



A CASE STUDY ON AYURVEDIC MANAGEMENT OF BASTI MARMABHIGHATAJA MUTRAAGHATA W.S.R.TO POST-HYSTERECTOMY URINARY INCONTINENCE

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ABSTRACT

Urinary incontinence in an elderly individual is one among the age-related symptom where bladder muscle gradually loses the voluntary function on bladder but urinary incontinence at a young age with the complication of surgery was the curse which creates hesitancy and social stigma, nowadays post-surgical complication has become more common in pelvic floor surgeries with a high rate of 3-25% in females of age 18-35 years. Thus, a case report of made on managing the *Basthi Marmabhighata Mutraaghata*¹ i.e mixed urinary incontinence with various Ayurvedic medicine and procedure, and it is assessed by RUIS²(Revised urinary incontinence scale) before and after the treatment and the result was found to be 95% improvement within 45days of treatment. *Mustadi Raja Yapanana Basthi*³ is found to be very useful along with *Matra Basthi*⁴ and *Yoni Pichu*⁵.

Keywords: Urinary incontinence, *Basthi Marmabhighata*, *Mustadi Rajayapana Basthi*, *Yoni Pichu*.

INTRODUCTION

Micturation is the physiological process of excreting the metabolic wastes in liquid form where psychological factors also play a significant role in executing this. Once the urinary bladder is filled the stretch receptors in the bladder walls are stimulated and it gives the signal to parasympathetic fibres which act on the contraction of the bladder muscle. Once the pressure increases the internal sphincter opens and urine flows out towards gravity these are controlled by the brain, thalamus and cerebral cortex⁶.

Once this control over the bladder is lost due to various reasons like a post-surgical complication that leads to urine incontinence. Urinary incontinence⁷ is also known as involuntary urination which is uncontrolled continuous leakage of urine. Mixed incontinence which is post-surgical is compared with *Vataja mutraghata* out of 13 types of *Mutraghata* explained in the Ayurveda classics. Among the five types of *Vata*, *Apanavata* is comparatively more concerned when *Basti* get afflicted since it is the *Sthana* of *Apanavata*. Hence the treatment principle is concentrated to pacify the vitiated *Apana Vata Dosha*. An attempt is made to treat post-surgical mixed incontinence through palliating *Apana Vata* and got an encouraging outcome.

CASE REPORT:

PRESENTING COMPLAINTS: Patient c/o continuous leakage of urine, loss of control over bladder for 2 months, After hysterectomy.

ASSOCIATED COMPLAINTS: Associated with generalized weakness and reduced appetite.

CASE DESCRIPTION: A female patient aged 28 years who complained of continuous leakage of urine for 2 months was normal to do her normal routine was not a known cause of any systemic illness, underwent emergency hysterectomy TAH (Trans Abdominal Hysterectomy) two months back for excessive bleeding per vagina. Post-surgical complication she developed dribbling of urine. Since then, she was using adult diapers 6 per day (4 in the morning and 2 during the night), later she developed diaper rashes which lead to irritation and her mental status become low, her symptoms aggravate more during coughing, physical stain and sudden wake up from bed and she found no relief by medication, no h/o fever, UTI, Pro-lapsed bladder or any cyst and tumour and not having an allergy to any food or drug. For these complaints, she was admitted to SDMCA hospital, Udupi. Haematological, biochemical, renal function, liver function test and urine analysis were within normal limits except Hb% which was 9.3gm%, abdominal scan reveals c/o Hysterectomy + right salpingo-oophorectomy with left salpingectomy and Right hydroureteronephrosis with Diffuse thickening in the distal ureter. Fluid distended vaginal collection.

GENERAL EXAMINATION

1	<i>Nadi</i> (Pulse)-78/min
2	<i>Mala</i> (Body waste)- <i>Prakrutha</i> /Normal
3	<i>Mutra</i> (Urine)-Dribbling of urine
4	<i>Jihwa</i> (Tongue)-Coated
5	<i>Shabda</i> (Voice)- <i>Prakrutha</i> /normal
6	<i>Sparsha</i> (Touch)-Cold to the touch
7	<i>Druk</i> (Eyesight)- <i>Prakrutha</i> /Normal
8	<i>Akruti</i> (Built)-Moderate
9	<i>Ahara Shakti</i> , <i>Vyayama Shakti</i> - <i>Avara</i> (Reduced)
10	<i>Satva</i> - <i>Avara</i>
11	<i>Sara</i> , <i>Samhanana</i> - <i>Madhyama</i>

DIAGNOSIS AND ASSESEMENT:

Since the condition is a post-surgery complication, other words to say it is *Abhigata* is on *Basthi*, it is Diagnosed as *Basthi Marmabhighata Mutraghata*. based on 2022 ICD-10-CM⁸ (International Classification of Disease, tenth revision, Clinical Modification) diagnostic criteria N99.89. To assess the efficacy of therapy patient was assessed on RUIS (revised uri-

nary incontinence scale) scoring for Assessment. The RUIS total score is calculated by adding the score of each 5 questions, 0-4 is considered as 'no incontinence' or 'mild incontinence, 4-8 is considered as 'Mild incontinence', 9-12 as 'Moderate incontinence' and score 13 and above as 'Severe' incontinence. Which is assessed before and after the treatment as below.

RUIS QUESTIONNAIRE⁹:

1	Questions	Scoring		BT	AT	FOLLOW UP
	Urine leakage relates to the feeling of urgency	Not at all	0	3	1	0
		Slightly	1			
		Moderately	2			
		Greatly	3			
2	Urine leakage is related to physical activity, coughing, sneezing.	Not at all	0	3	1	0
		Slightly	1			
		Moderately	2			
		Greatly	3			
3	A small amount of urine leakage(drops)	Not at all	0	3	0	0
		Slightly	1			
		Moderately	2			
		Greatly	3			
4	How often do u experience urine leakage?	Never	0	4	1	0
		Less than once a month	1			
		A few times a month	2			
		Few times a week	3			
		Every day and night	4			
5	How much urine do you lose each time?	None	0	2	1	0
		Drops	1			
		Small splashes	2			
		More	3			
	Total score			15	5	0
				Severe incontinence	Less incontinence	No incontinence

TREATMENT: Mainly treatment is concentrated on *Vata Shamana* as *Vata* is *Yogavahi* and having *Chala Guna* which is the cause for *Ati Mutra Pravrutti* hence *Vata Hara* line of management is adopted and *Basthi*

is the first line of treatment of all kinds of *Vata Vyadhi* that too for *Apana Vayu Viguna Basthi* is the best hence an attempt was made.

INTERVENTION

<i>Mustadi raja Yapana Basthi</i>	1 st to 7 th day
<i>Matra Basthi with Ksheera Bala taila</i>	8 th to 14 th day
<i>Yoni Pichu with bala taila</i>	1 st to 20 th day
<i>Abhyanga with Maha masha Taila</i>	1 st to 7 th day
<i>Cap Bala 2-2-2</i>	For 30 days
<i>Ajamamsa Rasayana 1tsp TID</i>	For 30 days
<i>Manisha Dravaka 1tsp TID</i>	For 30 days

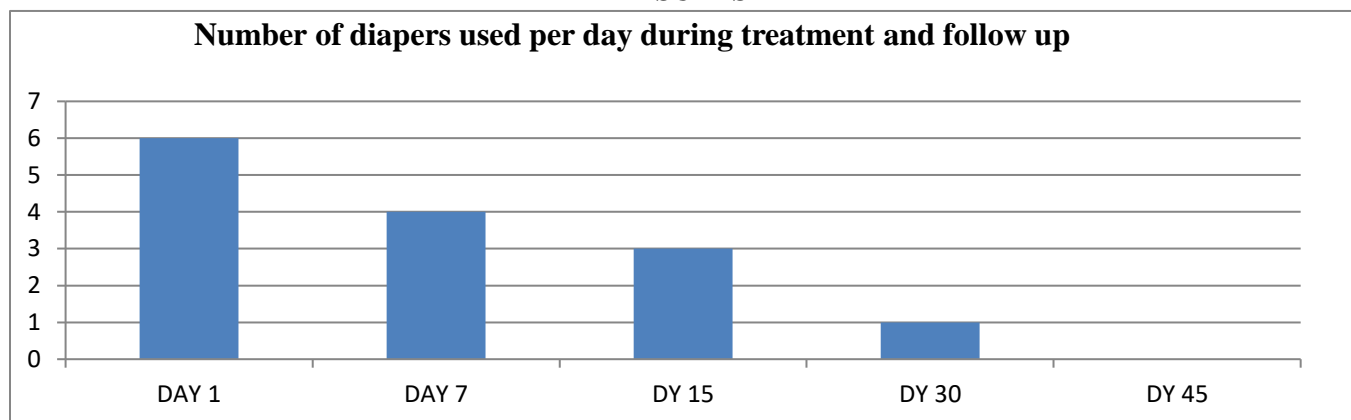
FOLLOW UP:

Pelvic floor exercise¹⁰ and bladder training was taught during the discharge

- On the 1st-day adult diapers, 6 were used, day-time 4 and nighttime 2
- On the 7th-day adult diapers, 4 were used, day-time 3 and nighttime 1

- On the 15th-day adult diaper, 3 were used, day-time 2 and night 1 but frequency and quantity of leakage was markedly reduced.
- On the 30th-day adult diaper, only 1 was used only a few drops of urine was noticed during coughing sneezing.
- After 45days no diapers were used, and the patient regained control over the bladder and leakage of urine drops also gradually stopped.

RESULTS



DISCUSSION

Hence *Nidana* is considered of *Basthi Marmabhighata* and *Mutraghata* word itself having the meaning when it is split as '*Mutra*' (urine) and '*Aghata*' (Obstruction/difficulty) and is resulted by *Apana Vata Vygunya*. Before the treatment, the RUIS scoring was 15(severe incontinence) and After treatment which was 5(no/less incontinence). The amount of urine leakage was reduced from 4 to 0 as per the RUIS

scale. and urgency and leakage during physical straining were reduced from 3 to 1 and it became 0 within 3months of follow up which indicates the clinically significant treatment protocol adopted in the present study was proved to be beneficial in the management of post-hysterectomy urine incontinence.

PROBABLE MODE OF ACTION:

Abhyanga with *Maha Masha Taila* and *Swedana* with hot water bag, to the lower abdomen, was done

to pacify the Vata. *Mashamasha Taila* is one among the best *Vatahara Taila* which is also *Brimhana* and *Balya*. Hence it enhances the pelvic muscles tone resulting in its maximum functional ability.

Mustadi Raja Yapana Basthi for 1st 7days and *Matra Basthi* with *Ksheerabala Taila* was given for the next 7 days since *Basthi* is the 1st line treatment for *Vata*. The patient was the victim of post-hysterectomy damage of the bladder, Ayurveda medicated enema procedure is the choice of procedure to normalize the neuromuscular function of the bladder.

While explaining *Chikitsa of Vatavyadhi*¹¹, the literature states, it gives multidimensional benefits when the patient is treated with various unctuous medicine through all possible routes of administration. Hence one more procedure through which the bladder is directly provided with unctuous medicine, *Yonipichu* with *Balataila* was carried out for 20 days. *Balataila* is the best-known medicine to palliate neuromuscular functional disability.

After all these combinations of procedures, *Rasayana*¹² for 30 days, a rejuvenate internal medicine was given to nurture the *Sapta Dhatu* and *Shama-naushadi* was given optimizing the comprehensive functions of the bladder and surrounding co-structural entities.

CONCLUSION

New diseases which are a complication of surgeries have to be correlated with the explanation availed in the classical in the capsule form and treatment has to be planned logically since this is up to one's discretion to choose the correct combination of drugs as well therapies.

Understanding the concepts of *Basthi Marmabhighata Mutraghata* based on its aetiology and treating this case was challenging for an Ayurveda practitioner. *Abhyanga* and *Mridu Sweda*, *Mustadi Yapana Basthi*, *Matra Basthi* and *Yoni Pichu* were found to be beneficial. Reducing her symptoms, making her mentally strong, eradicating the social stigma and avoiding further unnecessary surgery was our prime intention. Hence further conceptual study regarding this has to be done and More research should be undertaken on

the treatment by taking large samples are essential. we tried treating a post-surgical mixed type of urinary incontinence by considering it as *Basthi Marmabhighata Mutraghata* and the result was very effective.

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