

**Ayurvedic Approach in the Management of Peno-bulbar Urethral stricture:
A Single Case Study**

Sunil Kumar,^{1*} Akanksha Sharma²

¹ Professor, ² PhD Scholar, Department of Rachana Sharir, National Institute of Ayurveda, Jaipur, Rajasthan, India

ABSTRACT:

A urethral stricture is condition that results in abnormal constriction or narrowing of the urethral lumen. Many conditions, including trauma, infection, inflammation and prior medical treatments, can result in urithral strictures. This condition can lead to various urinary problems, such as frequent urination, recurrent urinary tract infections, dysuria and urinary retention. In Ayurvedic perspective, the conditions can be diagnosed as *Mutrakrichchbra*, where the patient feels painful and/or burning micturition due to the vitiated *Pitta* and *Apana Vata* affecting the *Mutravaha Srotas*. A 45 year male presented with the complaints of burning micturition, bleeding per urethra, pain over lesion during micturition and ulcer of the glans penis having focal narrowing at peno-bulbar junction diagnosed with balanitis and was treated with allopathic medicines but did not get relief. The patient was treated on the line of treatment of *Mutrakrichchbra*. The patient got remarkable improvement and symptomatic relief. In this case report, A 45year-old male patient was presented in the outpatient department with the complaints of burning micturition, bleeding per urethra, ulcer over glans penis with pain, frequent urination and difficulty in urination for last two years. After dioagnosis with retrograde urethrography the case was diagnosed as penobulbar urethral stricture. The patient was treated with oral Ayurveda medicines and local application of Sphatik Bhasm and WH -5 ointment.

KEYWORDS: Balanitis, *Mutravaha Srotas*, *Mutrakrichchbra*, Penile lichen Schlerosus, Urethral Stricture.

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***Corresponding Author:**

Dr. Sunil Kumar

Professor, Department of Rachana Sharir,
National Institute of Ayurveda, Jaipur, Rajasthan, India

Email: drsunilkumarbhu@gmail.com

INTRODUCTION:

Urethral stricture is a medical condition characterised by a narrowing of the urethra;

that can be located in either the anterior or posterior urethra. The prevalence of urethral stricture disease in the UK has been

estimated at 10/100,000 in younger men.^[1] Hospital Episode Statistics in the UK and similar data from the USA suggest that men are affected, with an increasing incidence of about 1 in every 10,000 men aged 25. Approximately 50% of urethral strictures occur in the bulbar urethra, 30% in the penile urethra, and the remainder in a combination of the two.^[2] The vast majority of urethral strictures are anterior (92.2%), with most of these occurring in the bulbar urethra (46.9%). A combination of bulbar-penile is 9.9%.^{[3][4]}

Urethral stricture has been divided into four major aetiologies: Idiopathic, iatrogenic, inflammatory, and traumatic.^[5] Inflammatory causes account for 15% of strictures.^[5] Inflammatory stricture refers to a post infectious inflammatory reaction where the urethral lumen is narrowed. A more frequent cause of inflammatory strictures in Western countries is lichen sclerosis and is the source of 5–14% of urethral strictures.^[6,7] Inflammatory disease associated with urethral stricture is balanitis xerotica obliterans (Penile lichen sclerosis), a chronic inflammatory disease whose exact aetiology is unknown^[8]. Candida balanitis may be especially severe in patients with diabetes mellitus.^[9]

Lichen sclerosis (LS) is a common cause of inflammatory urethral stricture. It is a chronic inflammatory skin disorder that can affect various regions, including the genitalia. LS present as pale, ivory lesion on the glans around urethral meatus. Lichen sclerosis can affect the genitalia, causing symptoms such as itching, pain, and skin changes, including white patches and thinning of the skin. In some cases, LS can lead to urethral involvement, resulting in urethral stricture or narrowing.

Though, Ayurvedic concept may not directly correlate with the modern term of urethral stricture but there are much similarities in

terms of symptoms, etiological factors, and holistic management approaches. Here, the urethral structure can be related to the Ayurvedic concept of *Mutrakrichchbra* (difficult urination). Integrating insights from Ayurveda with modern medical knowledge may offer a comprehensive understanding and holistic management approach for urinary difficulties such as urethral stricture.

CASE REPORT:

A 45-year-old male patient was presented in the outpatient department with the complaints of burning micturition, bleeding per urethra, ulcer over glans penis with pain, frequent urination and difficulty in urination for last two years. After obtaining medical history the patient had balanitis and was treated with allopathic medicines (Ciprofloxacin, Diclophenac+ paracetamol, lactobacillus, lignocaine, neomycin) but did not get relief. None of his family member had a history of balanitis and Lichen sclerosis.

Diagnostic assessment:

The patient was investigated for HbA1c which was 6.2%, retrograde urethrogram with contrast Dye showed focal narrowing at peno-bulbar junction. There was no history of trauma, urinary infection, surgical intervention of the urethra.

Mutravaba Strotas (urinary system) examination-

- *MutraMatra* (urine outflow)= - *Alpa* (less)
- *Varna* (colour)- *Pitta* (yellowish)
- *Gandha* (odour)- *Durgandha* (foul smell)
- *Mutrapravrutti* (urine frequency) = 10-12 times in a day & 4-5 times at night associated with *Daha* (Burning) & *Ruja* (pain).

All the allopathic medicines were stopped before starting Ayurveda medicine. The patient was administered *Chandramrit Rasa*, *Muktapishhti*, *Gokshur Churna*, *Sphatik Bhasm*, *Chandanasav*, *Virtaradi Kasaya*, *Babularishta*, *Madhusnubi Rasayan*, *Madhunashini Vati* as detailed in table. (Table no. 1) All these medicine were administered initially for 15

days then after assessment of the symptoms, patient was suggested for repeat the medication for next 15 days.

A follow – up was done after 1 month of medications. The patient got significant relief in symptoms of pain, redness, burning micturition, urine frequency and HbA1c level decreases from 6.2% to 5.8%.

Table-1: Oral Ayurvedic treatment regimen

Oral medicines	Dose
<i>Chandrakala rasa+</i> <i>Mukta pishti +</i> <i>Gokshuradi churna</i>	250mg +250mg+3gm two times a day with Honey, empty stomach
<i>Madhunashini vati</i>	125 mg (2 Tab two) times a day empty stomach with water
<i>Virtaradi Kasaya</i>	10 ml two times a day empty stomach with 30 ml lukewarm water
<i>Madhusnubi Rasayan</i>	10 ml two times a day empty stomach
<i>Chandanasava</i>	20ml two times a day with equal water after meal
<i>Babularishta</i>	Diluted with two times of water for local wash
WH -5 ointment - Local Application	
Sphatik Bhasm – Local Application (For wash) ones in a day	

DISCUSSION:

Though Ayurvedic texts not explicitly mention balanitis/ lichen sclerosis(LS) or urethral stricture, but can be comparable to *Mutrakrichchhra*. When LS affects the genitalia, including the urethra, it can lead to scarring and fibrosis, causing narrowing of the urethral lumen. This narrowing can subsequently result in urinary difficulty resembling the concept of *Mutrakrichchhra* in Ayurveda. Retrograde urethrogram (RUG) as a reliable technique to identify stage and diagnose urethral stricture or stenosis.^[10] In Ayurveda The *Basti* (urinary bladder) has said to be seat of *Apana Vata*, which regulates normal evacuation of urine. Ayurvedic perspective of this case, presents with symptoms of *Pittaj Mutrakrichchhra* (one of the eight type of *Mutrakrichchhra*) for instance: *Krichchhata* (hesitancy), *Muburmub Mutra Pravritti* (frequent urination) *Saraktata* (redness), *Daba* (burning) and *Ruja*

(dysuria).^[11] In this case, the treatment was planned on the basis of predominance of *Pitta Dosha* and *MutravahaSrotas* involvement. *Chandrakala Rasa* has classically indicated in *Mutrakrichchra Chikitsa* having *Pitta shamak* properties which helps in reduces burning^[12]. *Gokshur Churna* is indicated in *Mutraghata*, *Prameha*, *Asmari* and the curative action of formulation is effective in *Daba* (burning), *Shoth* (swelling) and *Muburmub Mutrapravritti* (frequent urination)^[13]. In addition to combination with *Chandrakala Rasa* and *Gokshur Churna*, *Mukta Pishti* having *Madhura* and *KatuRasa*, *Snigdha Guna* and *Sheet Veerya* properties which has been indicated as *Mebahara*. Its *SnigdhaGuna* is responsible for treating *Atimutra pravriti*. *Madhur Rasa*, *Sheet Veerya* help to promote Virility and subsides burning micturition^[14]. *Babularishta* is a classical *Pramehabar*, and indicated in *Mutrakrichchhra* which helps to regulate *Muburmubur Mutra Pravriti* (frequent

urination).^[15] *Babula* has been indicated in *Kushthbha*, *Krimi*.^[16] *Chandanasava* is *Mehavinashak* (anti-diabetic) which indicates, its site of action on *Basti*.^[17]

Spastika Bhasma (treated Alum) used as local application relieves *Vrana* (ulcer), *Kandu* (itching)^[18]. Studies suggest the beneficial effect of irrigation of an aqueous solution of treated Alum on oedema and inflammation by its antibacterial property.^[19] *Veertaradi Kasaya* has primarily been used for the treatment of *Ashmari* (renal calculus), obstructive uropathy, urine retention and pain. Also *Veertaradi* group of herbs have directly been indicated in *Mutrakrichchhara* and *Mutraghata*.^[20] *Madhusnubi* is used for the treatment of *Prameha*.^[21] *Madhunashini Vati* is a patent formulation of divya pharmacy which helps in managing for diabetes and blood sugar.^[22]

CONCLUSION:

Lichen sclerosus is a common cause of inflammatory urethral stricture. Conservative management may be a prudent option in many cases but on the basis of result observed in this case, Ayurvedic management can be used to reduce inflammation and other symptoms such as burning micturition, frequent urination and ulcers over glans penis.

Declaration of patient consent

Duly signed consent form obtained for treatment as well as to publish the case without disclosing the personal identity of patient.

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