

Efficacy of Sahacharadi Taila Matra Basti in Management of Neurogenic Bladder: A Case Study

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Abstract-

Brain, spinal cord and peripheral nerves control the process of micturition by exerting control over muscles and sphincters of urinary bladder. Neurogenic bladder is a type of dysfunction caused by damage to this control mechanism due to myelopathies, injuries, diseases of the brain, diabetes, alcoholism, vitamin B12 deficiency, post operative complications etc. The symptoms range from detrusor under-activity to over-activity, which includes but not limited to dribbling stream and inability to fully empty the bladder. As per Ayurveda, Apana vayu dushti (~dysfunction in the Apana vata i.e. located in lower abdomen parts and governs their function) is responsible in retention of urine and it can be correlated as Basti kundala explained under the thirteen types of Mutra ghata (~urine obstruction). A 45 years old female patient presented with chief complaints of increased frequency of urination, uncontrolled urine associated with dribbling of urine at the end of micturition, no satisfaction after urination she feel fullness of bladder after micturation. She also complained of abdominal distension throughout the day. She was treated with Tila taila anuwasan and Dashmula kwatha niruha Yoga basti (~rectal enema), administered for 8 days, after that sahacharadi taila matra basti (~rectal enema) after which the symptoms were reduced.

Key Word- Basti Kundal, Apanavayu, mutra ghata

Introduction-

Neurogenic bladder is a term applied to urinary bladder malfunction due to neurological damage to the nerves that governs the urinary tract emanating from internal or external trauma, disease or injury. Normal micturition involves proper function of both the bladder and urethra. A detrusor of normal compliance and a physiologically competent urethral sphincter are both necessary to maintain urinary continence. Normal micturition involves passive, low pressure filling of the bladder during the urine storage phase while voiding requires coordination of detrusor contraction with internal and external urinary sphincter relaxation. The spinal cord controls micturition reflex by the sympathetic and parasympathetic nervous system; brain controls normal micturition with urinary continence by holding urine through pontine storage center and facilitate urination by pontine micturition center. There are two types of neurogenic bladder viz. spastic (hyper reflexive) and flaccid (hypotonic). In

case of lower motor neuron lesion or any sacral injury or spinal shock, signals do not reach up to brain due to disruption of sensory fiber, hence urine occurs drop by drop known as overflow incontinence. While in upper motor neuron lesion detrusor hyperreflexia occurs which results into urge incontinence. In Ayurveda, a similar condition, Basti kundala is described under thirteen types of Mutra ghata. This condition is characterized by retention of urine in the bladder, leading to its distension. When Apana vata is associated with Pitta dosha, it causes burning sensation and distress on passing urine with yellow discoloration and when associated with Kapha dosha, it causes bladder distension with turbid urine. In contemporary science, for most types of neurogenic bladder, treatment essentially involves use of indwelling catheters, which certainly increases the risk of urinary tract infections, ascending pyelonephritis and bladder injuries. Those cases requiring surgery are further exposed to risk of recurrence and trauma. Even those on medication are subjected to side effects, which are unavoidable. Moreover, a definitive treatment is not guaranteed by any mode of management. A better management

protocol can be introduced through Ayurveda in terms of lower risk of complications due to treatment and advantage of targeting the root pathology through Ayurvedic principles of management. A general line of treatment mentioned in all types of Mutra vikara (urinary disorders) is Basti and Uttar basti.

Case report-

A 45 years old female patient presented with chief complaints of frequent urination (15-20 times in 24 hours) associated with dribbling at the end of micturition, fullness of bladder after micturition, with feeling of abdominal distension since four months. Patient was apparently asymptomatic till one year back when she developed slow onset of low backache. she was diagnosed to be a case of neurogenic bladder and was on allopathic treatment for his symptoms with partial relief and recurrences. After four months, she further developed increased frequency of urination along with turbid urine and smell in urine. Her hysterectomy operative done before 18 yrs back. she comes with above symptoms.

Personal history-

Appetite and thirst were normal. She was presented with constipated bowels, turbid micturition, smell of urine and disturbed sleep. The patient found to be Vata kapha prakriti with Krura koshtha, Madhyambala and Madhyama satva.

Per abdomen examination-

On palpation, mild tenderness was present in hypogastrium, left and right lumbar regions. Cardiovascular, Respiratory, Central nervous systems were found normal. Patient was well oriented to person, place and time. Gait was antalgic (pain avoiding gait), painful range of movement of legs was presented and mild kyphosis was present. Blood sugar [fasting (90 mg/dl), PP (106 mg/dl)], blood urea (36 mg/dl), serum creatinine (0.8 mg/dl) were in limits. Albumin (traces), pus cells (2-4 HPF), epithelial cells (++) were found. Mild changes of cystitis noted, pre void urine volume 164cc and post void urine volume 110 cc in USG report.

Treatment protocol-

The patient was admitted in the shalyatantra IPD and treatment was planned considering involved

Dosha and Dushya. Yog basti started to patient for 8 days. Niruha basti- Dashmula kwath was administered for 3 days, anuwasan basti - Tila taila was administered for 5 days. prior to basti for balancing Agni (~digestive fire) to counter Ama (~undigested food) presented in the body Hingwaashtak churna one teaspoon first bite of food is given in BD and also given Amapachak vati 250 one tablet in TDS. After that Matra basti (50 ml) with sahacharadi taila was planned for one month through anal route. The retention time of oil was found to be 4-5 hrs during the 1st week, which was gradually increased up to 20 hrs. Patient was advised to avoid Vata dosha vitiating diet like cold water and meals, rotten food, curd, cold drinks etc. and lifestyle like vigorous exercise and exertional work.

Drugs	Dose	Time	Duration	Purpose
1).Hingwashtak churna	2gm(one tea spoon)	Twice in a day first bite of food	7 days	For good digestion and Deepan-Pachan
2).Aampachak vati	500gm	Thrice a day one tablet after meal	7 days	Deepan-Pachan
3).Yog Basti A) Anuwasan basti- Tila taila B) Niruha Basti- Dashmula Kwath	50ml 50ml	At morning Before breakfast After breakfast	Alternate days anuwasan (5) and niruha(3) basti for 8days	Shodhan and vata alleviation
4).Matra basti- Sahacharadi taila (followed by yog basti)	50ml	After breakfast	1 month	Vata alleviation and neurological disorders.

PLAN OF MATRA BASTI-

Time	Dose(ml)	Retention time(hrs)	Complications	Frequency of micturition in 24hrs
1 st wee	50ml	Around 4-5hrs	No	15-20 times

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2 nd week	50ml	Around 10	No	12-14 times
3 rd week	50ml	Around 15	No	10-12 times
4 th week	50ml	Around 18	No	8-9 times

Outcome-

Frequency of micturition was decreased to 8-9 times from 15-20 times in 24 hrs along with relief in abdominal distension with a feeling of lightness. Improvement was also found in uroflowmetry.

Uroflowmetry-

Parameters	Before treatment	After 15 days of treatment	After treatment
Voided volume (ml)	164	190	210
Max flow rate(ml/s)	10	12	14
Average flow rate(ml/s)	4	6	9
Flow rate(sec)	30	26	20
Time to max flow(sec)	10	6	3
Hesitancy (sec)	10	6	2
Residual urine(ml)	110	70	20

Discussion-

Patient presented with chief complaints of increased frequency of urination and turbid urine for past four months. Her past history mentions low backache, which was associated with lumbar radiculopathy. cystitis pathology was ruled out in ultrasound abdomen. A diagnosis of neurogenic bladder was made in the light of history and investigations. Patient has hysterectomy done before 18 years, which leads to vitiation of Vata dosha. Also patient's age (45 years), is more prone to Vata vikaras. Vata dosha controls the nervous phenomenon of the body. Apana vayu governs the working of kidneys, colon, rectum, hence facilitate

the elimination of waste products like stool, urine etc. from body. Vitiating Vata results in Mutra vaha sroto dushti which presents as Atipravritti of Mutra (increased frequency of micturition). For all the urinary problems Basti and Uttara basti is the better treatment. It is stated that in vitiated Vata diseases or Vata dosha dominant diseases Basti is the best treatment. Basti also does disintegration and integration of Purisha (stool), Mutra (urine), Pitta (bile salts) and useful entities in body. Thus, Basti was planned in the current case. The choice of Matra basti was made because of its qualities like; it can be given at any time, can be recommended for daily use in emaciated patients with over exertion, over work, weight lifting, riding, travelling, indulgence in women, in debilitated persons as well as in those afflicted with Vata vikara (diseases of Vata). It is Balya, Brimhana, Vatarogahara, simple to administer and helps in easy evacuation of Mala and Dosha. Sahachara taila was used for Basti as it is indicated in Mutra ghata and said to be as 'Sarvavatavikarajit'. Matra basti was administered for one month because of the convenience of the patient. After completion of treatment patient was advised to take Chandraprabha vati (250 mg) twice a day as Rasayana and Shamana drug for fifteen days to rejuvenate the urinary system and was advised not to take Vataprakopaka diet and not to follow Vataprakopaka lifestyle. Patient was advised to re-visit hospital after 15 days for follow up. No further relapsing of symptoms was noticed. No complications were noticed or reported with usg post void residue is 20cc, cystitis decrease, no smell in urine.

Conclusion-

Neurogenic bladder is caused by the damage of the nerves governing the functions of urinary bladder. Vitiating Vata dosha (Apana vayu) is the main culprit in this disorder, which results in Mutravaha srotodushiti (dysfunctioning of urinary system) and thus Atipravritti (increased frequency of micturition). The adopted therapy i.e.Sahacharadi taila matra basti in the current case provided marked decrease in the frequency of micturition and relief in abdominal distension, which was not controlled by other oral medications like Chandraprabha vati and Gokshuradi guggulu. Basti is stated as best treatment for vitiation of Vata. In this particular case, the

treatment protocol adopted proved to be beneficial for the patient. No side effects were noticed during the period of treatment. The efficacy may be studied in larger samples to draw efficacy of Ayurveda treatment modalities. Also there is a need to promote role of Ayurvedic Panchakarma therapies in neurogenic bladder and make them more aware of its benefits over contemporary approaches.

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