

Case Report

Role of *Uttara Basti* in the Management of Obstructive Uropathy Due to Urethral Stricture: A Case Report

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Obstructive uropathy due to urethral stricture is a chronic urological condition that results in impaired urinary flow, recurrent lower urinary tract symptoms, and secondary inflammatory changes such as cystitis. Despite advances in surgical management, recurrence and functional obstruction remain common. In *Ayurveda*, similar clinical presentations are described under *Mootraghata*, primarily caused by vitiation of *Vata dosha* leading to obstruction of *Mutravaha srotas*. This case report describes the conservative management of obstructive uropathy secondary to urethral stricture in a young male patient using *Sahacharadi Taila Uttara Basti* along with internal Ayurvedic medications. Clinical improvement was objectively assessed using the International Prostate Symptom Score (IPSS) before treatment and after two weeks. Radiological evaluation using retrograde urethrogram (RGU) confirmed urethral narrowing with cystitis and diverticular formation. Significant symptomatic improvement and reduction in IPSS score were observed following treatment. This case suggests that Ayurvedic management may be beneficial in selected cases of obstructive uropathy by addressing both functional obstruction and associated inflammation.

Keywords: Obstructive uropathy, chronic urological condition, *Vata dosha***Introduction**

Obstructive uropathy refers to structural or functional hindrance to urine flow at any level of the urinary tract, which may lead to progressive bladder dysfunction, infection, and renal impairment. Urethral stricture is an important cause of lower urinary tract obstruction, resulting from fibrosis and scarring of the urethral epithelium. Patients typically present with poor urinary stream, straining during micturition, incomplete bladder emptying, and recurrent urinary tract infections¹. Although urethral dilatation and surgical reconstruction remain standard treatment options, recurrence rates are significant, especially after repeated procedures.

In *Ayurveda*, obstructive urinary disorders are described under *Mootraghata* and *Mutrakrichra*. *Vata dosha* plays a predominant role by causing *sankocha* (constriction), *rukshata* (dryness), and impaired movement within *Mutravaha srotas*². *Uttara Basti* is described as a principal therapeutic procedure for disorders of the urinary system and is indicated in conditions involving obstruction and functional derangement³.

Case Presentation**Patient Information**

A 20-year-old male presented with difficulty in passing urine for seven days, associated with poor urinary stream, straining during micturition, and a sensation of incomplete bladder emptying. There was no history of burning micturition, hematuria, fever, or acute urinary retention. The patient had a history of urological surgery during childhood. There was no history of diabetes mellitus, hypertension, tuberculosis, or recurrent urinary tract infections. Written informed consent was obtained for publication of this case.

Clinical Findings

On general examination, the patient was conscious, oriented, and hemodynamically stable. Vital parameters were within normal limits. Cardiovascular, respiratory, and abdominal examinations were unremarkable. Local genital examination revealed no external abnormalities.

Ayurvedic Clinical Examination

Ashtasthana Pariksha revealed *Vata-pradhana nadi*, reduced force of urine flow, regular bowel habits, mildly coated tongue, normal voice, normal tactile sensation, normal vision, and a lean body build. *Dashavidha Pariksha* assessment showed *Vata-Pitta prakriti*, *Vata-pradhana vikriti*,

Madhyama sara, *Madhyama samhanana*, *Madhyama pramana*, *Vishamagni*, *Madhyama koshta*, *Madhyama satva*, and *Madhyama vyayama shakti*. These findings indicated involvement of *Mutravaha srotas* with *Vata dushti*, supporting the diagnosis of *Mootraghata*.

Diagnostic Assessment

Routine hematological investigations showed hemoglobin of 13.4 g/dL, total leukocyte count of 7500/cmm, and platelet count of 2.16 lakh/cmm, indicating no evidence of systemic infection. Renal function parameters, including serum creatinine (1.1 mg/dL) and random blood sugar (91 mg/dL), were within normal limits. Screening tests for HIV, HBsAg, and HCV were non-reactive.

Retrograde urethrogram revealed mild narrowing at the bulbo-membranous junction with mildly prominent bulbar urethra. Contrast was seen passing into the urinary bladder, suggestive of partial urethral stricture. Mucosal irregularity with outpouching was noted within the urinary bladder, consistent with cystitis with diverticular formation. The penile urethra appeared normal. These findings confirmed the diagnosis of obstructive uropathy due to urethral stricture with associated cystitis⁴.

From an Ayurvedic perspective, the condition was diagnosed as *Mootraghata* caused predominantly by *Vata dosha* vitiation.

Therapeutic Intervention

Internal Medications

The patient was administered internal Ayurvedic medications aimed at relieving obstruction, reducing inflammation, and improving urinary flow. *Chandraprabha Vati* was given in a dose of 2 tablets twice daily due to its *Mutrala* and *Vata-Kapha shamaka* properties. *Usheerasava* was administered in a dose of 15 mL twice daily for its cooling,

diuretic, and anti-inflammatory action. *Ural BPH* capsules were prescribed in a dose of 2 capsules twice daily to support urinary tract function. *Shivagutika* was given in a dose of 2 tablets twice daily to strengthen bladder function and correct *Apama Vata* imbalance.

Uttara Basti Procedure

Pre-operative Procedure

The patient was advised light, easily digestible food and adequate hydration. Local genital hygiene was ensured. The procedure was explained in detail, and written consent was obtained. The bladder was emptied prior to the procedure.

Operative Procedure

Under strict aseptic precautions, 20 ml of *Sahacharadi Taila* was administered through urethral opening using a sterile 50 ml syringe. The medicated oil was gently instilled into the urethra. Care was taken to avoid forceful instillation. The patient was instructed to retain the oil for a till he feel the urge of urination.

Post-operative Procedure

The patient was advised rest for a short duration and instructed to avoid immediate voiding unless there was discomfort. Adequate hydration was continued, and dietary measures supportive of *Vata shamana* were advised. The procedure was repeated as per protocol over a treatment duration of three weeks.

Sahacharadi Taila was selected due to its *Vata-shamaka*, *srotoshodhaka*, and *shothahara* properties, which are beneficial in conditions involving obstruction and stiffness of channels.

Outcome Assessment

Clinical improvement was assessed using the International Prostate Symptom Score (IPSS) before treatment and after two weeks of therapy.

Table 1: Symptom-wise IPSS Assessment Before and After Treatment

IPSS Symptom	Before Treatment	After 2 Weeks
Incomplete emptying	3	1
Frequency	3	1
Intermittency	2	1
Urgency	2	1
Weak urinary stream	4	1
Straining	3	1
Nocturia	1	1
Total IPSS Score	18 (Moderate)	7 (Mild)

The patient showed marked improvement in urinary stream, reduced straining, and relief from the sensation of incomplete bladder emptying. No adverse effects were observed.

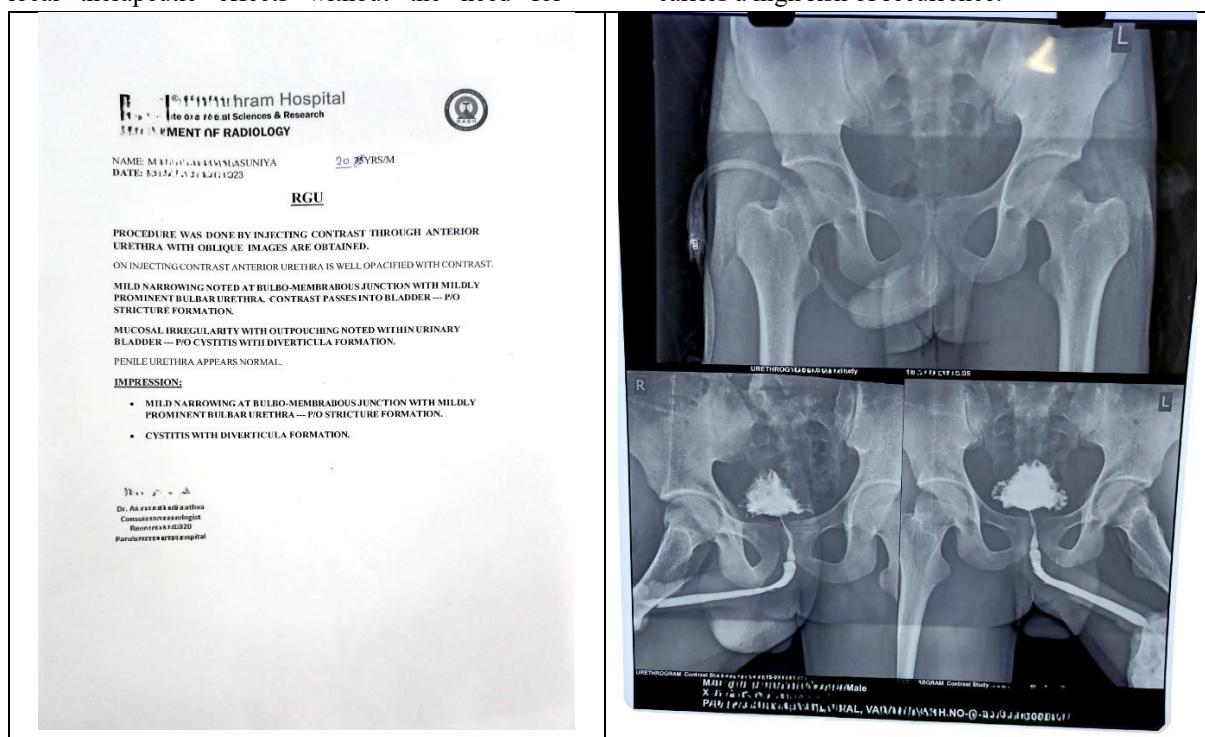
Discussion

While the role of *Sahacharadi Taila* and internal medications is important, the observed clinical improvement in this case also highlights the significance of *Uttara Basti* as a therapeutic procedure in obstructive uropathy. Contemporary management of urethral stricture and obstructive uropathy primarily relies on dilatation, urethrotomy, or reconstructive surgery; however, these interventions are associated with procedural discomfort, risk of complications, and a high rate of recurrence. In contrast, *Uttara Basti* is a targeted and site-specific therapy for disorders of *Mutravaha srotas*, particularly those involving obstruction and dysfunction of *Apana Vata*.

The procedure allows direct delivery of medicated oil to the affected urinary passage, thereby exerting local therapeutic effects without the need for

invasive instrumentation. The *snigdha*, *sukshma*, and *vyavayi* properties of *Taila* facilitate lubrication of the urethral mucosa, reduction of tissue rigidity, and improvement in luminal compliance. This may contribute to relief of functional obstruction and improved urinary flow. From a modern perspective, the gentle instillation of medicated oil may reduce mucosal irritation, alleviate spasm, and improve urethral elasticity, thereby addressing both obstructive symptoms and associated inflammatory changes such as cystitis.

Importantly, *Uttara Basti* is a minimally invasive, relatively painless procedure when performed under proper aseptic precautions, making it a patient-friendly option. The improvement in symptom severity and IPSS score observed in this case suggests that *Uttara Basti*, along with supportive internal medications, may serve as an effective conservative approach in selected cases of obstructive uropathy, especially where surgical intervention is either not immediately indicated and carries a high risk of recurrence.



Conclusion

In this case, *Sahacharadi Taila Uttara Basti* along with internal Ayurvedic medications was effective in reducing obstructive urinary symptoms and associated cystitis in a patient with obstructive uropathy due to urethral stricture. The clinical outcome indicates that *Uttara Basti* itself may represent a valuable conservative therapeutic option,

considering its targeted action, minimal invasiveness, and patient comfort, particularly in the context of recurrence and limitations associated with contemporary surgical management. While the findings are encouraging in this individual case, larger, well-designed clinical studies are required to systematically evaluate and prove the efficacy of

Uttara Basti in obstructive uropathy and to establish standardized treatment protocols.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report.

References

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