



Ayurvedic Management Of Cystitis with Urethral Stricture (Mootraghata with Mutrotsanga)- A Case Study

Dr.Ravinder¹, Dr.Vikash kumar² Dr.Aslam khan³ Dr. Deepak khundia⁴

^{1,4} MS scholar,PG Department of *shalya* tantra, AIIA ,New Delhi

²Phd. scholar, Department of *Samhita & Sidhanta*, AIIA, New Delhi

³MS scholar,PG Department of *shalya* tantra, MMM Govt. *Ayurved* college, Udaipur

ABSTRACT

Cystitis is an inflammation of the bladder, while urethral stricture is a narrowing of the urethra's lumen. The prevalence of urethral stricture is determined to be 0.6% of the population. Males in their middle and older years make up the majority. According to the *Ayurvedic Sushrut Samhita*, urethral stricture symptoms are comparable to those of *mutrotsanga*. Despite being a rare ailment, stricture urethra continues to be a sensible and problematic issue in the global community. Prior to and following therapy, a 41-year-old male patient who visited the OPD at the All India Institute of Ayurveda Hospital in New Delhi with complaints of urgency, frequency, incomplete voiding, dribbling urine, and burning micturition was evaluated. Before and after the treatment, ultrasonography and retrograde urethrography were performed in this case study.

KEYWORDS

Dhanwantar taila, Mootraghata, Mutrotsanga, Cystitis, urethral stricture, uttarbasti

INTRODUCTION

From the study of ancient surgical text, *Sushruta Samhita*, it becomes evident that urological problems are an important part of medical sciences even during those days. It may be the reason that a clear and striking picture regarding their classification, symptomatology, complications and management are explained in all the classical texts. The earliest description about the afflictions of urinary tract can be traced back to *Atharva Veda*. Comprehensive description regarding *Mutraghata* and its treatment with the use of *Loha Shalaka* give as an account of knowledge that our ancestors had anatomical, physiological, pathological and therapeutic aspects of the human body.[1] As per Ayurvedic *Sharira Rachana*, *Mutravaha Srotas* includes *Vrukka* (kidney), *Gavini* (ureter), *Mutrashaya* (urinary bladder) and *Mutramarga* (urethra). *Ashtanga Hridaya* defines that urination is the function of *Vata*, and its vitiation settles in disturbed urinary functions.[2] *Sushruta* has described 12 varieties of *Mutraghata* which is classified on the basis of dominance of *Doshas*, but *Vata* is the basic *Dosha* for all varieties of *Mutraghata*. [3] It is a condition in consequence with some kind of obstructive uropathy, mechanical or functional; related either to upper or lower urinary tract resulting into either partial or complete retention of urine as well as oliguria or anuria. The present study is concerned with the *Mutramarga Sankocha*, a condition afflicting *Mutravaha Srotas*. In this condition, there is obstructed urine flow, straining, dribbling and prolonged micturation.[4] *Mutramarga Sankocha* can be correlated with stricture urethra. Pathologically it becomes narrowed by a fibrotic tissue, which hampers excretion of urine. In modern science, the suggested treatment is urethral dilatation besides surgical treatment. It may cause bleeding, false passage and fistula formation. The surgical intervention like urethroplasty also carries high grade risk of recurrences.[5] Though the science has developed in many directions, it is unable to provide satisfactory treatment to patients without any complications and recurrences. Seers highlighted the use of *Uttarabasti* in the management of *Mutramarga Sankocha*. Previous researches also highlighted that, *Uttarabasti* is effective in providing symptomatic relief in urethral stricture without any side effects.[6],[7] The current study re-establishes the effect of *Uttarabasti* of medicated oil (*Dhanwantar taila*) in the management of urethral stricture *Mutra* is an outcome product digestion of food and metabolism in the body it is passes through urethra. In both *Mutraghata* and *Mutrakrichha*, *Krichhrata* (dysuria) and *Mutra-vibandhta* are simultaneously present but in *Mutrakrichha* there is predominance of *Krichhrata* (dysuria) In *Ayurveda* text the urinary disorders are described in the form of 8 types of *Mutrakrichha*, 8 types of *Mutraghatas*, 4 types of *Ashmaris* and 20 types of *Prameha*. [8] *Acharya kashyapa* had also described the sign and symptoms of *Mutrakriccha* in *Vednaadhyaya* (9) *Acharya Susrut* has described eight types of *Mutrakrichha*. [10] In *Mutrakrichha*, the vitiated *Pitta Dosha* along with *Vata* (mainly *Apana Vayu*) on reaching *Vasti* (bladder) afflicts the *Mutravaha Srotas* due to which the patient feels difficulty in micturition. [11] The above mentioned symptomatology has close resemblance with urinary tract infections, as described in modern texts specifically lower urinary tract infections (urethritis and cystitis) In such condition *Uttarabasti* of medicated oils is the most effective available treatment described by the seers of *Ayurveda*.

PATIENT INFORMATION

On July 7, 2022, a 41-year-old male patient in the OPD (AIIA) complained of burning urination, urgency, frequency, incomplete voiding of urine, and unsatisfactory urination. For a year, the patient suffered from the above mentioned complaints. He also sought advice from a urologist at Apollo Hospital regarding this issue, although he planned to undergo a cystoscopy and OIU on August 2022. Patient seeks treatment at an ayurvedic hospital since he does not want to undergo surgery.

Images of Ultrasonography

In this USG W/A report (07/07/22) clearly states that B/L Hydronephrosis with cystitis (Urinary bladder show irregular and thickened wall measures 6.5mm suggestive of changes of cystitis and significant post voidal residual volume (343cc) raising a possibility of bladder outlet obstruction after completion of one cycle of therapy USG W/A (27/08/22) shows B/L moderate hydroureteronephrosis with changes of cystitis (bladder wall irregular and thickened wall measures 5.4mm raising a possibility of bladder outlet obstruction . it shows **no significant post voidal residual volume (20cc)**

All India Institute of Ayurveda
अखिल भारतीय आयुर्वेद संस्थान
आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान
(An Autonomous Organization under the Minister of AYUSH, Govt. of India)

| | | | |
|----------------|------------------|---------------|------------|
| UHID No. : | 16694 | Receipt No. : | 16694 |
| Patient Name : | Mr. Rajesh Kumar | IPD No. : | |
| Age / Sex : | 42 Years Male | Panel : | General |
| Consultant : | Self | Date : | 07/07/2022 |

Usg Whole Abdomen Report

The liver is normal in size 14.2 cm and echotexture. There is no evidence of any focal defect or mass lesion. The intra hepatic vascular biliary channels are normal. The portal vein is normal in course and caliber.

The gall bladder, bile duct and pancreas are normal in appearance.

Both kidneys are normal in shape, size and echotexture without evidence of any focal defect, mass lesion. The renal parenchymal thickness and echogenicity is normal on both sides.

There is evidence of gross hydronephrosis noted in B/L kidneys. The right kidney measures 11.2 cm in length. The left kidney measures 11.1 cm in length.

Spleen is normal in size and echotexture. There is no nodal enlargement or ascites.

The urinary bladder is distended shows irregular and thickened wall measures (6.5 mm) suggestive of changes of cystitis. Pre-void volume is 438 cc and post-void volume is 343 cc (significant).

The prostate is normal in shape and size as seen on per abdominal examination.

Both the seminal vesicles are normal in appearance.

IMPRESSION:
B/L hydronephrosis with changes of cystitis and significant postvoid residual volume raising a possibility of bladder outlet obstruction.

Advise: Further evaluation with RGU and MCU and clinical correlation.

blant
Dr. Ishan Bharti
Consultant Radiologist
MD [Radio Diagnosis]

NOT VALID FOR MEDICOLEGAL PURPOSE.
This is only radiological professional opinion & not a final diagnosis. Xray, USG & CT also have its limitations, therefore the report should be interpreted in correlation with clinical & pathological findings.

For Panacea Healthcare & Diagnostics Pvt. Ltd.
In MoU with All India Institute of Ayurveda
Gautampuri, Sarita Vihar, Mathura Road, New Delhi-110076
Email: panaceaaiia@gmail.com Phone: 9625669598, 7428018518

All India Institute of Ayurveda
अखिल भारतीय आयुर्वेद संस्थान
आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान
(An Autonomous Organization under the Minister of AYUSH, Govt. of India)

| | | | |
|----------------|------------------|---------------|------------|
| UHID No. : | 46361 | Receipt No. : | 19082 |
| Patient Name : | Mr. RAJESH KUMAR | IPD No. : | |
| Age / Sex : | 42 Years Male | Panel : | General |
| Consultant : | Alla Hos. | Date : | 27/08/2022 |

Usg Kub Report

Both kidneys are normal in shape, size and echotexture without evidence of any focal defect, mass lesion. The renal parenchymal thickness and echogenicity is normal on both sides.

There is evidence of moderate hydroureteronephrosis noted bilaterally. The right kidney measures 10.8 cm in length. The left kidney measures 11.0 cm in length.

Spleen is normal in size and echotexture. There is no nodal enlargement or ascites.

The urinary bladder is distended shows irregular and thickened wall measures (5.4 mm) suggestive of changes of cystitis. Pre-void volume is 280 cc and post-void volume is 20 cc (insignificant).

The prostate is normal in shape and size as seen on per abdominal examination.

Both the seminal vesicles are normal in appearance.

IMPRESSION:
B/L moderate hydroureteronephrosis with changes of cystitis raising a possibility of bladder outlet obstruction.

Advise: Clinical correlation.

As compared to previous usg (07/07/22) there is significant improvement noted.


blant
Dr. Ishan Bharti
Consultant Radiologist
MD [Radio Diagnosis]

NOT VALID FOR MEDICOLEGAL PURPOSE.
This is only radiological professional opinion & not a final diagnosis. Xray, USG & CT also have its limitations, therefore the report should be interpreted in correlation with clinical & pathological findings.

For Panacea Healthcare & Diagnostics Pvt.Ltd.
In MoU with All India Institute of Ayurveda
Gautampuri, Sarita Vihar, Mathura Road, New Delhi-110076
Email: panaceaaiia@gmail.com Phone: 9625669598, 7428018518

Retrograde Urethrogram (RGU)



| DEPARTMENT OF RADIOLOGY | |
|----------------------------|--|
| Patient Details : | Mr. RAJESH KUMAR Male 41Yr 7Mth 0Days |
| UHID : | APD1.0011450910 Patient Location: OP |
| Patient Identifier: | DEL1OPP3700270  |
| DRN : | 1221137896 Completed on : 01-AUG-2022 15:12 |
| Ref Doctor : | Dr. AJIT SAXENA |

EXAMINATION PERFORMED: RETROGRADE URETHROGRAM (RGU)

Scout:
No significant abnormality seen.

Procedure: 30 ml contrast was instilled in anterior urethra and serial radiograph were taken under fluoroscopic guidance with patient in supine position.

Finding : Two focal short segment stricture are seen in bulbar urethra.

The posterior urethra and penile urethra appear normal.

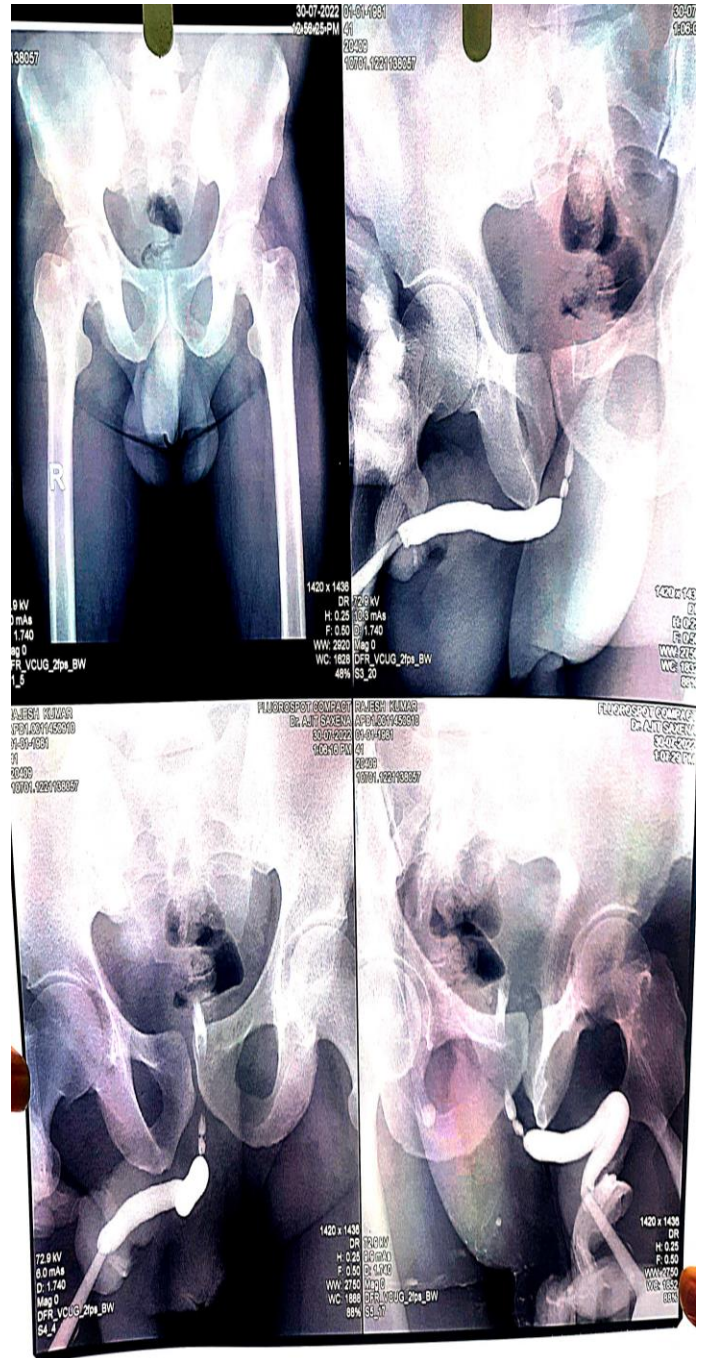
Impression
PLEASE CORRELATE CLINICALLY.

DR PRASHANT YADAV

--- END OF THE REPORT ---

Keep the records carefully and bring them along during your next visit to our hospital

For enquiry & appointments contact : 011-26925801 / 26925858



This RGU report states that Two focal short segment stricture are seen in bulbar urethra.

Material

Drugs and their proportions

- *Dhanwantar Taila*-30 ml
- *Saindhav*-1 gram
- *Madhu*-3 ml

Method

Procedure of *Uttarbasti*: Adopted standard procedure of *Uttarbasti* was followed (*Dudhamal*, 2010).

Diagnostic Criteria

Subjective Parameters: Diagnosis was based on the clinical signs and symptoms of the disease, which are

- Incomplete emptying
- Frequency
- Weak stream
- Straining
- Nocturia
- Intermittency
- Urgency
- Hesitancy

Objective Parameters: USG W/A

Retrograde Urethrography (RGU)

Procedure

Uttar basti is performed in following 3 phases as follow.

1. *Purvakarma* (pre- operative) (12)

- All the needed investigations are done and necessary vitals are taken at first.
- Patient is asked to void urine, and be free from natural urges. Then asked to lie in supine position with cloth undone.
- Then Antiseptic care is given.
- Then luke warm autoclaved oil is mixed with rocksalt.

2. *Pradhan karma*(operative) (13)

- Thus obtained mixture is loaded in 10 ml disposable syringe.
- The penile region is painted by betadine with help of betadine soaked gauzes and sponge holder. Then

penis is retracted and cleaned by betadine solution.

- Then foetal feeding tube is inserted and when it reaches bulbomembranous urethra patient is asked to take deep breathe. Further fetal feeding tube is inserted till it reaches bladder.
- Then the medicated oil mixture is passed through fetal feeding tube by the help of syringe in one shot. Patient is asked to remain in same position till 15 minutes.
- Then the fetal feeding tube is removed and prepuce is repositioned to avoid phimosis. This process is done in alternative days or in interval of 3 days for 7 sittings.

3. *Paschat karma* (postoperative) (14)

- Patient is avoided to micturate till 2 hrs after procedure.
- Post procedure vitals are taken and noted.
- Patient is called for followup on regular interval.

Contraindications..

Hypersensitivity, Anatomical urethral stricture, Phimosis, Hypo/Epispadias

BEFORE TREATMENT AND AFTER TREATMENT OBSERVATION

| Symptoms | BT | AT |
|---------------------------|-------------|-------------|
| Burning micturition | Present | Not present |
| Straining at micturition | Present | Not present |
| Decreased stream of urine | Present | Not present |
| Prolonged micturition | Present | Not present |
| Hematuria | Not Present | Not present |
| Incontinence of urine | Present | Not present |
| Strangury | Not Present | Not present |
| Retention of urine | Present | Not present |
| frequency of micturition | Present | Not present |

RESULTS AND DISCUSSION

Vata and *Kapha* dosha are more prevalent, which causes *mutra marga samkocha*. *Dushyas*, on the other hand mucous membranes like *rasa, rakta, and mansa*. Urinary problems develop when the act of micturation, which is governed by *apana vayu*, becomes vitiated. *Vata dosha* vitiation causes an increase in *chala, ruksha*, and *khara guna* in *mutramarga*, which leads to *mutramarga samkocha*. So, in order to treat *mutramarga*, it is necessary to passify *samkocha vata* and *kapha*, which is accomplished by using various medications during a process known as *uttarbasti*. The following describes the mode of action.

References

1. Athavale BV. Delhi: Chaukhamba Sanskrit Prakashana; 2004. Urology in Ayurveda; p. 212. [[Google Scholar](#)]
2. Varanasi: Chaukhamba Sanskrita Santhan; 2007. Vagbhata, Asthanga Hridaya, Vidyotini Tika, Sutra Sthana 12/9; p. 90. [[Google Scholar](#)]
3. Varanasi: Chaukhamba Sanskrita Santhan; 2002. Sushruta, Sushruta Samhita, Ayurveda Tatvasandipika Hindi Commentary, Uttara Tantra 58/3-4; p. 423. [[Google Scholar](#)]
4. Varanasi: Chaukhamba Sanskrita Santhan; 2002. Sushruta, Sushruta Samhita, Ayurved Tatvasandipika Hindi Commentary, Uttar Tantra, 58/15-16; p. 425. [[Google Scholar](#)]
5. Al-Qudah HS, Santucci RA. Extended complications of urethroplasty. *Int Braz J Urol.* 2005;31:315–23. [[PubMed](#)] [[Google Scholar](#)]
6. Amilkanthwar RH. Role of Uttarbasti in the management of Mutra Marga Sankoch (urethral stricture) *Indian J Tradit Knowl.* 2004;3:177–81. [[Google Scholar](#)]
7. Dudhamal TS, Gupta SK, Bhuyan C. Case report: Management of urethral stricture with Uttara Basti. *Anc Sci Life.* 2010;30:51–3. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
8. 8.Singh RH.Caraka Samhita.Ch.ch.19/1.Chaukhambha Surbharati Prakashan.Vranasi:2016. P.109.
9. 9.Satyapala Bhishgacharya,Kashyapa Samhita “Vidyotini” Hindi commentary.Ka.Su.25/21. Chaukhambha Sanskrit Sansthan. Varanasi: 2009. P.34.
10. 10. Ambikadutta Shastri. Sushrut Samhita. Su.ut.-59/3.Chaukhambha Sanskrit Sansthan. Varanasi: 2011. P.440
11. 11.Kaviraj Ambikadutta Shastri. Sushrut Samhita. Su.Su.-21/21. Chaukhambha Sanskrit Sansthan. Varanasi: 2011. P.118
12. Chapple, C., Barbagli, G., Jordan, G. et al. (2004). Consensus statement on urethral trauma. *BJU International* 93 (9): 1195–1202. Epub 2004/06/08
13. Fenton, A.S., Morey, A.F., Aviles, R., and Garcia, C.R. (2005). Anterior urethral strictures: etiology and characteristics. *Urology* 65 (6): 1055–1058. Epub 2005/05/26.
14. Bonkat G, Pickard R, Bartoletti R, et al. EAU Guidelines on Urological Infections. EAU 2017. https://uroweb.org/wp-content/uploads/19-Urological-infections_2017_web.pdf. (Accessed 18 October 2018).