

Effect of *Palasha siddha taila uttarbasti* in the management of urethral stricture - a case study

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ABSTRACT

Urethral stricture is a rare condition but mostly caused now a days due to post instrumentation or post operative that is after prostatectomy or TURP or straddle injury to perineum which causes hesitancy, weak stream, dysuria, UTI infection symptoms like burning micturition, urgency, nocturia, etc. which causes a drastic change in an individual's day to day activity. *Acharya Charaka* has explained *Mutrakricchra* and *Shushruta Acharya* in his *Uttara Tantra* has explained *Mutraghata* which shows some Co-relation with symptoms of *Mutramarga Sankocha* that is Urethral Stricture and for that *UttarBasti*, a type of *Panchakarma* shows satisfying results in Urethral Stricture. A case study Was done on 72 year old male patient diagnosed with urethral stricture presenting with complaints of burning micturition, urgency, increased frequency of urination was given *Uttar basti* for 2 cycles of 7 days followed by 15 days interval and follow up taken after 2 months. In this case study *Palasha Siddha Taila* was used for *Uttar Basti*. After the procedure

results were evaluated and the results are satisfying.

KEYWORDS: *Uttar Basti, Palasha Siddha Taila, Urethral Stricture.*

INTRODUCTION

A Urethral Stricture is a narrowing of Urethral lumen by fibrotic tissue, which restricts urine flow from the bladder and produces LUTS like Hesitancy, Urgency, Dysuria etc.[1] The etiological factors may be chronic infection, post-surgery, trauma etc.[2] 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. Repeated instrumentation carries the risk of local trauma, false passage, formation of infection.[3] Apart from Complications, these techniques are expensive & it is unable to provide satisfaction & uneventful recovery. According to *Acharya*

Sushruta, who is known as the Father of Indian Surgery. *Acharya Sushruta* described *Mutraghata roga* (Obstructive Urinary pathology) in *Uttartantra*. There are 12 varieties of *Mutraghata* is described in *Sushruta Samhita*. *Mutramarg sankocha* is not mentioned as a separate entity but the symptoms have similarities with *Mutrotsanga*. [4] 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. *Acharya Sushruta* described *Uttarbasti* under the heading of *Shashtiupakrama*, which is a unique treatment of *Mutraghata* and *Mutrakrichhra Vyadhi*. [5] In this Procedure medicated oil, Decoction or *Ghrita* are passed through Per Urethra & in the Urinary bladder. Previous studies also suggest encouraging results with different medicated oil. [6] So owing to this study was carried out to evaluate the efficacy of *Palasha Siddha Taila Uttarbasti* in Urethral Stricture and the results are clinically satisfying.

CASE REPORT

A Male patient of 72 yrs old c/o Frequent Micturition, Dysuria, Burning micturition for the past 3 yrs came to *Shalyatantra* OPD who was diagnosed with Bulbo-urethral Stricture was advised for *Uttarbasti*.

Past History

- Medicinal History: H/O DM & HTN since 15 yrs Under
- Rx- Tab Teneligliptin 20 1-0-1
- Tab Glimiperide 2M 1-0-1
- Tab Telmisartan (10)+ Amlo (5) 0-0-1
- Tab Ecosprin AV 75 1-0-1

Surgical History

- 1) PCNL in April 2021 for Lt Renal Calculi of size 17 mm
- 2) TURP in Dec 2021 for Prostatomegaly (Size- 35 cc)

Family History:

No relevant family history was noted

Allergic History: None

Personal History: Appetite: Good 3 times/ day

Diet: Mixed Bowel: Regular

Urine: Irregular, 15-20 times/day Nocturia: 5-6 times/day

Sleep: Disturbed Occupation: Farmer

Addiction: Tobacco and Alcohol consumption since 50 yrs

Systemic Examination

R.S: Air Entry Bilaterally Equal & Clear CVS: S1 S2 Normal

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

Local Examination:

- The patient is examined in a supine position along with genital examination.
- Prepuce Skin- Retractable
- Urethral meatus – Vertical slit like – Normal Penile Shaft normal curvature is seen.
- B/L Testis palpable
- Spermatic cord non-tender B/L Palpable No
- Inguinal Lymphadenopathy

Investigations:

- CBC: Hb-14.3mg/dl; WBC-6200 Platelets: -263000, BT-1' 30"; CT- 4' 10";
- BSL (F) -78 mg /dl; BSL (PP)- 113 mg/dL
- HbsAg- Non –Reactive
- HIV - Non-Reactive
- Urine Routine & Microscopic -No evidence of Sugar /Pus cells/RBC's & Casts, Crystals
- KFT: Sr. Urea- 42 Sr. Creat- 1.45 ESR : 23

MATERIALS AND METHOD

In this study, 20 ml of *Palasha Siddha Taila* was used for *Uttarbasti*. The dose may be varied

from 10 ml to 60 ml depending upon the severity of the disease. 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 *Palasha Siddha Taila Uttarbasti* given to the patient for 7days with a feeding tube, repeated after The flow of Urine seen after straining for more than 15 secs(Before Study)

days for 2 months.

Follow up: Taken at 2 months.

Route: Per Urethra.

Assessment Criteria

A) Subjective Criteria

1) Weak Stream

Sr. No	Grade	Symptoms
1	0	Normal Stream
2	1	Moderate stream falling 10 cm ahead of edges (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	Grade	Symptoms
1	0	The normal flow of urine within 5 secs
2	1	The flow of urine after straining for 5 -10 secs

3	2	The flow of Urine after straining for 10-15 secs (After Study)
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	Grade	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	02
3	Dysuria	02	01
4	Urine flow/sec	5ml /Sec	11 ml /Sec

DISCUSSION

The Management of Urethral Stricture disease over the last few decades has been mainly surgical like urethral dilatation which requires an expertise to avoid complications & 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). *Uttarbasti* procedure acts both ways i.e. pharmacologically & mechanically on the Stricture Urethra. Here in the study *Palasha Siddha Taila* has been used which easily gets absorbed by mucosa in the urinary bladder & acts on urethral stricture. *Palasha Siddha Taila* is having the main properties *VataKaphagna*. *Palasha dravya* is *Mutrala* and also work as *Lekhana dravya* which causes Scrapping of the fibrosed lining of the Urethral Lumen, whereas *Til Taila* possesses *Vyavahi*, *Sukshma* & *Snigdha* (smooth) *Guna* which helps in the Lubrication, Dilatation. Now coming to the Mechanical effect of *Uttarbasti* as due to frequent insertion of an infant feeding tube in increasing sizes mechanically dilates the contracted part of Urethra. The above mode of action of drug results in no stasis of urine reduces chances of UTI & Ultimately results in less chance for recurrence of urethral stricture.

CONCLUSION

The case study concluded that *Palasha Siddha Taila Uttarbasti* is as good as some of the

Modern surgery techniques that are widely accepted globally. There is lesser evidence of Recurrence with *Palasha Siddha 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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