



AYURVEDIC MANAGEMENT OF POST HYSTERECTOMY URGE AND STRESS URINARY INCONTINENCE: A CASE REPORT

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ABSTRACT

Incontinence of urine is clearly a very common occurrence in women and it is troublesome. The prevalence of incontinence among women with prevalence varying from 5% to 25% for women aged 15-64 years and 12% to 38% for women over 60 years. Hysterectomy is one of the causative factors for the development of urinary incontinence in women. The present article deals with a case of urge and stress urinary incontinence with rheumatoid arthritis and varicosity managed by Ayurvedic treatment. The Ayurvedic diagnosis of Mutraghata with Amavata was made and panchakarma procedures were done. Two assessments were taken before treatment and after follow up on RUIS (Revised Urinary Incontinence Scale). Patient showed good improvement in 'urgency', 'urine leakage on coughing and sneezing' and 'dribbling' on RUIS. The relief observed on RUIS was 56.25%. Udwartana and vasti were found useful in reducing varicosity, pedal edema and urinary incontinence.

Key Words: Urge and stress incontinence, Panchakarma, Vasti, Mutraghata, Revised urinary incontinence scale, Ayurveda

INTRODUCTION

Incontinence of urine is clearly a very common occurrence in women. It is troublesome and probably underreported disorder in women.¹ Many studies have been published estimating the prevalence of incontinence among women with prevalence varying from 5% to 25% for women aged 15-64 years and 12% to 38% for women over 60 years.² Urine leakage related to an increase in abdominal pressure is called stress incontinence and urine leakage related to a feeling of urgency is termed as urge incontinence. Although hysterectomy is an effective procedure for curing a number of gynecological disorders, it has been associated with the development of changes in urinary function, especially urinary incontinence.³

Unfortunately, there was no clarity regarding the Ayurvedic aspect of stress / urge urinary incontinence. This creates a major diagnostic and management dilemma while approaching a case of urinary incontinence. Some authors had interpreted the condition of incontinence of urine as "Mutrateeta" according to Ayurveda.⁴ Here we are reporting a case of post hysterectomy stress and urge incontinence of urine with rheumatoid arthritis diagnosed as 'Mutraghata with Amavata' according to Ayurveda. Written informed consent was obtained from the patient for the publication of this case report.

CASE DESCRIPTION

A 50 years aged female patient came to our care (16.03.2015), with the complaints of incontinence of urine, frequent nocturnal micturition, varicose veins with pedal edema (since 2010) and pain with swelling at multiple joints (since 1995). Patient was a diagnosed case of 'Rheumatoid arthritis and Varicose veins'. Patient undergone abdominal total hysterectomy (August 2005) for a non-malignant condition. Since then she has been suffering with incontinence of urine, nocturia, frequent urinary tract infections and varicose veins at lower limbs along with pedal edema. She took allopathic treatment for same and didn't get relief.

Hematological, biochemical, renal function tests, liver function tests and urine analysis reports were within normal limits (16.03.2015). Erythrocyte sedimentation rate (ESR) was 34 mm in one hour. Rheumatoid factor and serum Antistreptolysin 'O' reports were negative (16.03.2015). Abdominal and pelvic ultrasound revealed mild fatty liver. No family history of arthritis and varicosity were found. Obstetric history was found as G₆ P₂ A₄ L₂. All vital parameters were within normal limits and patient's weight was 78kg. At the time of admission patient had urine leakage during coughing or sneezing, dribbling of urine, increased frequency of micturition at night time (6-7 times per night). Burning micturition, obstruction in flow, bifurcated flow, pain during micturition and discoloration of urine were not present. Patient was non smoker, non alcoholic and not having allergy to any drug or food item.

DIAGNOSIS, ASSESSMENT & TREATMENT

Mixed urinary incontinence (urge and stress incontinence) was diagnosed based on the ICD – 10 - CM (International Classification of Diseases, Tenth revision, Clinical Modification) diagnostic criteria (N39.46).⁵ To assess the efficacy of therapy patient was initially assessed on RUIS (Revised Urinary Incontinence Scale) was used. RUIS is a short, reliable and valid five item scale (feeling of urgency, urine leakage during coughing and sneezing, dribbling, frequency and quantity of urine loss) that can be used to assess urinary incontinence and to monitor patient outcome following treatment. The RUIS total score is calculated by adding up a person's score for each question. Adding the score for each of the five questions results in a possible score range of 0 to 16. Score below four indicates 'no incontinence' or 'very mild', a score of 4 – 8 is considered 'mild', a score of 9 – 12 is considered 'moderate' and a score of 13 or above is considered as 'severe'.⁶ Total two assessments were carried out before treatment (16.03.2015) and after completion of follow up (15.05.2015).

Patient was diagnosed as "Mutraghata and Amavata according to Ayurveda. Initially, Udwartana (massage with herbal powders) was done followed by Kala vasti schedule (total sixteen enemas including decoction and oil enemas). Patient got discharged on

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