

Available online on 15.04.2024 at <http://ajprd.com>

Asian Journal of Pharmaceutical Research and Development

Open Access to Pharmaceutical and Medical Research

© 2013-24, publisher and licensee AJPRD, This is an Open Access article which permits unrestricted non-commercial use, provided the original work is properly cited

Open  Access

Case Study

Shwadamstradi Ghrita Uttarbasti the Ayurvedic Treatment of Urethral Stricture

Akash Varsadiya^{1*}, Rajeshkumar Sharma², Dipa Kanani³¹Government Akhananand Ayurved College, Ahmedabad, Gujarat, India²Professor & H.O.D. Department of Shalyatantra Government Akhananand Ayurved College, Ahmedabad, Gujarat³Government Akhananand Ayurved College, Ahmedabad, Gujarat, India

ABSTRACT

In Ayurveda, Acharya Sushrut mentioned miraculous treatment for urethral stricture or mentioned as Mutrakruccha in Ayurvedic classical texts. Which briefly means difficulty in micturition. Mutrakruccha can be correlated with Urethral stricture due to the similarity between the symptoms. Many surgical and non-surgical treatments are available in modern medical science. Still, due to the high recurrence and huge financial burden on the health system, Ayurvedic treatment Uttarbasti is showing promising results in the management of Urethral Stricture. Uttarbasti is the delivery of therapeutic oil or decoction via the urethra or vaginal channel. Urethral strictures can result from inflammatory, ischemic, or traumatic processes. These processes lead to scar tissue formation; scar tissue contracts and reduces the caliber of the urethral lumen, causing resistance to the flow of urine. Urethral strictures arise from various causes and can result in a range of manifestations, from an asymptomatic presentation to severe discomfort secondary to urinary retention. Retrograde urethrogram (RUG) is the main diagnostic tool to find urethral stricture and help find the length of the stricture. There is no modern medical-science treatment for urethral stricture disease, however, urinary tract infections (UTIs) should be adequately treated before surgical intervention. Surgical treatment of urethral stricture disease is indicated when the patient has severe voiding symptoms, bladder calculi, increased postvoid residual, or urinary tract infection or when conservative management fails. Due to the high recurrence rate of surgical intervention in Urethral stricture non-invasive treatment such as Uttarbasti is always appreciated.

Key Words: Mutrakruccha, Ayurveda, Micturition, Samanyalakshana**ARTICLE INFO:** Received 28 Nov. 2023; Review Complete 23 Jan 2024; Accepted 03 Feb. 2024; Available online 15 April. 2024

Cite this article as:

Varsadiya A, Sharma R K, Kanani D, Shwadamstradi Ghrita Uttarbasti the Ayurvedic Treatment of Urethral Stricture, Asian Journal of Pharmaceutical Research and Development. 2024; 12(2):115-117. DOI: <http://dx.doi.org/10.22270/ajprd.v12i2.1374>

*Address for Correspondence:

Akash Varsadiya, Government Akhananand Ayurved College, Ahmedabad, Gujarat, India

INTRODUCTION

Ayurveda deals with the healthy life of human beings. Moreover, it is concerned with a disease-free life. Ayurveda is the system of medicine and surgery that explains Urology. Acharya Sushruta has described the Anatomy, Physiology, and Pathology of many diseases related to the Urinary System like Mutrakruccha (painful micturition), Mutarghata (suppression or obstruction of urine), Ashmari (urinary stone), etc, with their management along with the diseases of other systems. The description of the Mutravahastrotas (urinary system), Basti (urinary bladder), Mutrotipatti (formation of urine), and Shukravaha Strotas (reproductive system) is given concisely. Sushruta Samhita along with Bhrihatrayi described Mutrakruccha. The Samanyalakshana of Mutrakruccha is "Dukhenprabritti" which means pain and discomfort during micturition.

AIM AND OBJECTIVES

To assess the effect of Shwadamstradi Ghrita Uttarbasti in the management of Mutrakruccha w.s.r. to Urethral Stricture.

1. To understand the pathophysiology of the Mutrakruccha (Urethral Stricture) from Ayurvedic and Modern point of view.
2. To evaluate the efficacy of Shwadamstradi Ghrita Uttarbasti.

MATERIAL AND METHOD

This is a conceptual study. Textual material is used for the study, from which various references have been collected.

Uttarbasti is the delivery of therapeutic oil or decoction via the urethra or vaginal channel.

INSTRUMENTS

- Disposable syringe, 20 ml capacity
- 10% w/v betadine solution, Lignocaine jelly
- Sponge-holding forceps, surgical gloves 1 pair
- Sterile hole sheet, cotton gauze pads
- Surgical mask and gown all the instruments are to be properly sterilized and the procedure is to be conducted in the operation theater under strict aseptic measures.

PROCEDURE OF UTTARABASTI

The method is divided into three parts.

1. Purva karma 2. Pradhan karma 3. Paschat karma

A). PURVAKARMA

Preparation of the patient:

- Local Abhyanga Swedana to be done before Uttarbasti.
- The patient is advised to empty the bladder before the procedure of Uttarbasti.
- Part preparation, Painting, and draping properly

DOSE: 20ml

DURATION: one time per day for 21 days (4 cycles, in one cycle Uttarbasti for 3 days with 3 days gap between two cycles).

B) PRADHAN KARMA

Instillation of medicated Ghrita into the bladder constitutes Pradhan karma.

- The patient should be in a supine position on the OT table.
- Ghrita to be melted over hot water in a metal vessel.
- 20 ml Ghrita to be filled in the syringe.
- The syringe tip will be introduced in the urethra and 20 ml of Ghrita to be pushed.
- A Penile clamp will be used for better effect.

C) PASCHAT KARMA

- The Patient advised to relax for 30 minutes in the bed and a hot water bag should be given for formulation over the suprapubic area.
- The Patient advised to take plenty of liquids, especially hot water, buttermilk, and barley water, throughout the day.

DISCUSSION:

In Mutrakruccha, there is vitiation of Vata, especially Apanvayu which is located at Shroni, Basti, and Medhra leads to obstruction of urine outflow due to Vimargagamana and Marga Avrodhana. Therefore, the main principle should be to Vatanuloman and Mutrashodhan to return the normal qualities of Apan Vayu.

Shwadamstradi Ghrita:

श्वदंष्ट्राशमभिदौकुम्भीहृषांकण्टकारिकाम्।

बलांशतावरीरास्त्रांवरुणगिरिकर्णिकाम्॥१७॥

तथाविदारिगन्धादिसंहृत्यत्रैवृतपचेत्।

तैलघृतंवातत्पेयंतेनवाऽप्यनुवासनम्॥१८॥

दद्यादुत्तरबस्तिचवातकृच्छ्रोपशान्तये॥१९॥ SU.UT.59/17-19

This medicated Ghrita is prepared from ingredients, i.e., Gokshura, Ashmibido, Kumbhi, Hapusha, Kantkaari, Bala, Shatavari, Rasna, Varun, Girikarnika, Vidarigandhadi Gana Aushadhi. Which are prepared in the Traivruttam (Ghrita, Vasa, Majja). Due to this, Sanga gets removed from Mutravaha Strotasa, particularly at the urethra, which leads to an increased size of the lumen (which was previously constricted) diameter at the site of stricture. As the Mutravaha Strots become free from the vitiated Vata. The Below-mentioned drugs are used to make medicated Ghrita. Shwadamstradi Ghrita has properties like Basti Shodhana, Balvardhana, Agnideepak, Vrishya, Ashmarihara. As Acharya Sushrut mentioned in the verse that oral, rectal, urethral administration of the Shwadamstradi Ghrita pacifies Mutrakruccha.

DRUG	LATIN NAME	FAMILY
Shwadamastra	Tribulus terrestris	Zygophyllaceae
Pashanbheda	Bergenia ligulata	Saxifragaceae
Kumbhi	Careya arborea Roxb.	Barringtoniaceae
Hribera	Pavonia odorata	Lamiaceae
Kantkaari	Solanum Xanthocarpum	Solanaceae
Bala	Sidacordifolia	Malvaceae
Shatavari	Asparagus racemosus	Asparagaceae
Rasna	Pluchea lanceolata	Asteraceae
Varun	Crateva religiosa	Capparaceae
Parijat	Nyctanthes arbor-tristis	Oleaceae
Punarnava	Boerhavia diffusa	Nyctaginaceae
Eranda	Ricinus communis	Euphorbiaceae

Urethra is highly habitual for infection. Particularly, female have shorter urethra and close to vagina due to hormonal imbalance or unhygienic conditions in the perineum causes urethral tract infection which leads to stricture formation. Meanwhile, Males have longer urethra and are prone less to UTI. The most common causes of urethral stricture today are traumatic or iatrogenic. Inflammatory or infectious, malignant, and congenital aetiologies are less common. Approximately 30% of urethral strictures are idiopathic. Iatrogenic urethral trauma usually results from improper or prolonged catheterization and accounts for 32% of strictures. The size and type of catheter used have an important impact on urethral stricture formation. Silicone catheters and Small-Caliber Foley catheters are associated with less urethral morbidity. Uttarbasti have Two modes of action one is mechanical, when Ghrita is passed into the urethra it increases the size of the lumen. Whereas pharmacological action takes at the cellular level in the urethra. Combined effects of mechanical and pharmacological effects of Shwadamstradi Ghrita Uttarbasti benefits in the Urethral stricture.

CONCLUSION:

Uttarbasti has paramount importance in the treatment of Urethral Stricture and shows excellent results when applied in proper indication and done with sterile precaution and an aseptic environment in the operation theater. Shwadamstradi Ghrita is a time-tested classical medicine with promising results for Urethral stricture.

CONFLICT OF INTEREST: NIL

REFERENCE

1. Sushruta Samhita ch.59 (Dr. Annatram Sharma) page no. 481-485

2. Yog Ratnakar Uttarardha (Vaidhya Shreelakshmipati Shastri) page no. 50-55
3. Bailey and love's short practice of surgery 26 th edition.
4. Susruta Samhita of MaharshiSusruta, Ayurveda- Tattiva- Sandipika Hindi commentary By Kaviraj Ambikadutta Shastri, Varanasi, Caukhambha Sanskrit Sansthan, Part-2, Uttaratanta59/3-4.
5. Charaka Samhita of Agnivesha, Volume-2, Edited with 'Vaidhyamanorama Hindi Commentary, Delhi, Chaukhambha Sanskrit Pratishthan, Chikitsa Sthana 26/33-34.
6. Manual On Clinical Surgery S. Das 13 Ed.
7. Srimada Vrddha Vagbhat Vicharit-Ashtanga Sangrah, Indu-Vyakhyat Sahit by Vaidhya Anant Damodar Athavale, Pune, Mahesh Anant Athavale Srimada Atreya Prakashana 'Nandanandan'. Nidansthan 9/5.
8. SRB Manual of Surgery 6 Ed.
9. Maxx A. Gallegos and Richard A. Santucci, Advances in urethral stricture management, Published online 2016 Dec 23. doi: 10.12688/f1000research.9741.1, Version 1. F1000Res. 2016; 5: 2913, PMID: PMC5225410 • <https://emedicine.medscape.com/article/450903-overview>
10. Santucci RA, JoyceGF,Wise M. Male urethral stricture disease. Journal of Urology 2007;177(5):1667– 7.

