

BANGSHIL-AN ADJUVANT TO SURGICAL CONDITIONS OF GENITO-URINARY TRACT*

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INTRODUCTION

INFECTIONS of urinary tract are of frequent occurrence. Often the virulence and magnitude of this condition precludes the institution of an otherwise indicated surgical procedure. Enormous studies by Herrold, Cerrol, Clark and Walthers in this field, help us greatly in understanding the oathological and bacteriological aspects of it. Such infection and its site, type and associated conditions must be determined before any treatment is begun. The presence of obstructive lesions like stones, tumours and hypertrophies should be recognised and treated along with urinary antiseptics, if maximum cure rate is to be achieved. But, on the other hand, inadequate management of the primary caused results in chronicity, as emphasized by Miller and Bohnhoft (1 966) and Braude et al. (1 955). Thus early surgical procedures in obstructive lesions and appropriate treatment in non-obstructive infections of the urinary tract, may minimise the serious consequences of endangering life of the suffering individual.

Material and Methods

A total of 50 patients, 36 males and 14 females, attending the Urology Department of S. C. B. Medical College, Cuttack, were included in this study.

Historical analysis of all the patients in relation to previous illness and instrumentation of urethra, was noted. Meticulous clinical examination and ancillary investigations, like urine examination, culture, plain x-ray of abdomen and pelvis, were done in all cases. I. V. P. was done in two cases and cystoscopy in 35 cases.

Primary treatment pertaining to the aetiological factor was instituted in each case and all of them were treated with 'Bangshil' (a herbo-mineral combination with anti-inflammatory, antibacterial and antiseptic action on g. u. tract) to correct the associated urinary tract infection, like cystitis and urethritis. Lastly, the therapeutic value of this drug in these patients was assessed.

Analysis of results

35 cases of cystitis and 15 cases of non specific urethritis were studied. From these 35 cases of cystitis 24 were associated with obstructive aetio-pathology of urinary tract and 11 cases came with historical, clinical and investigative evidence of filariasis. Analysis of their complaints, duration, clinical presentation and investigation revealed the diagnosis in each case

TABLE I : No of cases

Age in years	Males	Females
0-10		
11-20	2	1
21-30	12	3
31-40	5	4
41-50	5	2
51-60	6	2
61-70	4	2
71-80	2	1

Out of total 50 cases, 36 were males and 14 were females Majority 15 of them belong to the age group 21-30 years.

TABLE II : Previous History

Type	No of cases	%
Catheterisation	16	32%
V D Exposure	9	18%
Filariasis	11	22%
Rheumatism	15	30%

22% of cases came with history of filariasis, 32% with catheterisation,30% with rheumatism and 18% with V.D. exposure.

TABLE III : Presenting complaints

Type	No of cases	%
Frequency of urination	50	100%
Dysuria	45	90%
Retention of urine	15	30%
Dribbling of urine	6	12%
Haematuria	10	20%
Urethral Discharge	14	28%
Fever	20	40%
Hypogastric pain	35	70%
Joint Pain	15	30%

Majority (100%) of cases came with frequency of urination and 90% with dysuria, 70% with hypogastric pain, 40% with fever, 30% with joint pain, 30% with retention of urine, 28% with urethral discharge, 20% with haematuria and 12% with dribbling of urine.

TABLE IV : Duration of symptoms

Duration in moths	No of cases	%
One	3	6%
Two	15	30%
Three	12	24%
Four	3	6%
Five	4	8%
Six	4	8%
Over 12 months	9	18%

Frequency of urination in association with other symptoms is seen in all cases. The maximum number of cases are seen coming in 2 months and the next number in 3 months. 18% of cases are seen coming after 1 year.

TABLE V : Clinical Features

Signs	No of cases	%
Suprapubic tenderness	35	70%
Urethral tenderness	15	30%
Epididymitis & funiculitis	11	22%
Beaded urethra	9	18%
Enlarged prostate	5	10%
Tender prostate	3	6%
Nodular prostate	5	10%

Clinical examination revealed 70% as cystitis and 30% as urethritis.

TABLE VI : Investigations

Type	Reports	No of cases	%
Urine		50	100%
Night blood	Microfilaria	9	18%
Plain x ray	Calculus	2	4%
I V P	Delayed emptying & Calyceal dilation	2	4%
Cystoscopy	Trigonal congestioin	35	70%

Urine examination was done in all cases (table VIII). Night blood revealed microfilaria in 18% of cases, 4% showed calculus in plain x-ray. 2% showed delayed emptying and calyceal dilatation in I.V. P. and 70% showed trigonal congestion in cystoscopy.

TABLE VII : Diagnosis

Type	No of cases	%
penile hypertrophy of prostate with cystitis	5	10%
Fibrotic prostate with cystitis	5	10%
Prostatitis	3	6%
Calculus cystitis	2	4%
Filarial cystitis	11	22%
Non-specific urethritis	15	30%
Structure urethra with cystitis	9	18%

30% of cases were diagnosed as non-specific urethritis, 22% as filarial cystitis, 18% as stricture urethra with cystitis.

10% as senile hypertrophy of prostate, 10% as fibrotic prostate, 6% as prostatitis and 4% as calculus cystitis.

TABLE VIII : Urine Examination

	No of cases	
Albumin	8	16%
Phosphates	17	34%
R. B. C.	15	30%
Pus cells	46	92%
Epi. cells	42	84%

Urine examination showed albumin in 16% of cases, phosphates in 34%, R.B.C. in 30%, pus cells in 92% and Epi. cells in 84% of cases.

TABLE XI : Showing urine culture and sensitivity to different drugs

Bacilli grown	Drug Sensitivity	No	%
E Coli	Furadantoin	6	12%
"	Sulpha	8	16%
"	Chloronamphenicol	7	14%
"	Streptomycin	6	12%
Streptococci	Resistant to all drugs	4	8%
Staphylococci	Resistant to all drugs	4	8%

Of all the 35 cases of cystitis subjected to urine culture and sensitivity, E. coli was seen in 27 cases and strepto and staphylococci were seen in 4 cases each. E. coli was sensitive to different drugs but strepto and staphylococci were resistant to all drugs and therefore, they were treated with Bangshil.

TABLE X : Primary Treatment

	Treatment	No	%
Senile hypertrophy of prostate	Enucleation	5	10%
Prostatitis	Indwelling of catheter & bladder wash	8	16%
Stricture urethra	Dilation & bladder wash	9	18%
Vesical calculus	Cysto lithotomy	2	4%
Filarial cystitis	Bladder wash+antifilarial drugs	11	22%
Non specific urethritis	Conservative treatment with Bangshil	15	30%

After this type of primary treatment to eradicate the aetiology, all of them were given a course of 'Bangshil' to control the secondary urinary tract infection.

TABLE XI: Therapeutic Response to Bangshil

Type of cases	Dose schedule	Response		
		Good	Fair	Poor
Post Operative	2 tabs T.I.D	32%	8%	8%
	2 weeks			
Filariasis	1 tab T.I.D	16%	4%	2%
	3 weeks			
Non specific urethritis	2 tab T.I.D	22%	4%	4%
	4 weeks			
		70%	16%	14%

With the above dose schedule 70% showed good response, 16% fair response and in 14% of cases the effect was not quite appreciable.

DISCUSSION

The associated urinary tract infection in surgical conditions creates fear and anxiety, for reasons not known. And more so the obstructive lesions causing stasis, facilitate the growth and multiplication of different types of organisms, which become resistant to a particular drug, as found in the observations of many surgeons, urologists and gynaecologists.

In this study, 24 patients with obstructive pathology were treated by different surgical procedures, along with 'Bangshil' which showed good response in 32% of cases, response in 8% of cases, and poor response in 8% of cases. 11 cases of filariasis treated with both antifilarial drugs and 'Bangshil', revealed good response in 16% fair response in 4% and poor response in 2% of cases. 15 cases of non-specific urethritis were treated only with 'Bangshil', which showed good response in 22% of cases, fair response in 4% of cases and poor in 4% of cases.

The type of response has been graded by clinical improvement, urine examination and culture and cystoscopy, after 6 weeks in each case and all of them were followed-up for 6 months. It was classed as good with complete clinical improvement, clear urine, negative culture and normal cystoscopy findings; fair, with marked clinical relief, clear urine, negative culture and less congestion in cystoscopy; poor, with slight clinical improvement, less clear urine, resistant organisms in culture, and persistent cystoscopy findings. Thus, overall, 70% revealed good response, 16% fair response, and 14% poor response in this series, suggesting the drug's high therapeutic value in such conditions.

SUMMARY AND CONCLUSION

- 1) The therapeutic response of 'Bangshil' in 35 cases of cystitis and 15 cases of non-specific urethritis was studied.
- 2) Out of the 35 cystitis cases, 24 cases were associated with obstructive lesions where surgical intervention was done, and 11 cases of cystitis associated with filariasis were treated with antifilarial drugs.
- 3) 'Bangshil' in appropriate doses was instituted in all cases of cystitis and non-specific urethritis, irrespective of its culture and sensitivity report.
- 4) Its therapeutic response was assessed by repeated-clinical check-ups, urine examination and culture and cystoscopy. It was found to be good in 70% of the cases, fair in 16% cases and poor in 14% cases.
- 5) No untoward reactions were observed during this treatment.

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