

**“COMBINED EFFECT OF *TIL-TAILA-KARPUR UTTARBASTI* AND  
*BALA TAIL ABHYANGA* IN MANAGEMENT OF NEUROGENIC  
URINARY BLADDER W.S.R. TO *MUTRAGHAT*”-A CASE STUDY**

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**ABSTRACT**

Now-a-days, many people are suffered from urinary tract diseases. Neurogenic bladder is one of them. It is bladder dysfunction caused by neurogenic damage. The symptoms of neurogenic bladder can be correlated with ‘*Mutraghata*’ described in *Ayurveda*. There are many remedies for treatment of *mutraghata*. In present study the treatment given is, *Uttarbasti* with *Til-taila* and *Bala-taila abhyanga* at suprapubic region. सु. चि. ३७/१२५-१२६

**KEYWORDS:** Neurogenic urinary bladder, *Mutraghata*, *Uttarbasti*, *Abhyanga*.

**INTRODUCTION**

Urinary tract infections are frequent, recurrent and lifelong for patients with neurogenic urinary bladder. It leads to various problematic symptoms including urinary incontinence, increased frequency and urgency. These symptoms are described under the topics of ‘*Mutraghata*’ by *Acharya Sushruta* in *Uttarsthana adhyay* 58. It is predominantly due to *Vata dosha*. *Vata* is responsible for normal functioning of urinary tract, but vitiated *dosha* travel and lodged in *Basti*(bladder) and upon further vitiation of *Vata* leads to *Vimarga gamana* causing various symptoms. There are many challenges in diagnosis and treatment of Neurogenic bladder. Multiple prevention methods are used but evidence based practices are few. *Basti* is considered to be the most important treatment of all the other modalities which are included in *Panchkarma*. *Basti*, by the account of all of its contents, performs various functions such as restraining, cleansing, & pacification of doshas as well.

**CASE REPORT**

A 63 years old male patient came to the *Salyatantra* OPD of CSMSS Ayurved Hospital, Aurangabad, Maharashtra with presenting complaints of incontinence, dribbling of urine and urgency since last 1 year. Patient had history of road traffic accident before 8 years, having fracture of L4 vertebra. He had taken treatment from private hospital but got no relief. Patient was government servant by occupation and known case of Hypertension, taking treatment for that. Patient had no any serious maternal or paternal history and no any drug allergy.

**General Examination**

General condition: Moderate and afebrile

Pulse rate: 68 per minute, regular

BP- 130/90 mmHg

No icterus

Slight pallor

Bowel- regular and soft

Urine- nocturia, urgency and dribbling

Appetite – regular and good

**Systemic Examination**

Per abdomen- slight tender at suprapubic region, soft

RS- AEBE clear

CVS- S1S2 Normal

CNS- Conscious and oriented

**Local Examination**

External urethral meatus: normal

No fibrosis felt at penile shaft

Per rectal digital examination: no prostatomegally felt

Routine investigations: CBC, RBS were in normal range.

ESR-9 gm%

**Urine microscopic**

Pus cells- 20-25/HPF

RBC- 1-3/HPF

Kidney function test-

Serum Creatinine- 3.02 mg/dl

Serum urea- 56 mg/dl

USG Abdomen and Pelvis findings- cystitis and Neurogenic Urinary Bladder.

**Diagnosis-** Neurogenic Urinary Bladder with Cystitis

**Treatment-** Many more remedies are explained by *Sushrutacharya* for the treatment of *Mutraghata*. Here, I preferred *Uttarbasti chikitsa*.

मुत्रेविबद्धे कर्पूर चूर्णम लिंगे प्रवेशयेत् I भै. र. ३५/७

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The treatment was planned as below

1. *Uttarbasti* with *Til-taila* +*Karpur*(*Bhimseni*) *churna* for continuous 3 days with interval of 21 days.
2. *Bala taila* for *Abhyanga* at suprapubic region and *Nabhipuran* daily.
3. *Chandraprabha wati*- our college pharmacy preparation, was given 2 tablets twice a day for 7 days in each cycle.

## MATERIAL AND METHOD

1. *Til-taila* (*Sesamum indica*) -20 ml च. सि. ९/५२
2. *Karpur niryas* (*Cinnamomum camphora*)- 250 mg
3. *Bala tail* – *Abhyangartha*
4. 20 ml syringe
5. Penile clamp
6. Antiseptic solution and cotton.

Preparation of drug- 20 ml *shuddha Til-taila* taken and made it luke warm, then 5 gm of *Bhimseni Karpur churna* added into it.

Properties of *Karpur*- Anti-oxidant, anti-inflammatory, anti-spasmodic, antineuralgic and anti-microbial.

*Til-taila* used as vehicle for the *karpur* in *Uttarbasti*.

## METHOD

Purwakarma- Snehan-Swedan

Position of patient- supine

Under all aseptic precautions, after painting with antiseptic solution and draping of the part, the autoclaved and warm *til-taila* mixed with *karpur churna* pushed into urethra with the help of 20ml glass syringe. Then penile clamp applied and patient kept in supine position upto 10 minutes.

Time- *Apankal* (Before meal in the morning)

Duration- 5 cycles of 3 days, in interval of 21 days.

## Criteria for assessment of therapy

1. Incomplete emptying
2. Frequency
3. Urgency
4. Nocturia

## OBSERVATION AND DISCUSSION

1. Incomplete emptying: This infers that *Til-taila – karpur Uttarbasti* is effective in reducing incomplete emptying. Due to *Lekhan guna* and *Sheet guna*, the bladder and urethra dilates and thus helps in complete voiding.
2. Frequency of Micturition: Before treatment, the patient had complaints of continue dribbling but now, patient voids urine after an interval of three hours in the morning. Due to Anti- neuralgic property of *Karpur*, the bladder retaining capacity increases. So complaints of dribbling decreases.
3. Urgency: *Til-taila – Karpur Uttarbasti* gives strength to the muscles of bladder and increases tone of the sphincter. So the patient can hold the urine for longer time and the urgency is reduced. *Karpur* acts as an antispasmodic and releases the bladder spasm.
4. Nocturia: It is found to be more effective in reducing it, due to soothing effect by reducing sensitivity acting as local anaesthetic. Before treatment, the patient woke up in the night for 4-6 times for urination. After three cycles, now patient woke up for hardly 1-2 times.

**CONCLUSION**

*Tiltila-Karpur Uttarbasti* is effective in reducing incomplete emptying of bladder, frequency of micturition, urgency and dribbling.

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