



A CASE STUDY -- UNDERSTANDING THE IMPACT OF MURCHHIT TILA TAILA UTTARBASTI ON URETHRAL STRICTURE

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Abstract

Urethral stricture is a condition characterized by the narrowing of the urethra within may result in recurrent lower urinary tract infection and is being treated by urethra dilation and in severe cases urethroplasty. In *Ayurveda*, *Mutra margasankoch* and *Mutrotsanga*, which are described by *Acharya Sushruta in Uttarantra*, are entities in *Ayurvedic* literature that may be closely related to urethral stricture. *Acharya sushruta* described *uttarbasti* as an *mutraghata vyadhis* exclusive treatment.

In this case study, a 59 yr old male patient suffering from LUTS (Lower urinary tract symptoms) Came to Shalya OPD. So after clinical evaluation & Investigations the case diagnosed as Urethral Stricture & was treated with *Uttarbasti*. In this case study *Murchhit Tila Taila* for *Uttarbasti* procedure was used. After Procedure results were evaluated & results are satisfying.

Keywords: Urethral Stricture, *Uttar Basti*, *Tila Taila*.

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Works Cited

Jaiswal, S. (Volume IX, Issue V, May/2020). A CLINICAL CASE STUDY OF UTTARBASTI IN THE MANAGEMENT OF STRICTURE URETHRA. *Alochana Chakra Journal*, 258-261.

Adhikari T, Wahane AS. A Conceptual Study on Mutraghata (Retention of Urine) Management - The Most Prevalent Disease of India. *J Ayu Herb Med* 2022;8(2):136-141. DOI: 10.31254/jahm.2022.8214.

1. INTRODUCTION

Acharya Sushruta, regarded as the "Father of Indian Surgery," claims The main branch of *Shalyatantra* focuses on understanding different surgical illnesses, including their causes, symptoms, diagnosis, and treatment ⁽¹⁾. *Vayu* is most vital and important *dosha* among all *tridosha*. It is responsible for all movements and major functions of the body. ⁽²⁾

All other doshas and body functions can't proceed without help of *vayu*. Hence *vayu* is supreme. ⁽³⁾

Among 5 types of *vayu*, *apana* is one of the important subtype as it's predominantly resides in the *pakwashaya* and *shroni pradesh* and responsible for acts of body waste expulsion like *mutra*, *purish* and *garbha*, *shukra* and *artava niskraman kriya*. ⁽⁴⁾

Definition of *swastha*, it's clearly mentioned that *Samadhata- malakriya* is important to maintain *swaasthya*. ⁽⁵⁾

When this *apan* gets vitiated either by local pathology or vitiation of *saman vayu* will lead to dreadful diseases of *purishvaha*, *mutravah* and *sukravaha srotas* like *kalibya*, *dhwajbhanga*, *arsha*, *parikartika*, *anah*, *udavart* and *mutrarogas*. ⁽⁶⁾

Basti is considered as best treatment for *vata dosha*. *Sneha* is also considered as *shreshtha* for *shaman* of *vata dosha*. ⁽⁷⁾

In *Uttartantra*, *Acharya Sushruta* gave a description of *Mutraghata roga*. The *Sushruta Samhita* describes 12 different types of *Mutraghata*. Although *mutramarg sankoch* isn't mentioned as a distinct entity, its symptoms are similar to those of *mutrotsanga*. ⁽⁸⁾ The pathology in *Mutrotsanga* ⁽⁹⁾ must be urethra, anywhere from the bladder to the tip of the penis. Stricture Urethra symptoms can coexist with those of *Mutramarg sankoch*. ⁽¹⁰⁾

Urethral Stricture is defined as the narrowing of the urethral lumen by fibrotic tissue, which impairs urine flow and causes LUTS such as dribbling, urgency, and dysuria. ⁽¹¹⁾ Pathologically in urethral stricture there is scar formation in the peri urethral tissue that invade the mucous membrane and narrow the lumen of the of the urethra following any injury, any instrumentation, post operatively and infection. ⁽¹²⁾ Surgery methods used in modern medical science include urethral dilatation using balloon and sequential dilatation. Currently newer, surgical procedures being used, such as Direct Visual Internal Urethrotomy (DVIU), Urethroplasty, Urethral Stenting, and Free Graft (Skin, Mucosal Lining of Cheeks). Repeated instrumentation raises the possibility of infection, erroneous passage, and local trauma. ⁽¹³⁾ Aside from complications, these procedures are pricey and chances of recurrence are high. Under the name of *Shashtiupakrama*, *Acharya*

Sushruta described the *Ayurvedic* para-surgical technique *Uttarbasti* ⁽¹⁴⁾ which is *Mutraghata Vyadhis* exclusive treatment. Previous research also points to positive outcomes from other medicinal oils. ⁽¹⁵⁾

Case Report

A Male patient of 59 yrs old complains of Dribbling Micturition, Dysuria, increased frequency of micturition for past 1 year.

History of Present illness:

Patient was asymptomatic before 1 year then started complaining of above symptoms but since the symptoms were not so much significant patient ignored it, but 5 months ago complaints got Gradually increased & shown to a doctor. Patient undergone Urethral dilatation at super speciality hospital but had mild relief. After 2 months patients again having same complain. So for further management patient came to *Shalyatantra* OPD at Parul Ayurveda Hospital.

Past History:

Medicinal History: N/H/O DM/HTN

Surgical History: no surgical history

Family History: No any relevant family history noted

Allergic History: None

Personal History:

Bowel: Irregular

Urine: Irregular

Diet: Mixed

Appetite: Regular

Occupation: Farmer

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 acc. to time, Place & Person.

Local Examination:

Patient is examined in supine position along with genital examination.

-External urethral was normal.

-Penile Shaft normal curvature seen.

-B/L Testis normally palpable

-Spermatic cord non-tender B/L Palpable

-No Inguinal Lymphadenopathy palpation

-Vermooten's sign positive

Investigations:

CBC: Hb-10.8mg/dl

BT-1

min 10 sec

WBC-6000

CT-

3 min 54 sec

Platelets:-204000
 Negative
 DLC- 63/31/03/03/0
 VDRL-Negative
 BSL (R) -98 mg /dl
 HbsAg- Non -Reactive

HIV-

Urine Routine & Microscopic S/O -
 Pus cells -- 2-4
 RBC-- Absent
 No evidence of Sugar ,Casts ,Crystals
 RGU : Stricture at membranous urethra.

PARUL AYURVED HOSPITAL
 Teaching Hospital of Parul Institute Of Ayurved
 Parul University Limda, Vadodara, Gujarat-391760

Patient's Name : [Redacted] Ref. No. : 22025350
 Referred by : Dr. Vivekanand (s.t) Age : 59 Years
 Date : 07/10/2021 13:10 Sex : Male
 Hospital No : 231023 IPD

URINE EXAMINATION

PHYSICAL EXAMINATION:
 Volume - 20 ml
 Colour - Pale Yellow
 Blood - Absent
 Appearance - Clear
 Deposit - Absent

CHEMICAL EXAMINATION:
 Protein - Absent
 Glucose - Absent
 Ketone - Absent
 Bile Salts - Absent
 Bile Pigments - Absent
 Reaction - 5.0

MICROSCOPIC EXAMINATION: [After centrifugation at 2000 r.p.m. for 5 minutes]
 Pus Cells - 2-4 /H.P.F.
 Red Cells - Absent /H.P.F.
 Epithelial Cells - 4-5 /H.P.F.
 Yeast Cells - Absent
 Bacteria - Absent

Signature.

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Patient's Name : [Redacted] Ref. No. : 22025350
 Referred by : Dr. Vivekanand (s.t) Age : 59 Years
 Date : 07/10/2021 12:29 Sex : Male
 Hospital No : IPD

TEST FOR HIV ANTIBODIES

Test Name	Result	Units	Biological Reference Interval
Test for HIV - I Antibodies :	Non Reactive		Non reactive
Test for HIV - II Antibodies :	Non Reactive		Non reactive
Method :	Immunochromatography		

HBsAG Test

Test Name	Result	Units	Biological Reference Interval
HBsAg (Hepatitis B surface antigen) :	Non Reactive		Non reactive
Method :	Immunochromatography		

V.D.R.L

Test Name	Result
VDRL Specimen :	Serum
VDRL Result :	Negative.

Signature.

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Patient's Name : [Redacted] Ref. No. : 22025350
 Referred by : Dr. Vivekanand (s.t) Age : 59 Years
 Date : 07/10/2021 12:30 Sex : Male
 Hospital No : IPD

BIOCHEMICAL TESTS

Test Name	Result	Units	Biological Reference Interval
Randum Blood sugar :	98	mg/dl	70 to 140

Signature.

PARUL AYURVED HOSPITAL
Teaching Hospital of Parul Institute Of Ayurved
Parul University Limda, Vadodara, Gujarat-391760

Patient's Name : [REDACTED]
Referred by : Dr. Vivekanand (s.t)
Date : 07/10/2021 12:28
Hospital No : [REDACTED]

Ref. No. : 22025350
Age : 59 Years
Sex : Male
IPD : [REDACTED]

Coagulation Test

Test Name	Result	Units	Biological Reference Interval
Bleeding Time (BT) :	1 min 10	sec	[Up to 5 min]
Clotting Time (CT) :	3 min 54	sec	[Up to 9 min]

Signature: _____

PARUL AYURVED HOSPITAL
Teaching Hospital of Parul Institute Of Ayurved
Parul University Limda, Vadodara, Gujarat-391760

Patient's Name : [REDACTED]
Referred by : Dr. Vivekanand (s.t)
Date : 07/10/2021 12:26
Hospital No : [REDACTED]

Ref. No. : 22025350
Age : 59 Years
Sex : Male
IPD : [REDACTED]

HEMOGRAM

Test Name	Result	Units	Biological Reference Interval
Hemoglobin :	10.8	g/dl	[12.0-16.0]
Total RBC Count :	2.26	mill/cmm	[4.2-5.4]
Blood Indices			
P.C.V. :	26.8	%	[37-47]
M.C.V. :	97.1	femtolitre	[78-100]
M.C.H. :	34.06	pg	[27-31]
M.C.H.C. :	35.1	g/dl	[32-36]
R.D.W. :	16.2	%	[11.5-14.0]
Total WBC Count :	6000	/cmm	[4000-10000]
Differential WBC Count			
Polymorphs :	63	%	[60 - 70]
Lymphocytes :	31	%	[20 - 40]
Eosinophils :	03	%	[1 - 4]
Monocytes :	03	%	[2 - 6]
Basophils :	00	%	[0 - 1]
Platelet Count :	204000	/cmm	150000-450000

Signature: _____

2. MATERIALS & METHOD

In this study, 30 ml of autoclaved *Murchhit tila taila* was used for *Uttarbasti*. Other components, such as *saindhav* were utilised in amounts of 1 gram in powder form. Make the oil warm to the touch once the salt has been incorporated. Avoid using too much heat since it could burn. *Uttarbasti* oil was sterilised and kept ready for use along with other necessary tools such 50 ml disposable syringes, surgical gloves, Xylocaine jelly 2%, betadine swabs, and some betadine gauze pieces.

Procedure of Uttar Basti:

After emptying urinary bladder, painting of penile region with betadine antiseptic solution was done and then instilled 2% xylocaine jelly into the urethra. By holding the penile shaft straight left hand the tip of syringe inserted in the external meatus by right

hand. With the help of disposable syringe 50 ml, a mixture of autoclaved *Murchhit tila taila* (30 ml), *saindhav* (1 gram) was pushed into the urethra and a penile clamp was applied for 15 minutes to avoid the leakage of oil and meatus cleaned and prepuce repositioned to avoid paraphimosis. Patient was advised to retain *Uttarbasti* for at least 45 minutes for its better action. A hot water bag kept on lower abdomen.

Dose: Daily 30 ml of *Murchhit Tila Taila* + 1 gm *Saindhav* mixture *Uttarbasti* given to patient for 7 days with 50 ml disposable syringe, repeated again after 15 days for 1 month.

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
4	3	Dribbling Micturition soiling clothes & body parts (Before Study)
5	4	Acute Retention of Urine

2) Hesitancy

Sr.No	Grades	Symptoms
1	0	Normal flow of urine within 5 secs
2	1	Flow of urine after straining for 5 -10 secs

(After Study)		
3	2	Flow of Urine after straining for 10-15 secs
4	3	Flow of Urine seen after straining for more than 15 secs (Before Study)
5	4	No flow of urine after straining for anytime.

3) Dysuria

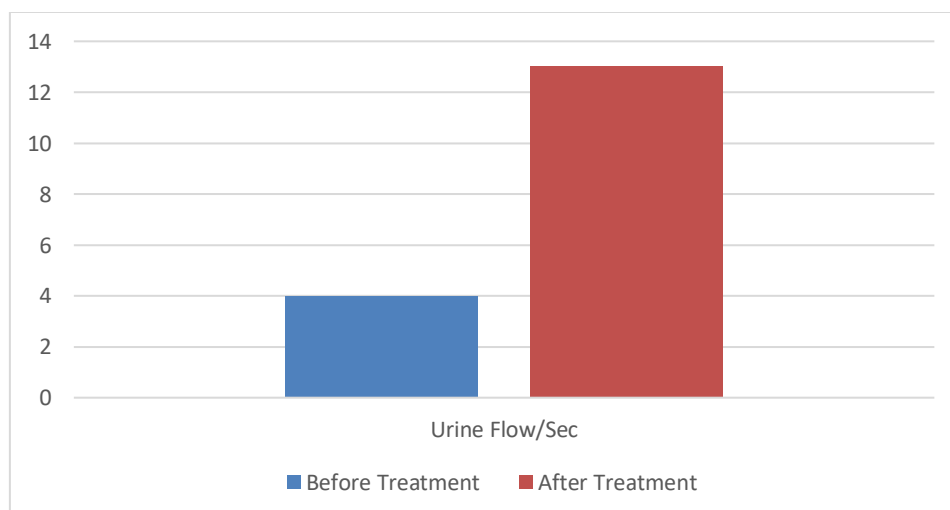
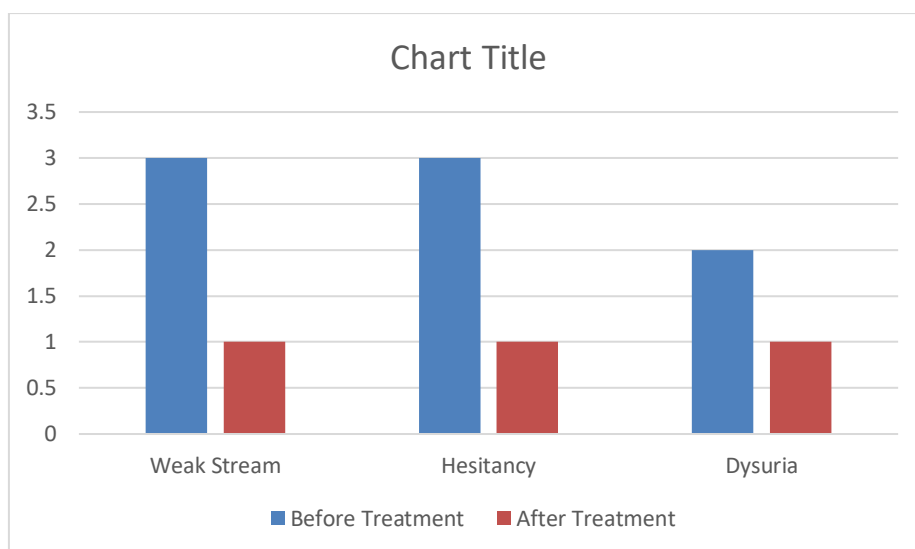
Sr.No	Grades	Symptoms
1	0	Normal Stream with no straining & pain
2	1	Moderate stream with mild straining & pain (After Study)
3	2	Poor Stream with moderate straining & pain (Before Study)
4	3	Dribbling with moderate straining & pain
5	4	No flow of urine despite severe straining & pain

B) Objective Criteria

1) Uroflowmetry

Observation & Results:

Sr.No	Symptoms	Before Treatment	After Treatment
1.	Weak Stream	03	01
2.	Hesitancy	03	01
3.	Dysuria	02	01
4.	Urine Flow/Sec	4 ml/sec	13 ml/sec



3. DISCUSSION

Acharya Sushruta suggested using the Ayurvedic para-surgical technique known as Uttarbasti to treat Mutraghata and Mutrakrichhra. ⁽¹⁶⁾ One of the pathogenic factors in *mutra margasankoch*, a condition mostly induced by the *Vata* and *Kapha doshas*, is trauma to the urethral lining. The Uttarbasti treatment treats the urethral stricture in a dual-action fashion, i.e., pharmacologically and physically. ⁽¹⁷⁾ The substance utilised in this study, *Murchhit tila Taila*, is easily absorbed by the mucosa of the urinary bladder and works to relieve urethral stricture. *Murchhit Tila Taila* has important characteristics, *Vata-kaphagna*. The *Vyavahi*, *Sukshma*, and *Snigdha guna* characteristics of *murchhit tila taila* aid in lubricating and dilating the urethral lumen. Having qualities similar to *Snehan & Sar*, which enter deep tissues, promote tissue flexibility, aid in wound healing, ⁽¹⁸⁾ and soften tissues. Additionally makes the *Mutramarg* smooth for urine transit, reducing friction. Murchana's components each have their own unique medicinal properties. ⁽¹⁹⁾

Saindhav is also known to have the qualities Chedana, Bhedana, Sara, Sukshama, Vikasi, Margvishodhankar, Sharir Avayamridukar, and Vata anuloman, which aid in the Lekhan karma of fibrosed tissues. Additionally, Saindhava's Sukshama guna aids in penetrating and acting on deeper tissues. ⁽²⁰⁾

BEFORE TREATMENT



BEFORE
TREATMENT

Uttar basti is more helpful in diseases of *mutra marga* and *shukramarg* specially in male gender. Medicated oils which are having *vatashamak* properties along with *sneha* given through *uttar marga* / *mutramarg* in form of *uttarbasti* will lead to *vatanuloman* and leads *mardavam*, *snehan*, *shaitihilya* to urinary track.

In urethral stricture the fibrosed, hard part of mucosa of urethra due to infection or trauma will be softened by *uttarbasti* and will be helpful in increasing the stream of urine and also reduces other symptoms of *mutra marga sankocha*. Direct site treatment is more helpful than systemic intervention.

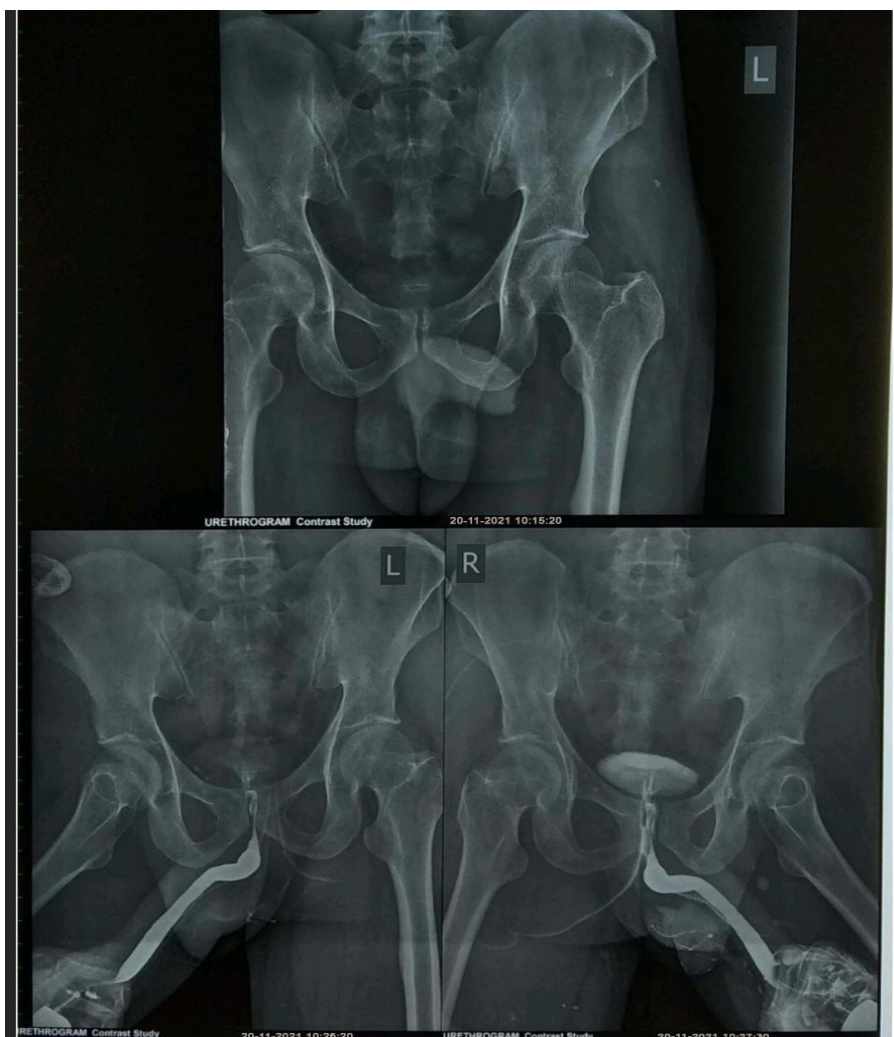
Hence *uttarbasti* specially with oil as *sneha* will be helpful in management of urethral stricture.

The drug's above-mentioned mode of action prevents urine stasis, lowers the risk of UTI, and, ultimately, prevents urethral stricture recurrence.

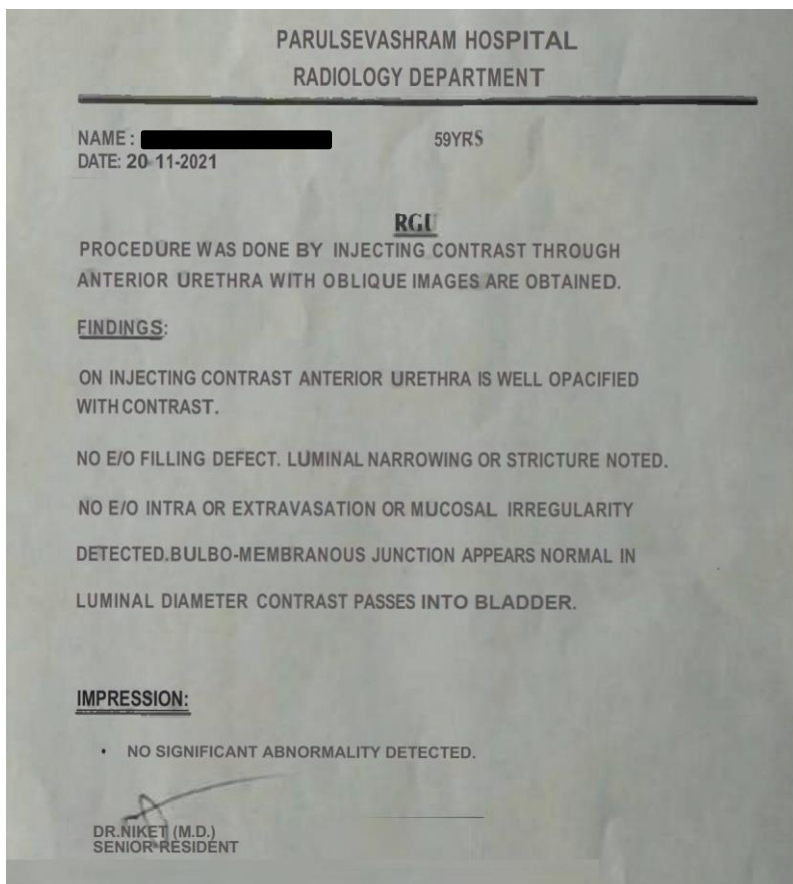
4. CONCLUSION

The case study came to the conclusion that *Murchhit Tila Taila Uttarbasti* is just as effective as some of the modern surgical methods that are extensively used throughout the world with *Murchhit Tila Taila Uttarbasti*, there are less signs of recurrence and nearly no problems like bleeding or false tracts.

It is a minimally invasive, affordable, and cost-effective treatment option for urethral stricture patients and is simple to carry out at an Indian hospital's OPD.



AFTER
TREATMENT



5. REFERENCES

1. Ambikadatta Shastri, *Sushruta Samhita -1, Sutrasthan 1/7, Varanasi Chaukhambha Sanskrit Sansthan* ;(Reprint 2015) :p.5
2. Dr. G. Prabhakar Rao, *Sārngadharācārya CHAUKHAMBHA PUBLICATIONS English Translation poorva khand 5/25*
3. Pt. Sastri Kashinath in Caraka Samhita of agnivesh with vidyotani hindi commentary, chaukhambha Sanskrit sansthan, Sutra sthan, chapter, 12/8.
4. Acharya Vagbhata, *Astang hradyam, commented by Atridey Gupta; Chaukhambha Sanskrita Sansthan; 2005; chapter 12/9*
5. Ambikadatta Shastri, *Sushruta Samhita -1, Sutrasthan 15/41, Varanasi Chaukhambha Sanskrit Sansthan* ;(Reprint 2015) :
6. Pt. Sastri Kashinath in Caraka Samhita of agnivesh with vidyotani hindi commentary, chaukhambha Sanskrit sansthan, viman sthan, chapter, 5/8.
7. Acharya Vagbhata, *Astang hradyam, commented by Atridey Gupta; Chaukhambha Sanskrita Sansthan; 2005; chapter 1/24*
8. Ambikadatta Shastri, *Sushruta Samhita, Uttartantra 58/3,4, i;*(Reprint 2015) :p.539
9. Koju et al : The Healer Journal July 2020; 1(1) Efficacy of Uttar Basti in Urethral Stricture – A Review article by Pratigya Koju page no. 32-35
10. Adhikari T, Wahane AS. A Conceptual Study on Mutraghata (Retention of Urine) Management - The Most Prevalent Disease of India. *J Ayu Herb Med* 2022;8(2):136-141. DOI: 10.31254/jahm.2022.8214 (Wahane, 2022) (Wahane, 2022)
11. Shriram bhat M, SRB's Manual of surgery, 5th edition New Delhi, Jaypee brother's Medical publisher(p) Ltd, (March 2017), chapter 26th urology: 1055
12. Jaiswal, S. (Volume IX, Issue V, May/2020). A CLINICAL CASE STUDY OF UTTARBASTI IN THE MANAGEMENT OF STRICTURE URETHRA . *Alochana Chakra Journal*, 258-261
13. S. Das, A Concise Textbook of Surgery 10th edition, Kolkata-700005 Old Mayors Court,(2018):1301
14. Ambikadatta Shastri, *Sushrut Samhita, Chikitasthana 1/110, Varanasi Chaukhambha Sanskrit Sansthan* ;(Reprint 2005) :p.15
15. Amilkanthwar RH. Role of Uttarbasti in the management of Mutra Marga Sankoch (Urethral Stricture). *Indian J Tradit Knowl.* 2004;177-81
16. Ambikadatta Shastri, *Sushruta Samhita -2, uttartantra 1/7, Varanasi Chaukhambha*

- Sanskrit Sansthan* ;(Reprint 2015) chapter 58/27 :p.5
17. ejbps, 2017, Volume 4, Issue 12 917-919
MANAGEMENT OF RECURRENT
URETHRAL STRICTURE BY UTTAR
BASTI: A CASE STUDY. European Journal of
Biomedical AND Pharmaceutical sciences
 18. Kiran K, Asad M. Wound healing activity of
Sesamum indicum Lseed and oil in rats. Indian
J Exp Biol. 2008; 46: 77782
 19. Ancient Science of Life, Vol. 30, No.2 (2010)
Pages 51-53 Case report: "Management of
urethral stricture with Uttara Basti" Dr. T.S.
Dudhamal, Dr. S.K. Gupta, Prof. C. Bhuyan
 20. MA Bankole, LAJ Shittu, TA Ahmed, MN
Bankole, RK Food. 2004;7(2): 210-22. Shittu,
K Terkula, OA Ashiru. Synergistic
Antimicrobial Activities of Phytoestrogens in
Crude Extracts of Two Sesame Species against
Some Common Pathogenic Microorganisms.
African Journal of Traditional and
Complementary Medicine. 2007; 4 (4): 427-33.