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Original Research Paper

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A CONCEPTUAL REVIEW ON THE ROLE OF UTTARABASTI IN THE MANAGEMENT OF URETHRAL STRICTURE (MUTRAKRUCCHRA) IN MALE PATIENTS

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ABSTRACT

Background: Urethral stricture is a urological condition characterized by the narrowing of the urethra due to spongiofibrosis, which significantly impairs the normal micturition. Conventional surgical interventions, such as internal urethrotomy and urethroplasty, carries the high recurrence rates and potential complications. In Ayurveda, this condition can be correlated with Mutrakrucchra, caused by the vitiation of Vata Dosha. **Aim:** To conceptually evaluate the effectiveness and pharmacological action of Uttarabasti as a therapeutic intervention for urethral stricture in male patients. **Materials and Methods:** A comprehensive literary review was done utilizing classical Ayurvedic literature and contemporary urological texts specially the etiopathogenesis and management of urethral strictures. **Discussion:** Urethral stricture is conceptually viewed as a localized manifestation of aggravated Vata Dosha, specifically its Ruksha Guna, leading to Kathinya (fibrotic hardness) in the urethral tissues. Taila, administered locally via the urethral route (Uttarabasti), possesses Snigdha (unctuous) and Vatahara properties. These properties theoretically counteract the localized pathological factors, softening the strictured part and promoting mucosal healing. **Conclusion:** Uttarabasti presents a strong conceptual framework as a promising alternative for managing urethral strictures, offering a mechanism to halt disease progression and prevent recurrent fibrosis.

KEYWORDS : Urethral stricture, Mutrakrucchra, Uttarabasti, Vata Dosha

INTRODUCTION:

Urethral stricture/stenosis is an abnormal narrowing of urethra, typically caused by scar tissue, leading to obstructive urinary symptoms. In males, strictures develop anywhere along the length of urethra. The aetiology of urethral stricture is classified in 4 groups-iatrogenic, idiopathic, traumatic and inflammatory. These conditions greatly impact the health and quality of life of the patients. Management of urethral strictures/ stenosis is complex and requires careful evaluation. The treatment options for urethral stricture vary in their success rates. Urethral dilation and internal urethrotomy are the most commonly performed procedures but carry the lowest chance for long-term success (0-9%). Urethroplasty has a much higher chance of success (85-90%) and is considered as the gold-standard treatment but it can cause sexual dysfunction as a complication.

In classical Ayurvedic texts, the disease, in which patient feels difficulty in micturition is considered as the Mutrakrucchra[1]. This conceptual study presents the effectiveness of Ayurvedic intervention named Uttarabasti in urethral stricture by integration of ayurvedic and contemporary insights of the disease.

AIMS AND OBJECTIVES

- To establish the clinical and pathological correlation between urethral stricture and the Ayurvedic concept of Mutrakrucchra.
- To evaluate the theoretical pharmacodynamics of Uttarabasti in the treatment of urethral structure.

MATERIALS AND MATHODS

Mutrakrucchra's terms, definition, history, aetiological causes, aetiology, signs and symptoms, complications, treatment, and prognosis have been reviewed. Classical ayurvedic books such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana provide an explanation of Mutrakrucchra. These texts evaluate it based on Dosha, and Charaka and Sushruta identify eight forms of Mutrakrucchra, while Vagbhatta describes four types. Sushruta and Vagbhatta have discussed the pathogenesis of Basti Roga generally, which can also be taken into consideration for the Samprapti of Mutrakrucchra, Acharya Charaka has explained the unique pathogenesis of Mutrakrucchra. When explaining the pathophysiology of Basti Roga, Sushruta goes into greater detail and highlights the unique part that Vata plays in it.

Contemporary understanding of anatomy, pathophysiology and standard management of the urethral strictured was compiled from modern urological literature to draw integrated correlations.

DISEASE REVIEW

A pathological narrowing of the urethral lumen brought on by scarring is known as urethral stricture, and it can result in obstruction of the bladder outlet, urine stasis, and possibly renal failure. Strictures are characterized morphologically by fibrosis of the corpus spongiosum (spongiofibrosis), which is frequently brought on by infection or trauma.

In terms of aetiology, iatrogenic reasons account for 50% of strictures, with trauma, infection (particularly gonorrhoea and balanitis xerotica obliterans), and infrequently congenital causes following. Clinically, individuals show up with decreased urine flow, retention, frequent infections, and in more severe cases, consequences include calculi, fistulae, hydronephrosis, or periurethral abscesses. Uroflowmetry, contrast urethrography, and urethroscopy are used in the diagnosis process; sonourethrography is used to help evaluate spongiofibrosis. Looking to the recurrence of the disease and possible complications of the conventional treatment options, there is need to explore other treatment options for the management of urethral stricture.

In Ayurveda, clinical condition "Mutrakrucchra" is considered as difficulty in micturition. In Mutrakrucchra aggravated Doshas get localized in Basti region, which cause structural and/or functional changes in Mutravahasrotas and ultimately cause various clinical conditions including Mutrakrucchra. Stricture is a result of aggravated Vata Dosha especially with its Ruksha Guna and Kathinya in the particular body part. Urethral stricture is localized effect of aggravated Vata Dosha with its Ruksha Guna in urethra.

CONCEPTUAL RATIONALE OF UTTARABASTI

Uttarabasti is a specific ayurvedic intervention in which medicament is introduced into urethra (Mutramarga). This local route of administration ensured the active principles of the medicaments bypass the systemic digestion, providing direct action to the affected part. Along with that the medicament which is entered in urethra with some pressure will help to dilate the urethra and also will facilitate the medicine to reach deeper and act accordingly.

DISCUSSION: THE POSSIBLE MODE OF ACTION

The therapeutic efficacy of Uttarabasti in the management of urethral stricture can be validated through following mechanisms:

Reversal of Spongiofibrosis: Spongiofibrosis is a result of increase in Ruksha Guna and Kathinya of Vata Dosha at local part. In Uttarabasti as a medicament, primarily Taila is used. Taila used in Uttarabasti provides Snigdha, Vatahara action that is opposite to Ruksha Guna that is responsible in the pathogenesis of the disease. Along with that, Lekshana property of the medicaments like Apamarga Kshara Taila and Jatyadi Taila, is helpful providing scrapping action of affected part.

Healing action: *Lekhana* property of the medicine helps treat the pathology, furthermore Taila used in Uttarabasti is possessed of Snehana and Ropana actions which will effectively heal the mucosal irritation or microtrauma caused due to scraping action of medication or any mechanical trauma due to insertion of cannula in urethra during the procedure.

To strengthen the urethral mucosa: After the cure of the disease, that part of the urethra is prone to develop stricture again. To strengthen the urethral mucosa and to prevent the recurrence of the disease, use of Taila like Atibala Taila or Gokshuradi Taila will help in the providing proper nourishment of the part and help to prevent reoccurrence of the disease.

CONCLUSION

Uttarabasti offers a very logical conceptual approach to the treatment of urethral strictures, based on the fusion of traditional Ayurvedic principles and contemporary pathological knowledge. Theoretically, this treatment enhances urine flow and mucosal health by directly addressing the localised Vata vitiation and correcting the dry, fibrous quality of the stricture. It is a potential non-surgical approach that tackles the underlying pathophysiology of Mutrakrucchra without the difficulties and high recurrence rates of traditional surgical treatments.

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