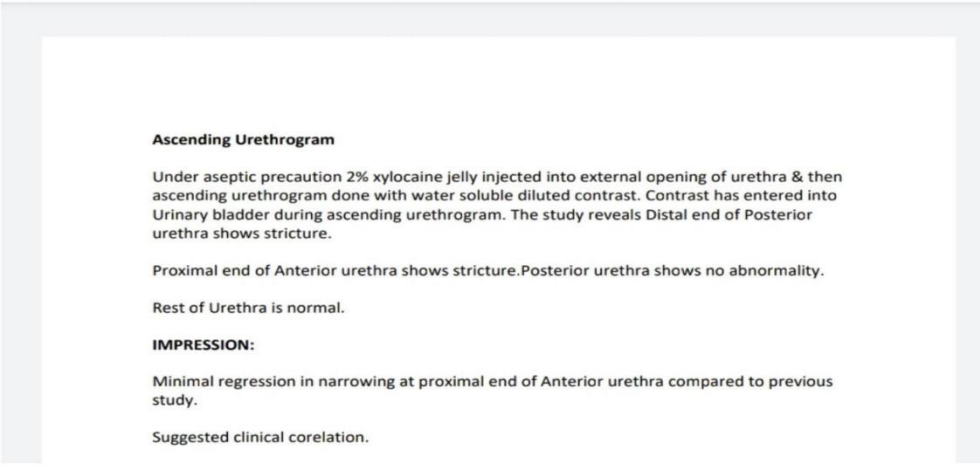
-Mild Ant.Urethral dilatation seen.

-Rest of Urethra is normal.

IMPRESSION:

Finding Suggest Stricture in Membranous Urethra

Suggested clinical corelation.



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Proximal end of Anterior urethra shows stricture.Posterior urethra shows no abnormality.

Rest of Urethra is normal.

IMPRESSION:

Minimal regression in narrowing at proximal end of Anterior urethra compared to previous study.

Suggested clinical corelation.

PRE & POST TREATMENT RGU REPORTS

Source of Support: Nil
Conflict of Interest: None Declared

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