



Effect of Ksheerabala Tail (Oil) Uttar Basti in The Management of Urethral Stricture -A Case Report

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ABSTRACT

The urinary system is frequently affected by urethral stricture, which primarily affects men. It describes narrowing of the urethra, the tube that carries urine from the bladder outside of the body. Urinary problems include frequent urination, decreased urine flow, and urinary tract infections can be brought on by urethral strictures. Although there are traditional treatments like dilation and surgical intervention, interest in alternative remedies is developing. Ksheerabala Taila, an Ayurvedic oil renowned for its curative properties on a number of diseases, is one such potential treatment. In-depth discussion of urethral stricture and possible Ksheerabala Taila management benefits are provided in this article. According to ayurveda, urethral stricture is known as mutramarga sankoch, and vata dosa is its primary cause. Ksheerabala taila contains Ksheera (cowmilk), Bala (Sida cordifolia Linn.) and Tila Taila (sesame oil).

Keywords: Urethral Stricture, Ksheerabala, Uttar Basti, Mutramarg sankoch

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INTRODUCTION

Sushruta Samhita is the main source of information about traditional surgery in Ayurvedic literature. Reading that book makes it evident that urological concerns have long been a prominent focus of medical inquiry. The descriptions given in the ancient Ayurvedic texts paint a convincing and unambiguous picture of their classification, symptomatology, complications, and treatment. A nice description of mutravaha srotas is found in the Sushruta [1]. Sushruta also emphasised the classification, niadan, and chikitsa of the mutravaha srotas vyadhi. According to Ayurvedic anatomy (Sharir), the urethra, Gavini, Mutrashaya, and Vrukka (kidney) [2] are all parts of the Mutravaha Srotas. The most common condition affecting the urinary system is mutamargasankoch (urethral stricture). In Ayurvedic literature, it is referred to as mutraghat. The explanations are given by Acharya Charaka and Acharya Sushruta, respectively, as mutrakrichcha of 8 types [3] and mutraghat of 12 types [4]. Even though MutraMargsankoch's symptoms are similar to those of Mutrotsanga [5], it is not classified as a separate entity. Anywhere from the bladder to the tip of the penis, the urethra or urinary bladder must contain the pathology (samprapti) in cases of mutrotsangath [6].

When treating the ailment Mutramarga Sankoch Acharya Sushruta listed a number of medical and para-surgical techniques, including uttarbasti. The symptoms of Mutramarga Sankocha are related to urethral stricture. The expression "urethral stricture" It narrows in a pathological way as a result of fibrotic tissue, obstructing urine flow. Post-surgery, injury, or urinary tract infection are some of the etiological reasons [7]. Modern medicine's primary treatment options include urethrotomy, urethroplasty, and surgery for urethral dilatation [8]. There could be bleeding, false passage, or the emergence of a fistula. With surgical procedures like urethral dilatation, the risk of recurrence is extremely high. Modern medical science has come a long way, but it is still unable to provide patients with proper care that avoids recurrence and is problem-free and Recovery went smoothly.

Uttarbasti is a crucial treatment for both male and female genito-urinary issues. It is mentioned in numerous old Ayurvedic literature [9]. A specific siddha oil, ghrita, or decoction is injected into the uterus

or bladder as a kind of treatment. A medicinal oil, or ghrita, is injected into the bladder of a man or female during this procedure through the urethra in the case of a female through the vagina [10]. All aseptic precautions are followed when using the autoclaving process. The Uttarbasti medical oil, also known as ghrita, is kept in a bowl and put in an autoclave drum for complete sterilise. The therapeutic oil was thoroughly sterilised using this method. This Uttarbasti therapy procedure lasts for about 25 to 30 minutes.

CASE REPORT

PERSONAL HISTORY:

- Name of the patient - XYZ
- Age - 60 years
- Gender - Male
- Occupation – Driver
- Date of admission - 10/06/2023
- Date of recovery - 17/06/2023

CHIEF COMPLAINTS WITH DURATION:

Increased frequency of micturition in the past 4 month.

Difficulty in micturition in the past 4 month.

Nocturia in the past 4 month

H/O PRESENT ILLNESS:

Patient whose profession is Driver came to OPD of our Hospital with chief complaints of increased frequency of micturition, difficulty in micturition and nocturia in the last 4 months so, patient came to Ayurvedic hospital for the treatment of the same.

PAST HISTORY:

As per history given by patient, before 4 month he was operated URS Lithotripsy for renal calculi. After those 5-10 days he suffers from same complains. Patient having history of hypertension in the last 10 years for that he takes Allopathic medicine (Tab.UDP-5) 1 BD in the last 10 years. No any history of diabetes mellitus and other systemic illness.

FAMILY HISTORY: No Any Family History.

PERSONAL HISTORY:

- Blood Pressure - 136/86 mmhg
- Pulse - 84/Min
- Temperature - Afebrile
- Cardio Vascular System - S1 S2 Normal, Heard
- Respiratory System - Air Entry Bilaterally Equally Clear
- Digestive System - Appetite Decreased.
- Bowel - Constipated
- Urine-8-9/Day, 6-7/Night
- Addiction- Tea,
- Sleep-Disturbed Due to Nocturia
- Nature Of Work-Standing Working Hours 7 To 8 Hours

DASHA VIDHA PARIKSHA:

- Prakriti-Vata,Pitta
- Vikruti- Mutravaha Srotas Vikruti
- Sara-Rakta Sara
- Samhanana-Madhyam
- Pramana-3 And Half Hasta
- Satmya-Madhyam Satyma
- Satva-Madhyam
- Ahara Shakti-Madhyam
- Vyayama Shakti-Avar
- Vaya- Sthavir

EXAMINATIONS:

Per abdomen examination:

Inspection : No Any Surgical Scars, No Discoloration, No Distension Seen

Palpation : costovertebral angle tenderness, soft, no any guarding

Auscultation: bowel sound heard

Percussion: all sounds felt normal

Urinary system examination:

Urine: 8-9 times per day, 6-7 times per night

Prepuce skin normal,

URS and lithotripsy done before 6 months

External meatus seem normal

INVESTIGATIONS:

Routine haematology (CBC) and urine investigations are within normal limit. RGU (retrograde urethrogram) shows near complete stricture involving bulbo-membranous junction.

MATERIAL AND METHOD

A review of the ayurvedic Samhitas was conducted for the treatment of mutramarg sankoch illness, and Uttarbasti was selected. The study of urethral stricture literature. A single case study involved a 60-year-old male patient who had been complaining for the previous four months of nocturia, a weak urine stream, and increasing micturition frequency. After a thorough evaluation of the patient's general health and physical condition, we chose to administer Uttarbasti. Urinary dilatation was performed on the eighth day after taking Uttarbasti for seven days.

PREPARATION OF UTTARBASTI TAILA:**EQUIPMENTS:**

- *Ksheerabala* Taila
- *Yavakshar* (100mg),
- *Madhu* (5ml),
- *Tankan* (100mg)
- 50 CC Syringe
- Gauze Pieces
- Penile clamp
- Hot Water Bag
- Urethral dilators (No. 6 to 18 F)

METHOD OF PREPARATION

- take *Ksheerabala* Taila add 100 mg yavakshar and tankan
- heat it till it got lukewarm
- add 5 ml of Madhu
- Preparation of taila was done, autoclaving was done before each sitting.

TABLE 1 : MATERIALS USED FOR PREPARATION OF KSHEERABALA TAIL

Sr no	Dravya	Latin name	Virya	Guna	Karma	Part used	Quantity
•	Til taila	<i>Sesamum indicum</i> Linn	Madhura	Guru, snigdha	Vatahara	Seed	4 part
•	Cow milk	-	Shita	Shita, snigdha, ladhu	Medhya, rasayan, Shramhara, Brihan	-	4 part
•	Bala	<i>Sida cordifolia</i> Linn	Madhura	Laghu, snigdha, pichila		Root	1 part
4.	Water						16 part
5.	Madhu	-	Usna/shit	Ladhu, ruksha, vishad	Kaphapitta samak	-	5 ml
6.	Tankan	-	Usna	Ruksha	Vishdosahara, hradya	-	100 mg
7.	Yava kshar	-	Usna	Laghu, snigdha	Kaphvatahara	Kshar	100 mg

TREATMENT:**PURVAKARMA**

- Informed written consent.
- Emptying of bladder before Uttarbasti.
- Supine position to patient.
- Painting of genital and pubic area with antiseptic solution such as betadine.
- Draping done

PRADHANKARMA

- All aseptic precaution taken.

- Disposable 50 CC syringe filled with 30 ml lukewarm Uttarbasti taila.
- 2% lox jelly inserted inside with 10 cc disposable syringe.
- Tip of the syringe was gently inserted into external urethral meatus.
- Uttarbasti taila was gently pushed using pressure.
- While holding the penis on the dorsal side gentle massage was done
- penile clamp was applied for next half an hour.
- Dressing done.

PASHCHAT KARMA:

- Patient was kept in same position for 10-20 min.
- Hot water bag was kept at lower abdomen region of the patient for 20 to 30 minutes.
- Post procedure BP and pulse rate were monitored.
- Patient was advised to avoid undue straining.

URETHRAL DILATATION:

- It was done after 7 days of Uttarbasti treatment
- Given supine position
- Painting and draping done under all septic precaution.
- Xylocaine jelly 2% inserted through penile urethra.
- Urethral dilation started with 6f urethral dilator and end with 18 f.
- Hot waterbag was given to patient to put on his bladder.
- Procedure was done under all aseptic precautions.

Table2: International Prostate Symptom Score

Parameters	Not at all	Less than 1-5 Times	Less than Half the Time	About 1/2 the Time	More than 1/2 the Time	Almost Always
Increased Frequency	0	1	2	3	4	5
Intermittency	0	1	2	3	4	5
Urgency	0	1	2	3	4	5
Incomplete Emptying	0	1	2	3	4	5
Weak Stream	0	1	2	3	4	5
Straining	0	1	2	3	4	5
Nocturia	0	1	2	3	4	5

Table 3: Score and Grade during International Prostate Symptom Score

Score	Correlation	Grade
0	Asymptomatic	0
1-7	Mild Symptomatic	1
8-19	Moderate Symptomatic	2
20-35	Severe Symptomatic	3

Table 4: DAY TO DAY OBSERVATIONS OF IPSS GRADING:

SR NO.	DAY	GRADE
1	1.	2
2	2.	3
3	3.	2
4	4.	3
5	5.	2
6	6.	1
7	7.	2
8	8.	0

DISCUSSION [10]

MODE OF ACTION OF KSHEERABALA TAIL

CUMULATIVE EFFECT OF KSHEERABALA TAIL

Guna: *Snigdha* , *Manda* , *Sukshma* and *Vyavayi*

- Veerya: *Ushna* (mod)

- Doshaghnata: Vatakaphaghna

The probable mode of action of *Ksheerabala Taila* could be analyzed by its *Rasa Panchaka*.

Ksheerabala Taila is said to have pacifying effects on all the eighty chronic conditions of *Vata* origin (*Vata Nanatamja Vikara*). These dravyas all have pachana effects, which give brihana extra properties. It calms down *Vata* dosha. These dravyas serve as vedanahara as well.

It has been demonstrated that the isolated *Ksheerabala Taila* TAF factor possesses anti-inflammatory properties. According to recent studies, the medicine should be suspended in an oleaginous media to improve absorption. The lymphatic system can be strengthened and strengthened, and inside waste can be removed.

Deep connective tissues and muscles relax. the urethral stricture and the fibrous tissue that was producing it, as well as the stricture itself, had reduced the tone of the muscles, which had become too tight.

Additionally, it will stretch the fascia that is the most loose and restore soft tissue mobility. By relieving both acute and long-term muscle tension, pain can be reduced.

MODE OF ACTION OF UTTARBASTI [11]

The elasticity of tissues is enhanced, thereby facilitating the softening and healing of scar tissue. Tanka and yava kshar possess properties such as Chedana, Bhedana, Marga vishodhankara, and softening effects. Consequently, they contribute to the softening of scar tissue.

Madhu exhibits properties including Vranashodhana, Lekhana, Ropana, Strotovishodhan, and Kshatkshayaghna. Therefore, the medicated oil functions in two distinct manners: it promotes the snehan of scar tissue, resulting in mardavata, and facilitates the lekhan of soft tissue, which aids in the movement of *vata* and *kapha*.

A crucial recommendation for Uttarbasti in patients with urethral stricture is that many doctors and practitioners utilize a feeding tube for administering Uttarbasti. However, employing a feeding tube for this purpose does not achieve the desired outcome, as the primary objective is to soften the scar tissue and lubricate the urethra adequately. To achieve this, it is advisable to use a syringe for direct injection through the meatus, thereby pushing the oil into the urethra.

Following seven days of urethral oiling, urethral dilation is performed, with Uttarbasti serving as a catalyst for this dilation process. This can lead to the detachment of scar tissue, and due to the rasayan properties, normal tissue regeneration can be stimulated.

Ausadhis employ the Uttarbasti technique to access the bladder. Drug administration is effective only at the targeted site due to reduced absorption or metabolic loss, which necessitates systemic therapy for bladder disorders. By utilizing intravenous drug delivery (IDD), which maintains a linear correlation between drug concentration in bladder tissue and urine concentration, first-pass metabolism losses can be mitigated. Given that passive diffusion is the sole driving force for intravesical drug absorption, it is logical to maintain a high concentration gradient to enhance trans-vesical (across the urothelium) drug transport. The urinary bladder comprises mucosal cells, submucosal cells, detrusor muscle, adventitia, transitional epithelium, and lamina propria. Ausadhi is absorbed through capillaries with the assistance of epithelial cells.

Fig1 :Procedure of doing Uttarbasti:



CONCLUSION

The result of enhanced functional activities, the Ksheerbala Tail Uttarbasti was found to be quite beneficial in reducing the signs and symptoms of urethral stricture. However, more analysis on sizable samples is required before the final judgement can be made.

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