

ROLE OF *MUTRASHAYGAT UTTARBASTI* IN THE MANAGEMENT OF URGE URINARY INCONTINENCE: A CASE STUDY

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ABSTRACT

Urge incontinence is sudden, involuntary contraction of the muscular wall of bladder that causes an urge to urinate that cannot be stopped.^[1]

This case report shows the effective role of *Mutrashaygat uttarbasti* (intraurethral drug instillation) in urge urinary incontinence. A female patient of age 72 years came with complaint of uncontrolled and frequent urination from 2 months. After taking treatment with *mutrashaygat uttarbasti* for 7 days, improvement was noted. This case report shows the effective management in urinary incontinence by *mutrashaygat uttarbasti*.

KEYWORDS: Urinary incontinence, *Mutrashaygat uttarbasti*, Urge incontinence.

INTRODUCTION

Urge urinary incontinence is the second most common subset of urinary incontinence after stress incontinence, affecting women. Global literature shows that every 3 in 10 women live with incontinence. The prevalence may be higher but data cannot be established^[5], as many females with urinary incontinence do not seek help in fear of embarrassment. Urge incontinence is sudden, involuntary contraction of the muscular wall of bladder that causes an urge to urinate that cannot be stopped.

Acharya Charak and *Sushruta* mentioned excellent procedures such as *uttarbasti* for the management of urinary tract disorders. Hence, thorough scientific studies are required to

establish above therapy. *Mutramargagat Uttarbasti* (Intraurethral drug instillation) can be a treatment over medication for urinary incontinence.^[2,3]

The present case report describes 70 years old women with urge urinary incontinence.

ETHICAL APPROVAL

Written consent of patient was taken prior to publication of this article.

PATIENT PRESENTATION

SUBJECTIVE ASSESMENT

Mrs. X reported that her problem began since 2 months; she stated that she wets herself if she sneezes or coughs, and had reduced her fluid intake in an effort to prevent this. She also urinated more frequently. Average number of voids was 3-4 times in the interval of 3-4 hours which was uncontrolled.

The past history of the patient was menstruating normally and she attended menopause 20 years back, due to hysterectomy surgery. All her deliveries were vaginally with no perineal injury, no urinary incontinence and no history of prolapsed. She was not under any medications and had no chronic disease.

After Subjective assessment, a preliminary diagnosis of urge urinary incontinence was made. Routine blood investigations were normal, urine examination showed pus cells 4-6, epithelial cells 15-20.

OBJECTIVE ASSESSMENT

At first follow up, the patient was analyzed and following findings were found.

Average number of voids - 3

Average number of accidental episodes - 2

Maximum volume voided - 300ml

Minimum volume voided - <50 ml

She changed her panty liner 3 times per day.

Cough impulse was positive.

A final diagnosis of urge urinary incontinence was made based on all findings.

She was made comfortable prior to the examination and the procedure was briefly explained. All standard aseptic precautions were followed.

MATERIAL AND METHOD

Til tail (Sesame oil) - 30 ml [autoclaved]

EQUIPMENTS

- Sterile 40 ml syringe
- Sterile infant feeding tube no.10
- Sterile cotton pad
- Drugs to prevent shock and other related emergencies.

PROCEDURE OF UTTARBASTI

1. PURVAKARMA

- Investigations.
- Snehan, swedan* was done.
- Pulse, blood pressure monitored.
- Local antiseptic care was taken.
- Lower abdomen was covered with sterile cloths.

2. PRADHANKARMA

After purvakarma, under all aseptic precautions, syringe was filled with 30 ml of sesame oil. Then it was attached to infant feeding tube and was taken in right hand. Its end point was lubricated and inserted gently into the external urethral meatus and slight pressure was exerted to fix the junction. Lukewarm oil was inserted slowly over period of 30 seconds and then removed gently. Care was taken to avoid entry of air into the urethra. After that a sterile cotton pad was kept in situ for 2 hours.

The patient was advised to hold the urine sensation for maximum period of time.(>1 hour atleast).

PASCHATKARMA

- Patient is kept in Head low position for 15-20 minutes.
- Post procedure blood pressure and pulse rate was assessed.

Patient was on regular diet and fluid intake.

RESULTS

Assessment of urinary incontinence symptoms with revised urinary incontinence scale (RUIS).

	Before treatment	After treatment
1. Urinary leakage relate to feeling of Urgency.	greatly	Not at all
2. Urine leakage related to physical activity, coughing or sneezing	Greatly	slightly
3.Small amount of urine leakage(drops)	Greatly	Not at all
4. How often do you experiences urine leakage?	Every day and /or night	Less than once a month
5. How much urine do you lose each time?	more	None

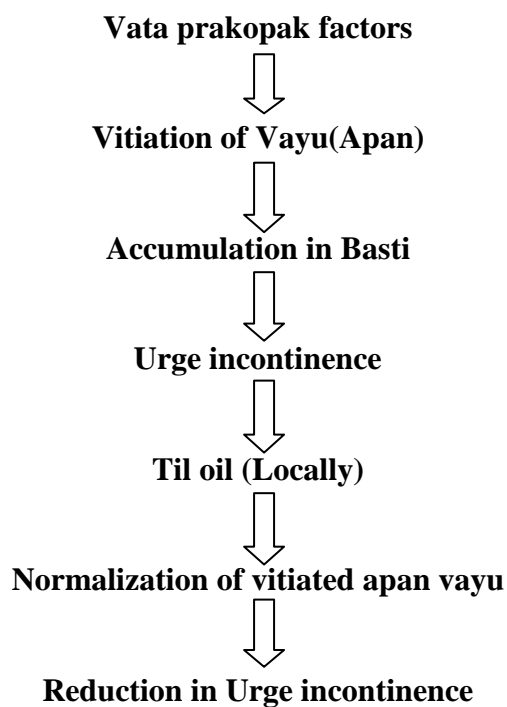
Not at all	0
Slightly	+1
Moderately	+2
Greatly	+3

Above revised urinary incontinence scale (RUIS) shows 16 points before treatment that indicates patient has severe urinary incontinence symptoms, and 2 points after treatment indicates that patient has no urinary incontinence or very mild incontinence symptoms.

DISCUSSION

Initially patient was suffering from increase frequency and urgency of micturation, was affecting her routine activities. After therapy, the symptoms were markly improved and the patient could do her routine work. She could hold urine for a reasonable time.

Urge urinary incontinence is occurs due to vitiated *apan vayu* and til tail (sesame oil) possess *ushna, sukshma, sara, vikasi, mrudukar, vata kapha prashamak, krimighna* and *vranaropak* properties. *Ushna*, *snighdha*, *mrudukar* properties of sesame oil helps to balance the vitiated vat dosha, due to *Vikasi* properties it gets absorbed and enters body channels quickly.it is *twachya* and *balakar* it means it helps to strengthen the muscle It softens tissue, increases tone of muscles, penetrates deeper tissue and promotes regeneration.^[4] It contains high level of natural antioxidants called sesamol, sesamolin and sesamin oils, sesamin is a lignin with anti-inflammatory properties and contains vitamin E, which helps to strengthen the muscle, It has high amount of viscosity and this property is capable of penetrating deep into the skin.^[6]

Samprapti and samprapti bhanga of Urge incontinence**CONCLUSION**

Thus this study confirms the effective role of mutrashaygat uttarbasti in urge urinary incontinence.

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