INTERNATIONAL
AYURVEDIC
MEDICAL JOURNAL

IAMJ

Case Report (ISSN: 2320 5091) Impact Factor: 4.018

CASE STUDY ON UTTARBASTI IN THE MANAGEMENT OF MULTIPLE URETHRAL STRICTURES

Chandramohan Shetty[1], **Varsha Jaraje**[2]

PG scholar, Associate Professor
Department of Swasthavritta & Yoga, Smt K.C Ajmera Ayurveda College, Dhule, Maharashtra, India

Email: drckshetty@rediffmail.com

Published online: March, 2018
© International Ayurvedic Medical Journal, India 2018

ABSTRACT

This case of post TURP ([1]) (transurethral resection of prostrate) multiple Urethral Stricture, had to undergo urethral dilatation every 3-4 weeks since 4 years. After all these years his 3 strictures were as it is, he was offered a choice of Urethroplasty costing lacs, which he could not afford. According to Ayurveda this is *Abhighataj Mootrakruchrata* (Traumatic Dysuria) ([2]) & *Vaatkundalika* a type of *Mootraghata* mentioned by *Sushruta* ([3]) as a spasmodic stricture of urethra. In these conditions treatment of choice is *Uttarbasti. Acharyas (*Seers) have emphasized on *Uttarbasti* [[8]] in the management of *Mootrakruchrata* & *Mootraghata* with disease specific medicated oils. After *Uttarbasti* all his Strictures reversed, patient is asymptomatic since last 9 months

Keywords: *Uttarbasti*, Urethral stricture, *Mootraghata, Mootrakruchrata*

INTRODUCTION

Transurethral resection of prostrate (TURP) is globally considered as a Gold standard surgery for benign hyperplasia of prostrate (BPH) ([4]) The development of urethral stricture is a well known late complication. While most cases present with recurrent lower urinary tract symptoms (LUTS), Complete obliteration of Urethra after TURP has rarely been described in literature, this complication is managed by end to end Urethroplasty

We hereby present a case of post TURP Multiple Urethral stricture managed successfully by *Uttarbasti*

CASE REPORT

A 63y male patient who had undergone TURP for his BPH developed multiple urethral strictures within a month of surgery causing severe dysuria initially and later on complete obliteration leading to retention of Urine. Diagnostic cystoscopy showed severe sub meatal stenosis, dilatation done, 20fr scope introduced showed multiple strictures along anterior urethra, and Strictures could be dilated & negotiated. Another almost 100% occlusive stricture in proximal bulbar region through which scope could not be negotiated Guide wire was passed and urethral dilatation was done over guide wire then 18fr Folley's

catheter passed which was subsequently removed. After a few days of asymptomatic period he again started getting voiding difficulty with post void residue of 200ml. he was subjected to monthly urethral dilatation. This went on for 3 years. Micturating Cystourethrography done in after all these years showed 3 strictures, a short tight stricture at membranous urethra, penoscrotal junction and anterior urethra

He was started on *Uttarbasti* treatment

MATERIALS & METHODS

Materials:

Sterile hole towel, 50ml syringe, 5ml syringe Gauze pieces, Infant feeding tube no. 8, Gloves

Triphala kwath

Autoclaved *Kshar tail, Jatyadi tail*,

PROCEDURE

After written consent and proper explanation of the procedure Urine routine was done to rule out infection. Private parts were shaved; patient was given *Abhyang* with *Til* oil and then steam bath *(nadi swed)* to lower abdomen, back, buttocks & thigh. Penis and scrotum were covered with wet cloth, after *nadiswed* penis and scrotum washed with lukewarm water. Then patient was given supine position, proper cleaning and draping done. Autoclaved *kshar tail* is pushed through external Urethral opening for lubrication. 50 ml sterile syringe is filled with 30ml medicated oil sterile Infant feeding tube no.8 is attached, oil is flushed through the tube to remove any air bubbles, tube is slowly introduced through the meatus till it enters the bladder then medicine is pushed slowly, catheter is removed and penile clamp applied. Patient lies on supine position for 30 minutes.

Schedule

Day 1 30ml *Kshar oil* [5]

Day 2 30ml *Kshar oil*

Day 3 30ml *Kshar tail*

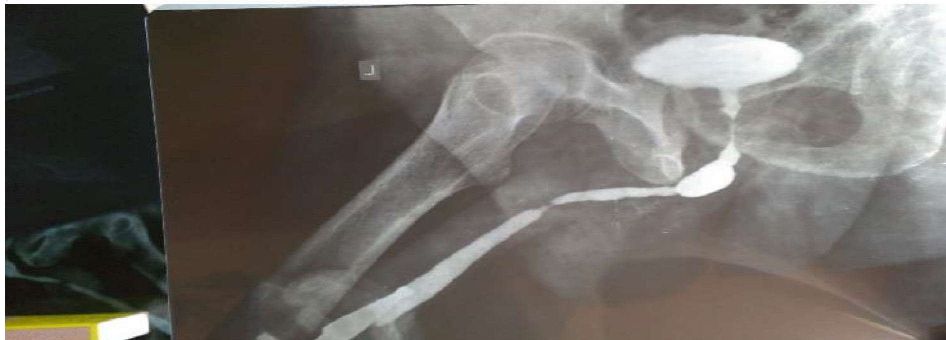
Day 4 30ml *Jatyadi tail*[6]

Then after a interval of 21days each 3 *bastis* alternating *Kshar* & *Jatyadi tail* were given

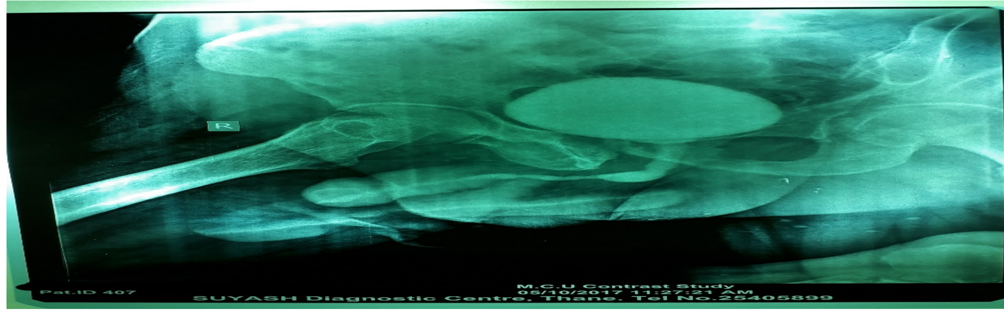
DISCUSSION

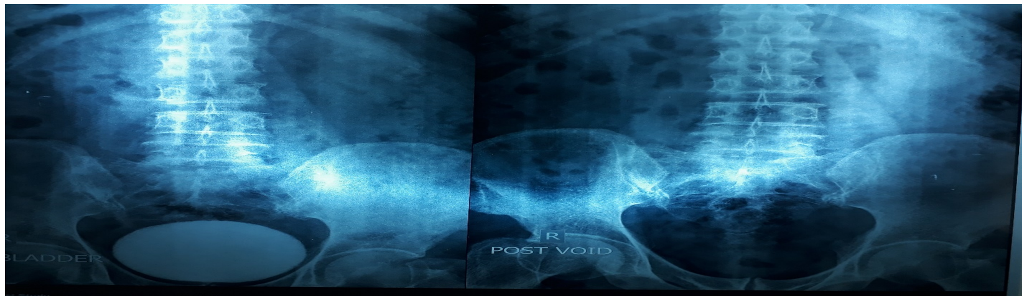
Mootramarga Sankocha occurs due to vitiation of *Vata dosha* specifically of *Apanvayu* sheltered in *basti & medhra* [7] Due to ageing and other *aahar (food) vihara (behavior/dailyregime) hetus (causes) Apana vayus chala ruksha khara guna* increases resulting in *mootramarga Sankocha*, also trauma during surgery causes tissue damage further causing *vrana* and *sankocha* of urethra. *Sushruta* has described *Uttarbasti & Vrana* treatment for *Mootraghat & Abhighataj Mootrkruchrata. Sharangdhar* has advised *Kshar tail* for *nadi vrana, Jatyadi tail* for *Vrana* treatment. *Kshar tail* has *srotogamitva* (penetrative) *lekhana and ksharana* (curreting) properties also the *Ushna Singdha guna of tila taila* pacifies the *ruksha & khara guna* of *Apana vayu*, *Jatyadi tail* is excellent *vranaropaka* (healing) After 2 *basti* Patient started getting significant relief and was asymptomatic from 4th Basti after 7 Basti, all the strictures were reversed with no post void residue of urine

Pre-treatment Micturating Cysto-urethrogram



Post Treatment





CONCLUSION

Urethral stricture can be easily corrected by *Uttarbasti* which is very economical and almost painless as compared to conventional urethral dilatation (which is invasive and painful procedure) or Urethroplasty (a very expensive option and out of reach of common people)

Also recurrence rate is minimal in patients treated with *Uttarbasti*; further study with a large group of patients having multiple urethral strictures will be helpful

REFERENCES

1. Braunwald, Isselbacher. Harrisons Principles of internal Medicine. s.l.: McGraw-HILL, 1994. 1862-65.
2. Ambikaduttshastri. Sushrut Samhita "Ayurvedtatvasandeepika hindi vyakhya". s.l: Chaukhamba Sanskrit Sansthan, 2015. Uttarsthan, 59/3, 8, 26.
3. Ambikadutta shastri. Sushrut Samhita "Ayurvedtatvasandeepika hindi vyakhya". s.l: Chaukhamba Sanskrit Sansthan, 2015. Uttarsthan, 58/3-6.
4. Hunter, John A A. Davidson's Principles and Practice of Internal Medicine. s.l: Churchill Livingstone, 2002. 636-638.
5. Srivastava, Shailaja. Sharangdhara Samhita. s.l. : Chaukhamba Orientalia, 2015. Madhyamkhanda, 9/175-78.
6. Srivastava, Shailaja. Sharangdhara Samhita. s.l. : Chaukhamba Orientalia, 2015. Madhyamkhanda, 9/169-72.
7. K Ambikadutta shastri. Sushrut Samhita "Ayurvedtatvasandeepika hindi vyakhya". s.l: Chaukhamba Sanskrit Sansthan, 2015. Uttarsthan, 58/15-16.
8. Ambikaduttshastri, kaviraj. Sushrut Samhita "Ayurvedtatvasandeepika hindi vyakhya". s.l: Chaukhamba Sanskrit Sansthan. Chikitsasthan 37/125-27.

Source of Support: Nil
Conflict Of Interest: None Declared

How to cite this URL: Chandramohan Shetty & Varsha Jaraje: Case Study On Uttarbasti In The Management Of Multiple Urethral Strictures. International Ayurvedic Medical Journal {Print} 2018 {cited March, 2018} Available from: http://www.iamj.in/posts/images/upload/1078_1080.pdf