



A case study on efficacy of *Narayan taila uttarbasti* in treatment of *mutrotsanga* w. s. r. to Urethral spasm.

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Abstract

A 62 years male patient was admitted with complaints of dribbling and unsatisfactory micturation, incomplete voiding and increased frequency. Undergone ascending retrograde urethrography which was suggesting of bulbar urethral stricture. But, 14-f nelton catheter passed easily through urethra; hence diagnosed as a *mutrotsanga*⁽³⁾ according to *ayurveda* and it resembled with urethral spasm according to modern science. In the modern medical science, treatment for this condition is repeated urethral dilatations & sometimes urethroplasty. This patient could not afford it and was also apprehensive about its complications. Hence he was advised ayurvedic treatment.

In *ayurveda*, *sushruta* has explained 12 types of *mutraghata*. In that, we can diagnose this condition resembles with *mutrotsanga* based on symptoms. In these conditions, choice of treatment for *mutrotsanga* is *uttarbasti* in which a medicated oil instilled into the urethra. In this case, we used *narayan taila*. After the *uttarbasti* treatment, patients complaints were relived to a significant level.

Keywords

Mutraghata, mutrotsanga, narayan taila, spasm of urethra, uttarbasti.

Introduction

Mutrotsanga or urethral spasm though a rare condition, but a rational and troublesome problem all over the world.

Main symptoms of this disease are difficulty in micturation, increased frequency, incomplete voiding, dribbling micturation, obstructed urine flow. In the modern medical science, treatment is repeated urethral dilatations & urethroplasty which may cause bleeding, false passage, fistula formation and other surgery related complications.

Mutrotsanga which is a type of *mutraghata* explained by *Acharya Sushruta*. *Acharya Sushruta* classified 12 types of *mutraghata* based on dominance of *doshas*. But *vata* is the main *dosha* in all types of *mutraghata*.⁽³⁾

We have selected the *narayan taila* as a medicated oil for *uttarbasti* as it has very good properties of *vatashamana* explained in *bhaishajya ratnavali*.⁽⁶⁾ Previous researches also highlighted that *uttarbasti* provides symptomatic relief in urethral stricture without any side effects.

Case study

- Patient name- A. B. C.
- Age- 62 years
- Sex- Male
- Address- Nashik
- OPD no.- 462
- Chief complaints-
 - Unsatisfactory micturation. (since 3 months)
 - Increased frequency. (since 3 months)
 - Incomplete voiding. (since 3 months)
 - Dribbling micturation. (since 3 months)
- No H/O – DM/ HTN/ BA/ kochs or any

- S/H/O – Lt. Inguinal hernioplasty (7 years ago)
 - General examination-
 - G.C. - fair, afebrile
 - Pulse – 82/min.
 - B. P. – 130/90 mm of hg
 - C. V. S. – s₁ s₂ normal
 - C. N. S. – conscious, oriented
 - R. S. – AEBE, clear
 - Per abdomen -
 - Soft, non tender
 - No any abdominal mass palpable
 - No urine retention of bladder felt
 - Local examination-
 - External genitals are normal.
 - No e/o phimosis or paraphimosis.
 - No any stone palpated in penile urethra.
 - B/L testis felt normal.
 - P/R examination-
 - No e/o Fissure / Fistula / Haemorrhoids in ano
 - On digital PR examination, e/o mild prostatomegaly present
 - Investigations-
 - USG (Abdo-pelvis)- no significant abnormality,
 - prostate size normal according to age (vol- 69cc)
 - pre-void- 280cc, post-void- 30cc
 - RGU - bulbar urethral stricture.
 - Post void residual urine was increased. Hence advised to do retrograde urethrograph.
- But, 14-f nelton catheter passed easily through urethra;

hence diagnosed as mutrotsanga or spasm of urethra.

Materials and methods

- We have used a GMP certified *narayan taila* product for *uttarbasti*.
 - 10ml of *narayan taila uttarbasti* given for consecutive 5 days.
1. Autoclaved *narayan taila* (10ml).
 2. 10 ml disposable syringe.
 3. Lox 2% jelly.
 4. Surgical gloves.
 5. Betadine solution.
 6. Sponge holder.
 7. Sterile gauze pieces.



Procedure :-

- *Purva karma* –
 - Informed written consent.
 - Preparation of part.
 - Patient is asked to void urine.
- *Pradhan karma*-
 - Supine position.

- Painting and draping of part.
- Lox 2% jelly applied over the glance penis.

- Autoclaved *narayantaila* filled in syringe about 10 ml and pushed slowly into the penile urethra. And gently compress the penis for about 10 minutes to avoid back flow of *narayantaila*.

- *Pashchat karma*-

-Supine position for about 20 minutes.

-Patient was asked to hold the urine for at least 1 to 2 hrs.

-Post procedure vitals were noted.

-Patient is called for next consecutive 5 days for *uttarbasti*.

- *Narayan taila uttarbasti* was given to the patient for consecutive 5 days.
- And after giving *uttarbasti* on every day, when patient goes for micturation by holding the urine for about 1 to 2 hrs, observations were done as follows-
 - At first, oil mixed urine came and then free flow of urine came.
 - Urine stream was good and continuous

Assessment criteria

Symptoms	Grading			
	Not at all	Less than half times	Half of times	Always

Weak stream	0	1	2	3
Frequency	0	1	2	3
Dribbling	0	1	2	3
Straining	0	1	2	3
Incomplete emptying	0	1	2	3

After completing the treatment

Symptoms	Grading
Weak stream	1
Frequency	2
Dribbling	1
Straining	0
Incomplete emptying	1
Total	4

Observation

Before starting the treatment

Symptoms	Grading
Weak stream	3
Frequency	3
Dribbling	3
Straining	2
Incomplete emptying	2
Total	13

- Duration of treatment - 5 days
- Assessment day - 6th day

According to assessment criteria it is observed that after completing the five sessions of *uttarbasti on consecutive 5 days*, majority of patients complaints like unsatisfactory and dribbling micturation get decreased. And patient got good relief.

Discussion

Mutrotsanga is a disease occurred by disturbance of *vata dosha* specifically of

apana vayu sheltered in the *basti* and *medhra*. As the micturation is under control of *apana vayu*, due to aging factor, *vegavrodh* and other *hetu sevana*, *vikruti* in *apana vayu* results in symptoms affecting normal micturation. Due to vitiation of *vata dosha*, *chala*, *ruksha*, *khara dosha* increases in *mutramarga* resulting in *mutrotsanga*. Hence the treatment should act on vitiated *vata dosha*. *Sushruta* has described *uttarbasti* in the treatment of *mutraghata*.

Most of the ingredients used in *narayan taila* have properties of *vata shamana*. The *ushna*, *snighdha guna* of *narayan taila* pacifies the increased *ruksha*, *khara* and *chala guna* of *apana vayu* restoring its normal function and does *strotoshodhana* and local *snehana* action.

The *narayan taila* is directly instilled into the urethra, which is the *sthana* of *vayu*, which gives direct access to act on *strotovaigunya* and *dosha dushya sammurchana*. This directly acts on *vikruta vayu* and breaks the *samprapti*.

After the first *uttarbasti*, patient started getting significant relief from straining, dribbling micturation complaints and after five settings of *uttarbasti*, patient got good relief from weak stream, incomplete emptying of bladder, dribbling micturation and from straining complaints. And mild relief from frequency of micturation.

Conclusion

In the patients of urethral spasm the treatment *uttarbasti* is not only effective but also very economical and almost painless as

compared to conventional urethral dilatation or urethroplasty.

Also, *uttarbasti* can be given on OPD basis and patients do not require any hospitalization. *Uttarbasti* is very effective treatment of urethral spasm mainly due to direct application of drug locally on target area which has also proved scientifically.

In this case study, assessment was done on 6th day i. e, on very next day of completing the 5 settings of *narayan taila uttarbasti*. But it is need to take more follow ups of the patient to see how many days the relief will stay and to see whether the symptoms get reappears or not. So we can decide how many more settings of *uttarbasti* are needed. Also the study needs to do on more no. of patients for better observations and to avoid bias.

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