



Case Study

EFFECT OF *MUTRAMARGAGATA UTTARBASTI* WITH *ASHWAGANDHA* TAIL IN *MUTRAVAHA SROTODUSHTI* W.S.R. TO STRESS INCONTINENCE- A CASE STUDY

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ABSTRACT

During different stages of life, woman may suffer from various diseases and conditions that affect her physical and emotional well - being which in turn alter her quality of life. Stress incontinence is one of the gynaecological conditions mostly in reproductive as well as postmenopausal age group. It adversely affects physiological as well as psychological health of female and even interferes with the professional life. Most of women feel inconvenience especially in their day to day activities either due to frequent vulval pads they need to use or frequent changing of undergarments. So, it is a major problem in front of women and ultimately gynaecologists.

Stress urinary incontinence is an involuntary escape of urine from the external urinary meatus due to sudden rise in Intra Abdominal Pressure. Women can't have any natural control on it. Due to it, escape of urine while sneezing, coughing or laughing occurs. It is common condition affecting 25-40% of women. Conservative and surgical methods are available for its management. But due to some drawbacks we need to explore and use Ayurvedic treatments given in *Samhitas*.

Ayurvedic texts have described *Uttarbasti* in detail. When it is given per urethra as indicated in texts, may help in curing certain diseases related to *Apana Kshetra*. Stress incontinence can be correlated with *Alpalpa Mutrapravrutti* in *Mutravaha Srotodushti*. So, attempt is made to cure stress incontinence with the help of *Mutramargagata Uttarbasti*.

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INTRODUCTION

The woman, a very reserved creature perceives herself and the world inside her. Women have their own unique health issues. Many women become wives and mothers often when they are just emerging from their own childhood. Most of their health conditions remain undiagnosed and untreated due to the embarrassment they feel. Stress urinary incontinence is one of them. It is involuntary loss of urine which can be demonstrated objectively. This condition causes hygienic as well as social inconvenience and may hamper her day to day activities. It is distressing problem especially

among working women, limiting their social activities.

Whenever intra-abdominal pressure rises in patients of stress incontinence, involuntary escape of minimal quantity of urine occurs from urinary meatus. It is actually urethral sphincter incontinence and commonly affects 25-40% of women. Many times, it is present in association with genital organ prolapse, cystocele or may occur as an isolated condition. Patients are usually parous, may be post menopausal. She voids a small quantity of urine involuntarily while sneezing, coughing or laughing. Often the

complaints date back to the last child birth or some vaginal plastic operation. Colposuspension (Burch, laproscopic), Retropubic midurethral sling procedures like TVT (Tension free Vaginal Tape) and TOT (Transobturator Tape) etc are different surgical managements. These are based on principles of maintaining function of pubourethral ligaments, suburethral vaginal hammock and tone of pubococcygeus muscle. But these procedures may cause complications like bladder and urethral injury, hematoma in retropubic space, infection, breakdown of sutures, voiding difficulties etc. To minimize such complications and to cure disease an attempt is made to manage condition by Ayurvedic approach.

Ayurvedic classics have description of *Mutramargagata Uttarbasti* in *Sushrut Samhita* with *Mutradosha* as well as *Bastigata Roga* as its indication. According to *Acharya Charaka*, *Basti* and *Vankshana* are *Srotomula* of *Mutravaha srotas*, while *Sushrutacharya* has described *Basti* and *Medhra* as *Srotomula* of *Mutravaha Srotas*. There is no exact description of *Bastigata Roga* in Ayurvedic texts. But, *Mutravaha Srotas* when gets injured, produces *Dushti Lakshana*. Out of this, *Alpalam Mutrapravrutti* can be correlated with stress incontinence described in modern science. *Uttarbasti* can be performed effectively with *Yukti Pramana* by using different preparations mentioned in texts. *Tail* has properties of *Vatanashana*, *Balavardhana*, *Ushna*, *Sthairyakara*.

In Ayurveda, *Uttar basti* is described by different *Acharyas* as a chief treatment in *Basti Roga*. *Ashwagandha tail* having *Balya*, *Rasayana* properties may help in correction of denervation of smooth and striated components of sphincter mechanism.

Uttarbasti^[5] is called so due to its superior qualities. *Charak Samhita*, *Sushruta samhita* both *Vagbhatas*, *Bhavaprakasha*, *Sharangdhar samhita* has description of *Uttarbasti*. It can be given via *Apatyamarga* as well as *Mutramarga*. When given in *Artavakaala* i.e., after menstruation it reduces vitiation of *Vata Dosha* and helps in resumption of its normal functions. Thus, diseases related to *Apana kshetra* like vitiated *Shukra*, vitiation of *Artava*, heavy menstrual flow, other menstrual abnormalities, *Mutraghata*, *Mutradosha*, morbid adherent placenta, *Basti Shula*, *Vankshana shula*, *Mehana shula*, other diseases related with *basti* gets cured with *Uttarbasti*. It can be given in

dorsal or lithotomy position. It can be given two, three or four times in 24 hours and has to be given in this way for 3 continuous days. After gap of 3 days, it is repeated for another next 3 days or can be given after next menstruation.

AIMS AND OBJECTIVES

Aim: To use and study Ayurvedic regime in management of Stress Incontinence

Objective: To avoid surgical interference in patients of Stress Incontinence

To carry out a comprehensive literary study of *Mutramargagata Uttarbasti*.

Materials and Methods

Drug	<i>Ashwagandha</i> ^[6]
Family	Solanaceae
Latin name	<i>Withania somnifera</i>
Guna	Laghu, Snigdha
Rasa	Tikta, Katu, Madhura
Vipaka	Madhura
Veerya	Ushna

Procedure

Ashwagandha Tail was heated by water bath method then was auto cooled at room temperature. After bladder evacuation, in lithotomy position 10ml of lukewarm *Tail* was instilled into bladder per urethra with infant feeding tube no. 6 and 20ml of syringe under all aseptic precautions. Patient was instructed to be in supine position for next 10 – 15 minutes.

Same procedure was done for next 6 days in *Vardhamana Matra oil Ardha karsha* (10ml, 15ml, 20ml, 25ml, 30ml, 35ml, 40ml) upto 40ml quantity. This treatment was given for consecutive 3 cycles for 7 days after menses.

Simultaneously patient was advised for Kegel's exercise thrice a day.

Case Study

34 years old female patient, residing in Kamothe visited OPD with complaints of passage of few drops of urine while sneezing since last 1 year. She was not any known case of diabetes mellitus, HTN, Bronchial asthma or any other major illness. She had no past surgical history.

She was married since 12 years. Her obstetric history was G₂P₂A₀L₃D₀ where,

G1- female child; 10 years old; forceps delivery

G2- B1 & B2 both female child; 8 years old; forceps delivery (twins pregnancy). She was

symptomless before 2 years, gradually started emerging symptoms like burning micturition, itching around introitus and vaginal discharge. She had taken Ayurvedic treatment for it and was completely cured. After few months, she noticed passage of few drops of urine during sneezing and coughing. She was also feeling embarrassed due to foul smell from undergarments. So, she took help from different line of treatment, where she has been advised certain medications and she was relieved temporarily. But relapse occurred after an interval of 2-3 months. Then she approached to Ayurvedic OPD for further management.

On general examination, weight – 50 kg, height 5', BP – 110/70 mm of Hg, Pulse – 80/min. Menstrual history was regular, moderate, painless. On inspection of vulva, urine loss through urethral meatus while straining was demonstrable in supine as well as erect position.

P/S – Cervix – sticky whitish discharge

No erosion

No hypertrophy

Healthy cervix

Urethrocele +

P/V – Uterus – Retroverted, normal size

Fornices – clear, no tenderness

On urine routine and microscopic examination, it was normal i.e. there was no any trace of infection.

Patient was instructed to avoid salty, sour, fermented and heavy food items in diet and simultaneously to maintain personal hygiene.

She was also advised and counselled properly for kegel's exercise thrice a day.

Kegel's exercise: Can be done in lying, standing or sitting position. In this exercise, she is told to lift anus and pelvic floor as at the conclusion of defaecation, squeeze is maintained for 10-12 seconds, then relaxed for 15 seconds. Whole process is repeated 15-20 times in one session. Such 1-3 sessions are done each day.

After 3 cycles of *Mutramargagata uttarbasti* with *Ashwagandha* tail after menses, she was observed for next 3 months during which she was instructed to continue Kegel's exercise. Then she was assessed on the basis of reduction of her symptoms & signs.

After 6 months, on inspection of external genitalia, there was no demonstrable urinary loss

on straining in both supine as well as standing position.

OBSERVATION AND RESULT

The patient was having complaint of urine loss while sneezing before treatment. After treatment for consecutive 7 days for 3 cycles) in combination of pelvic floor exercise, patient was comfortable 7 confident. All her signs and symptoms had decreased gradually.

DISCUSSION

After studying modern aspect, stress incontinence is urinary loss which occurs with sudden elevations of intra abdominal pressure without contraction of the detrusor muscle. It occurs either due to anatomic urethral hypermobility causing defective urethral closure pressure under stress or due to weakness or deficiency of intrinsic sphincter. Urethral hypermobility results due to damaged urethral supports like endopelvic fascia, levator ani muscle complex etc. While, trauma, nerve injuries, prior surgeries etc hamper external and internal urethral sphincter mechanism. Colposuspension, sling procedures may cause side effects like haemorrhage, urinary tract and visceral injury, UTIs, wound infection, urogenital fistula, nerve injuries, voiding dysfunction, detrusor over activity, dyspareunia, chronic suprapubic pain etc.

Acharya Sushruta has given description of *Uttarbasti* in details with its indications as well as advantages. Word *Uttarbasti* itself includes both *Yonimargagata* as well as *Mutramargagata uttarbasti*. *Mutra Dosha* and *Basti Roga* are indications of *Uttarbasti* which may include all types of diseases related to bladder, urethra, as well as micturition and continence related problems. *Ashwagandha* is included in *Balya*, *Brunhaniya* and *Madhura Skandha Gana*. It is *Tikta, Katu, Madhura in Rasa*. It's *Madhura Vipaka* and *Ushna Virya* may help in reducing *Vikruta prerana* of *Vata Dosha* and helps in normalization of its functions. *Mutramargagata Uttarbasti* acts as a *Shaman*^[7] as well as *Shodhana Chikitsa*.

Immunostimulatory^[8] action of *Ashwagandha* helps in maintaining immunity in post-menopausal as well as post partum weakness of pelvic organs, Rejuvenating action on nervous system may act on pudendal nerve for better sphincter action.

CONCLUSION

Mutramagagata Uttarbasti acts as a Shaman as well as *Shodhana Chikitsa*. It's act better in sphincter weakness conditions than urethral hyper mobility. Being used in *Apana Vayu kshetra*, it acts effectively when applied with proper indications and all aseptic precautions for more scientific validation study has to be conducted on big sample size.

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