“COMBINED EFFECT OF TIL-TAILA-KARPUR UTTARBASTI AND BALA TAIL ABHYANGA IN MANAGEMENT OF NEUROGENIC URINARY BLADDER W.S.R. TO MUTRAGHAT” - A CASE STUDY

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ABSTRACT

Now-a-days, many people are suffered from urinary tract diseases. Neurogenic bladder is one of them. It is bladder dysfunction caused by neurogenic damage. The symptoms of neurogenic bladder can be correlated with ‘Mutraghata’ described in Ayurveda. There are many remedies for treatment of mutraghata. In present study the treatment given is, Uttarbasti with Til-taila and Bala-taila abhyanga at suprapubic region.

KEYWORDS: Neurogenic urinary bladder, Mutraghata, Uttarbasti, Abhyanga.

INTRODUCTION

Urinary tract infections are frequent, recurrent and lifelong for patients with neurogenic urinary bladder. It leads to various problematic symptoms including urinary incontinence, increased frequency and urgency. These symptoms are described under the topics of ‘Mutraghata’ by Acharya Sushruta in Uttarsthana adhyay 58. It is predominantly due to Vata dosha. Vata is responsible for normal functioning of urinary tract, but vitiated dosha travel and lodged in Basti(bladder) and upon further vitiation of Vata leads to Vimarga gamana causing various symptoms. There are many challenges in diagnosis and treatment of Neurogenic bladder. Multiple prevention methods are used but evidence based practices are few. Basti is considered to be the most important treatment of all the other modalities which are included in Panchkarma. Basti, by the account of all of its contents, performs various functions such as restraining, cleansing, & pacification of doshas as well.
CASE REPORT
A 63 years old male patient came to the Salyatantra OPD of CSMSS Ayurved Hospital, Aurangabad, Maharashtra with presenting complaints of incontinence, dribbling of urine and urgency since last 1 year. Patient had history of road traffic accident before 8 years, having fracture of L4 vertebra. He had taken treatment from private hospital but got no relief. Patient was government servant by occupation and known case of Hypertension, taking treatment for that. Patient had no any serious maternal or paternal history and no any drug allergy.

General Examination
General condition: Moderate and afebrile
Pulse rate: 68 per minute, regular
BP- 130/90 mmHg
No icterus
Slight pallor
Bowel- regular and soft
Urine- nocturia, urgency and dribbling
Appetite – regular and good

Systemic Examination
Per abdomen- slight tender at suprapubic region, soft
RS- AEBE clear
CVS- S1S2 Normal
CNS- Conscious and oriented

Local Examination
External urethral meatus: normal
No fibrosis felt at penile shaft
Per rectal digital examination: no prostatomegally felt
Routine investigations: CBC, RBS were in normal range.
ESR-9 gm%

Urine microscopic
Pus cells- 20-25/HPF
RBC- 1-3/HPF
Kidney function test-
Serum Creatinine- 3.02 mg/dl
Serum urea- 56 mg/dl

USG Abdomen and Pelvis findings- cystitis and Neurogenic Urinary Bladder.

**Diagnosis**- Neurogenic Urinary Bladder with Cystitis

**Treatment**- Many more remedies are explained by *Sushrutacharya* for the treatment of *Mutraghata*. Here, I preferred Uttarbasti chikitsa.

![Devanagari text]

The treatment was planned as below

1. **Uttarbasti** with *Til-taila +Karpur(Bhimseni) churna* for continuous 3 days with interval of 21 days.
2. *Bala taila* for *Abhyanga* at suprapubic region and *Nabhipuran* daily.
3. *Chandraprabha wati*- our college pharmacy preparation, was given 2 tablets twice a day for 7 days in each cycle.

**MATERIAL AND METHOD**

1. **Til-taila** (Sesamum indica) - 20 ml  
2. **Karpur niryas** (Cinnamomum camphora) - 250 mg  
3. **Bala tail** – *Abhyangartha*
4. 20 ml syringe
5. Penile clamp
6. Antiseptic solution and cotton.

Preparation of drug- 20 ml *shuddha Til-taila* taken and made it luke warm, then 5 gm of *Bhimseni Karpur churna* added into it.

Properties of *Karpur*- Anti-oxidant, anti-inflammatory, anti-spasmodic, antineuralgic and anti-microbial.

*Til-taila* used as vehicle for the *karpur* in Uttarbasti.
METHOD
Purwakarma- Snehan-Swedan
Position of patient- supine
Under all aseptic precautions, after painting with antiseptic solution and draping of the part, the autoclaved and warm til-taila mixed with karpur churna pushed into urethra with the help of 20ml glass syringe. Then penile clamp applied and patient kept in supine position upto 10 minutes.

Time- Apankal (Before meal in the morning)
Duration- 5 cycles of 3 days, in interval of 21 days.

Criteria for assessment of therapy
1. Incomplete emptying
2. Frequency
3. Urgency
4. Nocturia

OBSERVATION AND DISCUSSION
1. Incomplete emptying: This infers that Til-taila – karpur Uttarbasti is effective in reducing incomplete emptying. Due to Lekhan guna and Sheet guna, the bladder and urethra dilates and thus helps in complete voiding.
2. Frequency of Micturition: Before treatment, the patient had complaints of continuous dribbling but now, patient voids urine after an interval of three hours in the morning. Due to Anti- neuralgic property of Karpur, the bladder retaining capacity increases. So complaints of dribbling decreases.
3. Urgency: Til-taila – Karpur Uttarbasti gives strength to the muscles of bladder and increases tone of the sphincter. So the patient can hold the urine for longer time and the urgency is reduced. Karpur acts as an antispasmodic and releases the bladder spasm.
4. Nocturia: It is found to be more effective in reducing it, due to soothing effect by reducing sensitivity acting as local anaesthetic. Before treatment, the patient woke up in the night for 4-6 times for urination. After three cycles, now patient woke up for hardly 1-2 times.
CONCLUSION

*Tiltaila-Karpur Uttarbasti* is effective in reducing incomplete emptying of bladder, frequency of micturition, urgency and dribbling.

REFERENCES

1. Shastri Ambika Dutta, Sushruta Samhita, Purvardha, Chaukhambha publication Sushruta Samhita, chikitsa sthan, 1/138-139.
2. Shastri Ambika Dutta, Sushruta Samhita, Uttarardha, Chaukhambha publication Sushruta Samhita, uttar-tantra, 58/27.
4. Ravidatta Tripathi, Charak samhita Purvardha, Chaukhambha publication, Siddhistan, 9/52.
5. Dr. R.H. Amilkanthwar -‘Role of Uttarbasti in Urethral Stricture.’
6. Dissertation by Dr. Ram Giram-‘To Evaluate Efficacy of Tilataila-Karpur Uttarbasti in Management of Vatashthila with special reference to Benign Prostate Hyperplasia.’