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‘CLINICAL EVALUATION OF SAHCHAR TAILA UTTARBASTI IN MANAGEMENT OF URETHRAL STRICTURE.’

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Abstract: Introduction: - Urethral stricture is a common disorder of urinary tract which causes narrowing of urethra & subsequent partial emptying of bladder, results in lower urinary tract symptoms, its clinical manifestations worsen the patient's quality of life. Although many surgical techniques like urethral dilatation are practiced, yet there are chances of recurrence,

Acharya Sushruta has explained role of *uttarbasti* for management of urethral stricture which can be considered under the head of *Mootrajathar*. **Method:** - The total 9 *uttarbasti* of *Sahachar taila* in 20ml dose each, were given in regime of 3 settings of *uttarbasti* (each containing 3 *uttarbasti*) with gap of 3 days. **Result & Conclusion:** - The cases were reviewed after *uttarbasti* it shows that *uttarbasti* is effective in reducing the symptoms of urethral stricture like painful & burning micturition and also it increases the flow of urine stream.

Key words: - Urethral stricture, *Mootrajathar*, *Uttarbasti*, *Sahachar Taila*.

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INTRODUCTION:

Urethral stricture is the common disorder of urinary tract. As the urethral stricture develops it causes the narrowing of urethra & subsequent incomplete emptying of bladder, results in many of problems¹. Pathologically in urethral stricture urethra gets narrowed by a fibrotic tissue which obstruct the urine outflow. The etiological factors may be Urinary tract infection, injury or post-surgery². Although it is not as life threatening, its clinical manifestations worsen the patient's quality of life. Various types of "Mootravaha Strotasa vikar have been described in classical ayurvedic texts. Acharya Sushruta has explained the classification, *nidan*, and *chikitsa* of the *mutravaha strotas vyadhi*³, *Mootrajathara* is one of them which is grouped under *Mootraghata*'. *Mootraghata* can be considered a group of disorders which shows the Obstructive pathology of urinary system. The symptoms of *mootrajathara* are similar to those, which found in urethral stricture. It is the disease which shows lower urinary tract symptoms. In modern medicine, there are various surgical treatment modalities such as urethral dilatation, urethrotomy and urethroplasty. These may cause bleeding, false passage and fistula⁴. Although urethral dilatation is practiced, yet there are chances of recurrence. Considering the complications, recurrence and cost of surgery, it is the need of society to evaluate an alternative option for this most predominant disease. Here, Ayurveda has got definite contribution which encourages us to find solution for this burning problem of society. In an attempt to

establish an effective therapy for urethral stricture, the role of *uttarbasti* was studied and results are mentioned. *Sahachar Taila* was used for *uttarbasti* because *Sahachara* is a drug from *virtaradi Gana*.⁵

AIM:

- To evaluate clinical efficacy of *Sahachar taila uttarbastil* in management of urethral stricture.

OBJECTIVES:

- The study in detail of anatomy and physiology of *basti* and urethra.
- To study in detail pathology, signs and symptoms of urethral stricture.
- To study the effects of *Sahachar Taila Utarbasti* in management of urethral stricture.

MATERIAL:**DRUGS: -**

1-*Sahachar taila*

For *uttarbasti*, *sahachar taila* is used, which is the proprietary product of *Rasashastra* and *Bhashajya kalpana shri Ayurved Mahavidyalaya, Nagpur*. It is prepared according to the reference from *Bharat Bhaishajya Ratnakar*

2- *Madhu*

3- *Saindhav lavana*

EQUIPMENT'S:

Sterile infant feeding tube no. 6

Disposable 20cc syringe

Sterile cotton pad

Sterile penile clamp

METHODS:**CRITERIA FOR SELECTION OF PATIENTS:****A) INCLUSION CRITERIA:**

Patient diagnosed as case of urethral stricture with following symptoms

- 1) Weak stream of urine
- 2) Painful micturition
- 3) Burning sensation during micturition
- 4) Hematuria

B) EXCLUSION CRITERIA:

- 1) Known case of benign prostatic enlargement
- 2) Known case or urinary tract infection.
- 3) Neoplasm of urinary tract
- 4) Calculus in urethra and urinary bladder

INVESTIGATIONS:

Following investigations will be carried out on all patients treated in the proposed study.

- 1) Complete Blood Count.
- 2) Urine- Routine and microscopic
- 3) Serum Creatinine
- 4) Blood Sugar Level (Random)
- 5) urethrogram

Before subjecting the patient to clinical trials, residual urine volume i.e. post voiding was measured using disposable infant feeding tube under all aseptic precautions. Also, after the completion of the treatment residual urine was measured using same method and accordingly patient is assessed for result.

Assessment was done on the basis of improvement of symptoms of *Vatashthila* (Benign prostate hyperplasia) as follows:

SYMPTOMATIC CLINICAL ASSESSMENT:**1) Painful Micturition: -**

- Absence of painful micturition represents Grade 0
- Pain felt only at the time of micturition represents Grade 1
- Persistent sensation of pain but no disturbing daily routine represents Grade 2

- Persistent sensation of pain disturbing daily routine represents Grade 3

2) Burning Micturition: -

- Absence of burning micturition represents Grade 0
- Burning only at the time of micturition represents Grade 1
- Intermittent burning after micturition represents Grade 2
- Continuous burning after micturition represents Grade 3

3) Force of Urine stream:

- If Urine stream reaches beyond the toilet pan, it represents Grade 0
- If Urine stream reaches in the toilet, it represents Grade 1
- If Urine stream falls just in front of the feet, it represents Grade 2
- Very weak stream represents Grade 3

4) Hematuria:

- Absence of hematuria represents Grade 0
- Microscopic Hematuria represents Grade 1
- Intermittent Hematuria represents Grade 2
- Frank & Visible hematuria represents Grade 3

Reference:

- Mildly Symptomatic 0 – 5
- Moderately Symptomatic 6 – 10
- Severely symptomatic 11- 15

ASSESSMENT OF EFFECT OF THERAPY:

- If there is decrease in score of gradation from 3 to 0 or 2 to 0 or 1 to 0 then it will be considered as *Uttam Upashaya*.

- If there is decrease in score of gradation from 3 to 1 or 2 to 1 then it will be considered as *Madhyam Upashaya*.
- If there is decrease in score of gradation from 3 to 2 then it will be considered as *Alpa Upashaya*.
- If there is no change in gradation or increase in score then it will be considered as *Anupashaya*

OBSERVATION AND RESULT: -

Moderately symptomatic patients were high in both groups, severely symptomatic patients were less in number while mildly

OBSERVATION ACCORDING TO SYMPTOMS:

Symptom	Patient	Severe	Moderate	Mild	Comp. Relief	Slight Relief	No Relief
Painful micturition	10	07	02	01	07	03	00
Burning Micturition	10	05	03	02	08	02	00
Weak Urine stream	10	07	01	02	10	00	00
Haematuria	02	00	00	02	02	00	00

DISCUSSION :

Sahachara drug has *Madhura, Tikta Rasa, Ushna virya*, it acts as *Vata and kapha shamak*⁶. *Sahachara* also have properties like *Vadana Sthapana, Shothahara, Kusthaghna, Kaphanisaraka, Vranashodhana, Vranaropana*⁷. *Sahchara taila* possesses *sukshma, sara, vikasi, ushna, teekshna, vata-pitta shamak & vranaropak* qualities. It softens tissue, increases elasticity & promotes regeneration. *Saindhava* is having *lavan rasa* which is best *vataghna rasa* and is having *sheeta virya* and *Madhura vipaka*. All the drugs with *madhura vipaka* are *sprastavinmootrakara* means increasing the activity of excretory system. *Saindhava* is

symptomatic patients were very less. Most of the patients were from age group 40-60 yrs. and having normal built, so we can conclude that incidence of the disease increases with increasing age. The result observed in this study is encouraging which 100% is. Urethrograms were carried out in all the 10 patients before & after treatment. Findings of urethrogram showed that caliber of lumen of urethral lumen. The average urine flow rate was initially 120 to 140 ml per minute before treatment & it had been improved up to 260 to 300 ml per minute after treatment.

laghu, sookshma and having *Sookshmastrotogamitva* which can carry the drug upto *sookshmastrotasas* i.e due to *sookshma guna* it reaches the micro channels of the body.⁸ The *saindhav* acts as *anulomak* of *dosha* & hence *mutra marg vishodhana* comes into result. *Madhu* does *sroto shodhan* and *ropan karma*⁹. Also, it has *Yogwahi* property means it enhance the properties of substances with which it is processed¹⁰. A combination of *Sahchara taila, Saindhava, Madhu* acts as *lekhana* on local soft tissue. It oleates the whole tissues.

CONCLUSION:

This study shows the effectiveness of *uttarbasti* in urethral stricture. So finally, we

can invariably say that it has the definite edge over the current surgical procedures. Hence a further study seems necessary for confirmation of these encouraging results and standardization of the dose and duration of this regimen.

PROCEDURE OF UTTARBASTI: -

PURVAKARMA:

- Investigations
- Informed & written consent before *uttarbasti*
- Voiding of urine before *uttarbasti*
- Recording of vital parameters
- Supine position is to be given to patient
- Painting & draping of part

PRADHANKARMA: -

- Under all aseptic precaution, infant feeding tube no. 6 & disposable 20cc syringe is filled with 20 ml *Sahachara taila* & is taken into right hand.
- Its nozzle is gently inserted into the external urethral meatus and slight pressure is applied to fix the junction.
- Lukewarm *Sahachara taila* is inserted slowly over a period of 20 seconds. After that, penile clamp is applied just proximal to glans penis.
- Patient is kept in situ for 15 minutes
- Dose: As per requirement of patient, maximum up to 20ml.
- Regime: 3 settings of *uttarbasti* (each containing 5 *uttarbasti*) with gap of 3 days.
- Duration of study: 15 days.
- Follow up: 0th, 5th, 10th & 15th day.

PASCHATKARMA: -

- Patient is kept in same supine position for 15 minutes. After that penile clamp is removed.
- Patient was instructed not to void urine for next 2 hours.
- Patient was instructed to avoid undue straining.

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