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REVIEW ARTICLE

EFFECTIVENESS OF HOMOEOPATHIC MEDICINE IN THE TREATMENT OF URETHRAL STRICTURE

Nagendra Kumar Sisodiya¹, Charanjeet Singh²

¹Department of Pathology, State Ghazipur Homoeopathic Medical College and Hospital, Ghazipur, U.P,

²Principal, Sri Ganganagar Homoeopathic Medical College and Hospital Sriganganagar, Rajasthan.

Abstract

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Key Word- Urethral stricture Homoeopathic Treatment.

Corresponding Author:-
Nagendra Kumar Sisodiya, Department of Pathology, State Ghazipur Homoeopathic Medical College and Hospital, Ghazipur, U.P

Urethra is made up of a thin musculo-fiber tissue tube that starts with the end opening of the urinary bladder to the external urethral meatus for removal of the urine from the body. Urethral stricture involves scarring of the lumen of urethra which is characterized by difficult urination, slow or decreased urine stream, divided urine stream. Urethral stricture is a commonest genito-urinary disorder of the older patient. Homoeopathic treatment is very effective in treating urethral stricture, in relieving discomfort and quick recovery and free from painful surgeries.

INTRODUCTION

Urethra plays an important role in males and females to pass urine outside of the body. Urethra has a main organ for ejaculation in men. When etiological agents expose to the urethra like infection, trauma resulting in permanent or temporary narrowing of the tube by formation of scar

which causes dribbling of the urine, frequent micturition, urine stream divided and sprayed; called a urethral stricture. Urethral stricture is mostly seen in elderly male patients.

Anatomy: - The urethra starts at the base of the urinary bladder and ends with an external opening in the perineum. The

urethra is differing significantly in male and female.

In Women:- The urethra is shorter being about 4cm long. It travel a slightly curved course as it passes inferiorly through pelvic floor into the perineum where it pass deep perineal pouch and perineal membrane and opened into vestibule that lies in between labia minora.

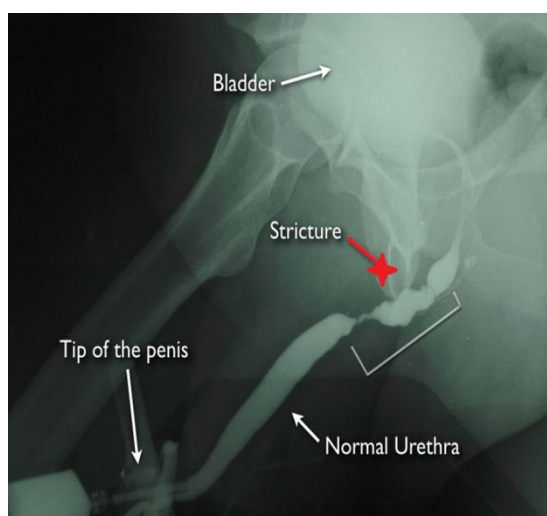


Fig 1 Male Urethra

In Male: - The male urethra is much larger than female, length is about 20 cm. Male urethra divided into 3 parts

- Prostatic Urethra
- Membranous urethra
- Penile Urethra (Spongy)

Incidence: - Urethral stricture is a most common disease observed in elderly male patient with an associated prevalence of 223-645 per 100,000 males. 90 percent anterior part of the male urethra is most frequently affected and result of the S shape of this segment which slows down the flow of urine and the presence of

abundant periurethral glands which may be infected as a result of this slowed flow. In female 4- 25% of patients presenting with refractory lower urinary tract symptoms have bladder out flow obstruction. There is marked incidence in women over the age 65 years of age.

Characteristics Of Urethral Stricture Disease

Characteristic	Incidence
Mean age (years)	45 yrs
Most common site	4.3cm
Idiopathic	39%
Trauma	10%
Iatrogenic	40%
Lichen sclerosis (L.S)	11%

Clinical Types Of The Urethral Stricture:

1. Traumatic urethral stricture:
 - Pelvic fracture
 - Passage of renal stone
 - Prolong labour
 - Saddle injury
2. Infectious / Inflammatory urethral stricture:
 - Gonorrhoea
 - Sclerosis
3. Iatrogenic:
 - Catheterization
 - Prostatectomy

- Repair of hypospadias
- Instrumental (cystoscopy)
- Circumcision

4. Congenital

- Pin hole meatus
- Posterior urethral valves

PATHOPHYSIOLOGY

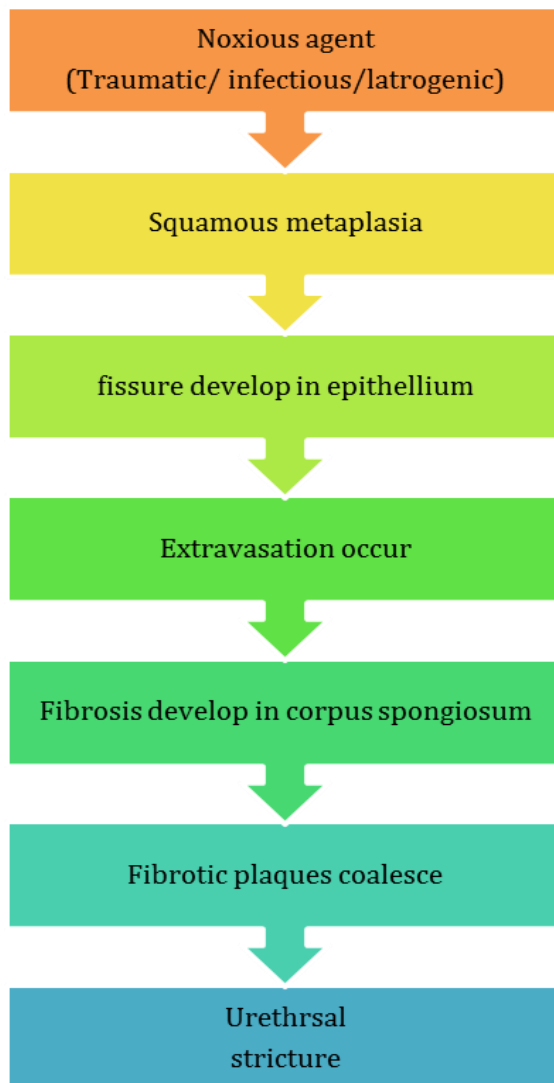


Fig 2 Pathophysiology

Sign and Symptoms:

- Difficulty in micturition.
- Patient has to strain to pass urine.

- Most common feature of Urethral stricture is, more he strain, more urine passes.
- Urine stream becomes narrower, and sprayed.
- Dribbling, after urination.
- Increase frequency of micturition due to incomplete emptying of bladder.
- Urethral discharge mostly seen in morning.
- Occasional passes of desquamated epithelium in urine.

COMPLICATION

- Retention of urine.
- Cystitis.
- Bilateral hydronephrosis.

DIAGNOSIS

The diagnosis of urethral stricture is based on physical symptoms, urine flow examination, medical history and medication. Physical examination as stricture is palpable mass in urethral floor.

- I. **Urethroscopy:** - Imaging tests shows size, position dilatibility.
- II. **Urethrography:** - To assess the length of stricture.
- III. **Uroflow:-** Urine flow rate helps determine whether there may be a blockage due to a stricture.
- IV. **Retrograde Urethrogram:-** After a stricture is diagnosed, the length and degree of narrowing can be

evaluated with a retrograde urethrogram.

MANAGEMENT & TREATMENT

- Catheterization.
- Dilation.
- Urethroplasty.
- Endoscopic Urethrotomy.
- Implanted stent or permanent catheter.

HOMOEOPATHIC TREATMENT

1. **Clematis:-** After urination tingling sensation in urethra. Scanty, burning sensation external meatus of urethra. Urine stream divided, dribbling of urine. Pain started just after urination, night. Orchitis with pain along spermatic cord worse right side.
2. **Thuja Occidentalis:-** Burning and soreness of genitals with itchy eruption of the body. Chronic UTI infection with thick fetid discharge, bloody involuntary prostatic discharge. Thin weak urine stream must wait for urination, dribbling of urine, after urinating. Unsatisfactory urination, Feeling urine remained in urethra. Involuntary urination in old people. Retarded, must wait for urine to start; press must; a long time before he can begin. Involuntary urination at night, foamy urine, offensive genitals with swelling of prepuce.
3. **Silicea:-** Urethral stricture due to an injury to genital organ and leads to pus

formation at intervals. Burning and soreness of genitalia, Chronic UTI with thick discharge, involuntary discharge when straining at stool. Icy cold and sweaty feet. Yielding, faint-hearted, anxious. Nervous and excitable. Intolerance of alcohol.

4. **Stramonium:-** as if urine cannot be passed owing to the narrowness of the urethral tract. Retention of urine with burning micturition with loquacity, singing, praying and profuse perspiration.
5. **Chimaphila:-** When there is urging to urinate, Chimaphila is of great help for urethral stricture patients who have to apply a lot of strain to pass urine. Urine turbid, offensive containing bloody mucous. Burning during urination. In spite of efforts, the urine passed is very less in quantity. One characteristic feature unique for the use of this natural medicine is a specific position in which the patient is able to empty the bladder. The position is standing with feet set wide apart and body stooped forward. So, it's only by standing with feet wide apart and inclining the body in a forward position that a person is able to pass urine.
6. **Conium:-** Conium is a best homeopathic remedy that can help patients of Urethral Stricture where the

main trouble is the intermittent stream of urine. It takes a lot of time to complete the act of urination. The time taken is due to intermittent urine flow. The urine starts to flow and then stops and this process of starting and stopping is repeated several times to completely pass the urine out. Urethral stricture seems mainly old aged patients.

7. **Cantharis:-** Soreness in the region of hypogastrum region, cutting pain which extends to urethra and bladder. Urine dark colored sediment look like old mortar or reddish brick dust. Urine passing out in Drops with Burning Pain, Cantharis is a very well-known and widely used natural medicine for various kinds of urinary troubles. Cantharis is very beneficial in Urethral Stricture cases when the foremost complaint is the passage of a few drops of urine through the urge to pass urine is almost constantly present. The urine is passed with much violent, burning pains. The burning pains start before urination, remain while passing urine and continue thereafter. Cantharis is also the best remedy for Urinary Tract Infection due to Urethral Stricture with

difficult, painful, burning and almost scalding urine.

8. **Oleum Santali:-** Oleum Santali proves to be a very effective in homoeopathic treatment for Urethral Strictures. Oleum Santali is the medicine to be used when prepuce swelled, thick yellow muco-purulent discharge and urine stream is very slow and scanty. Acute aching at renal angle.

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