Journal of Pharmaceutical and Scientific Innovation
www.jpsionline.com
Case Study

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

Kshama Gupta*, Prasad Mamidi
Reader, Dept of Kayachikitsa, Parul Institute of Ayurved, P.O. Limda, Tal. Waghodia, Vadodara, Gujarat, India
*Corresponding Author Email: drkshamagupta@gmail.com

DOI: 10.7897/2277-4572.04344

Received on: 10/04/15 Revised on: 25/05/15 Accepted on: 05/06/15

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 G_6 P_2 A_4 L_2. 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

15.04.2015 and internal medicines were prescribed for the period of one month (Table 1). Patient came to follow up on 15.05.2015.

DISCUSSION

The Mutraghata is a broad term and it can be considered as a syndrome, because it covers most of the pathological entity of the urinary system and classified into twelve or thirteen types. Sushruta samhita, one among the Brihatrayee (Three literature of Ayurveda), describes twelve types of Mutraghata. The word 'Mutraghata' comprises of two different words i.e. 'Mutra (urine)' and 'Aghata (obstruction / difficulty)', which stand for low urine output due to obstruction in the passage of urine. According to Ayurveda, Mutraghata is manifested due to deranged function of Apana vayu along with the vitiation of kapha and pitta dosha. The vitiated doshas are produced in the body due to improper diet and activity or daily regimen, seasonal changes and due to old age. The symptoms like retention of urine, incomplete voiding, dribbling, hesitancy etc. are found in Mutraghata.[7]

Acharya sushruta described general line of treatment for all types of mutraghata. He has suggested the use of various kashaya (decoction), kalka (paste of herbs), avaleha, kshara (alkali), madya (alcohol), asava (alcohol based preparation), swedana (sudation) and vasti (enema) procedures.[8] Vasti is considered as the most appropriate treatment for vata predominant diseases. Mutraghata is an entity in which vitiation of vata dosha occurs. In vasti therapy, anuvasana vasti (oil enema) is indicated when vata is vitiated with the involvement of kapha and pitta doshas and the pathology is localized in the vasti pradesha (urinary bladder region).[9] As apana vata controls the normal functioning of bladder, any derangement in the same causes functional abnormality of the bladder. Hence the drugs having vatahara property should be administered.[10] The treatment protocol adopted in the present case was proved to be beneficial in the management of post hysterectomy mixed (urge and stress) urinary incontinence.

Initially patient was diagnosed as having saama lakshana's[11] like feeling of heaviness in the body, decreased appetite, joint swelling at multiple sites and pitting edema on lower limbs. To bring the patient to Niraama avastha, rookshana procedure like Udwartana was done for the period of sixteen days with yava kola kuluthadi choornam. After sixteen days of udwartana, patient got relief in pain and swelling at multiple small joints, pitting edema and varicosity got reduced, appetite got increased and patient felt lightness in the body. The frequency of nocturnal micturition also got reduced by udwartana. After attaining niraamavastha, snehana (oleation) and swedana (sudation) procedure like patra pottali pinda swedana (bolus massage with medicated leaves) with kottamchukkadi tailam and bashpa sweda (steam in steam chamber) was started. Along with these procedures, Kala vasti schedule (16 enemas) was followed. Kala vasti schedule starts with Anuvasana vasti (oil enema) followed by twelve vasti's (six niruha vasti's and six anuvasana vasti's alternatively) and ends with three anuvasana vasti's. At the time of discharge, varanadi kwatha and abhayarishta were prescribed to the patient for a period of one month (Table 1).

Before treatment, total score on RUIS was '16' and it indicates that, patient has been suffering with severe urinary incontinence and it is the highest possible score on RUIS. After follow up (15.05.2015), the RUIS score got reduced from '16' to '7'. The score '7' comes under the 'mild' category. It shows that patient got good relief on RUIS with treatment. Major improvement was observed in the 'items' like, 'feeling of urgency (score reduced from '3' to '1'), urine leakage during coughing and sneezing (score reduced from '3' to '1') and in 'dribbling of urine' (score reduced from '3' to '0') on RUIS. In other items like, 'frequency of urine leakage (score reduced from '4' to '3') and 'quantity of urine leakage during each time (score got reduced from '3' to '2') also improvement was observed. There was 56.25% of relief on RUIS after two months of treatment (including one month follow up). Varicosity and edema of lower limbs, pain and swelling at multiple joints, dribbling of urine, heaviness in the body were totally disappeared and patients general condition got improved (especially improvement in sleep and appetite, developed control on urine flow and reduced fatigue). The treatment protocol adopted in the present study was proved beneficial in the management of post hysterectomy mixed (urge and stress) urinary incontinence. Further clinical trials with large sample are required to substantiate the present study findings.

CONCLUSION

Udwartana found useful in the management of varicosity, to bring niraamata from saamata and to reduce pedal edema. Both udwartana and vasti procedures along with internal medicines were found beneficial in the management of post hysterectomy stress and urge incontinence. Further clinical studies on large sample are essential to substantiate the present study findings.

ACKNOWLEDGEMENT

The authors are thankful to Dr. Geetika Madan Patel (Managing Director, Parul sevashram hospital) for her support.

Table 1: Intervention

Panchakarma intervention	
16.03.2015 to 31.03.2015	Udwartana with Yava kola kuluthadi choorna
01.04.2015 to 16.04.2015 (Kala vasti schedule)	1. Patra pinda sweda with Kottamchukkadi tailam 2. Bashpa sweda (in steam chamber) 3. Niruha vasti (A. Saindhava lavana - 6 gm B. Madhu - 200 ml C. Dhanwantaram tailam - 100 ml D. Paste of Hingu vachadi choorna - 25 gm E. Erandamoola kwatha & Dashamoola kwatha - 500 ml F. Gomutra arka - 100 ml) (or) 4. Anuvasana vasti with Dhanwantarm tailam – 100 ml
Shamana chikitsa	
17.04.2015 to 16.05.2015	1. Varanadi kwath - 80 ml, twice a day before food 2. Abhayarishta - 20 ml, twice a day, after food with equal quantity of warm water

REFERENCES

1. Yarnell J W G, Voyle G J, Richards C J and Stephenson T P. The prevalence and severity of urinary incontinence in women. Journal of Epidemiology and Community Health 1981; 35: 71-74.
2. Swithinbank L V, Donovan J L, Du Heaume J C, Rogers C A, James M C, Yang Q et al. Urinary symptoms and incontinence in women: relationships between occurrence, age and perceived impact. British Journal of General Practice 1999; 49: 897-900.
3. Van der Vaart C H, Van der Bom J G, De leeuw J R J, Roovers J P W R, Heintz A P M. The contribution of hysterectomy to the occurrence of urge and stress urinary incontinence symptoms. BJOG: an International Journal of Obstetrics and Gynaecology 2002; 109: 149-154.
4. Om Prakash Gupta. Hand book of Ayurvedic medicine. Chapter – Urinary system. First edition. Varanasi: Chaukhambha Sanskrit bhavan; 2005. p. 107.
5. ICD10Data.com [home page on the Internet]. Retrieved on 20.05.2015. Available from www.icd10data.com/ search.aspx?search=N39.46
6. Sansoni J, Hawthorne G, Marosszeky N, Moore K, Fleming G and Owen E. The Technical Manual for the revised incontinence and Patient Satisfaction Tools. Centre for Health Service Development, University of Wollongong 2011.
7. Banothe G, Mahanta VD, Gupta SK, Dudhamal TS. Efficacy of Ayurveda Formulations and Basti Chikitsa on Mutraghata w.s.r. to Benign Prostatic Hyperplasia: A Review on Researches Conducted at Gujarat Ayurved University, Jamnagar. International Journal of Ayurveda and Pharma Research 2014; 2: 5-11.
8. Sushruta samhita, Dr. Anantram Sharma, Sushrutvimarshini hindi commentary, Vol.II, ashmarichikitsaadhyaya, chikitsasthana - adhyaya no.07, sutra no. 27; Page No. 237, Chaukhamba Surbharati Prakashan, Varanasi, first edition, 2001.
9. Banothe G, Mahanta VD, Gupta SK, Dudhamal TS. Efficacy of Ayurveda Formulations and Basti Chikitsa on Mutraghata w.s.r. to Benign Prostatic Hyperplasia: A Review on Researches Conducted at Gujarat Ayurved University, Jamnagar. International Journal of Ayurveda and Pharma Research 2014; 2: 5-11.
10. Hegde Gajanana, Bhat Priya. A case study on Neurogenic bladder vis-à-vis Bastikundalika. Journal of Biological and Scientific Opinion 2014; 2: 91-93.
11. Vagbhata, Ashtanga hridaya, Sutra sthana, Doshaadi vigyaneeyam adhyaya, 13/26-28, edited by Shiv prasad Sharma. Varanasi: Chaukhamba sanskrit series office; 2008. p. 149.

Source of support: Nil, Conflict of interest: None Declared

QUICK RESPONSE CODE	ISSN (Online) : 2277 –4572
	Website http://www.jpsionline.com

How to cite this article:
Kshama Gupta, Prasad Mamidi. Ayurvedic management of post hysterectomy urge and stress urinary incontinence: A case report. J Pharm Sci Innov. 2015;4(3):202-204 http://dx.doi.org/10.7897/2277-4572.04344