

## AN AYURVEDIC MANAGEMENT OF POST OPERATIVE COMPLICATIONS IN TRANSITIONAL CELL CARCINOMA OF THE BLADDER - A CASE STUDY

**Dr. Hebbare Revathi Bai<sup>1</sup>, Dr. T. Srinivasa Rao<sup>2</sup>, Dr. K.V.V. Vijaya Bhaskar Reddy<sup>3</sup>**

<sup>1</sup>\*Post Graduate Scholar, Department of Shalya Tantra, P.G Studies, S.V. Ayurvedic College and Hospital, Tirupati, Andhra Pradesh, India.

<sup>2</sup>Assistant Professor, Department of Shalya Tantra, P.G Studies, S.V. Ayurvedic College and Hospital, Tirupati, Andhra Pradesh, India.

<sup>3</sup>Proffesor & HOD, Department of Shalya Tantra, P.G Studies, S.V. Ayurvedic College and Hospital, Tirupati, Andhra Pradesh, India.

Article Received on  
21 August 2025,

Revised on 11 Sept. 2025,  
Accepted on 01 Oct. 2025

<https://doi.org/10.5281/zenodo.17278138>



**\*Corresponding Author**

**Dr. Hebbare Revathi Bai**

Post Graduate Scholar,  
Department of Shalya  
Tantra, P.G Studies, S.V.  
Ayurvedic College and  
Hospital, Tirupati, Andhra  
Pradesh, India.

### ABSTRACT

Immunotherapy & Chemotherapy are widely used treatment in bladder cancer. The present case study explore the effectiveness of Ayurvedic treatment in Post – operative complications in a patient with Transitional Cell Carcinoma of the Bladder<sup>10</sup>. The patient underwent resection of tumour in bladder followed by Immunotherapy for 1 year. There after he developed complications of excessive urination associated with burning micturition with daily disturbed activities. According to Ayurveda it is co-related with Mutratita<sup>1</sup>. Hence the patient was managed exclusively through a comprehensive Ayurvedic treatment protocol which focuses to manage symptoms & support overall health. This case highlights the exclusive use of Ayurvedic Intervention in post-operative complications of tumour resection resulting in significant clinical improvement without reliance on conventional medical management.

**KEYWORDS:** Transitional Cell Carcinoma,<sup>[10]</sup> tumour resection, Immunotherapy, Mutratita.<sup>[1]</sup>

### INTRODUCTION

Case reports play a significant role in documenting unique clinical presentation, novel

management approaches, approaches, and successful therapeutic outcomes. From a modern pathophysiological view, post-operative complications commonly involve local tissue inflammation, oxidative stress, microbial colonization, and altered urinary physiology. Inflammatory mediators (prostaglandins, cytokines) and oxidative free radicals prolong healing, while urinary stasis predisposes to infection and dysuria. Thus, an ideal post-operative regimen should be anti-inflammatory, antimicrobial, antioxidant, diuretic, and wound-healing supportive. Conventional management of post-operative complications often relies on analgesics, antibiotics, and supportive care. This Case report presents a patient with post-operative complications managed successfully with an integrative Ayurvedic approach, demonstrating its clinical utility and relevance in present-day surgical practice.

## CASE REPORT

A 56 years old male patient working as a Veterinary Surgeon approached OPD of SV Ayurvedic medical college and Hospital, Tirupati, department of Shalya tantra on 19/12/2023 with Complaints of increased frequency of micturition (D/N : 35/20 times /day) since 8 months. Associated with burning micturition, unable to hold the urge not even for shorter period (i.e., <2min). Detailed history of patient revealed that Patient was apparently normal before 2 years he suddenly developed reddish discoloration of urine gradually followed by dropping blood clots through urine. So he consulted allopathic hospital and after doing some investigation they diagnosed it as Transitional cell carcinoma in bladder measuring of 38×38×40 mm (AP×TR×CC) at 1-4'O Clock position. So he underwent surgical treatment of tumour resection in urinary bladder followed by Immunotherapy 1 year ago, after few months he started suffering with increased frequency of micturition (D/N : 35/20 times /day) associated with burning micturition and unable to hold the urge not even for shorter period (2min), he consulted many hospitals but didn't find any relief. As these complaints started disturbing the daily activities, he visited to SVAYH for better treatment.

## PAST HISTORY

No H/O Diabetes Mellitus, Hypertension

Surgical History- Undergone Tumour resection in urinary bladder in a year 2023 followed by Immunotherapy for 1 year.

## FAMILY HISTORY

Nothing specific

**Personal History**

• <b>Diet</b>	: mixed	<b>Bowel:</b> regular
• <b>Appetite</b>	: moderate	<b>Sleep :</b> disturbed

- **Micturition:** Increased frequency (D/N:35/20times/day)
- **Addiction:** Nil

**GENERAL EXAMINATION**

Built	-Moderate,	Height -152cms,
Nourishment	-Moderate,	Weight - 52 Kg,
Temperature	- 98.4 F,	Pallor - Absent,
Respiratory rate	-20/min,	Edema- Absent,
Pulse rate	- 82 bpm,	Clubbing–Absent

Lymphadenopathy- Absent, Tongue-Uncoated.

**SYSTEMIC EXAMINATION**

CVS - S1 S2 Normal

CNS - Well Oriented, conscious

R.S - Normal vesicular breathing, no added sounds P/A - Soft, No Organomegaly

**ASHTA VIDHA PARIKSHA**

Nadi: 82bpm,

Mootra: bahu mutrata (D/N: 40-45times/day) Mala: Once a day (abadda mala)

Jihwa: Alipta Shabda : Avisesha

Sparsha: Anushna sheeta Druk: Avisesha Aakruti: Madhyama

**DASHA VIDHAPARIKSHA**

1. Prakruti: Vata + kapha pradhana tridoshaja
2. Vikruti: Madhyama Abhyavaharana: Madhyama
3. Sara: Madhyama Jarana Shakti: Madhyama
4. Samhanana: Madhyama
5. Pramana: Madhayama
6. Satmya: Madhyama
7. Satva: Madhyama
8. **Aahara Shakti:**
9. VyayamaShakti: Madhyama
10. Vaya: Madhyama

- **Vyadi Vinischaya: Mutratita<sup>[1]</sup>**

LAB INVESTIGATIONS
Bloodgroup - B+ve
Hb -12.2gm%
BT - 3min 2sec
CT - 5min11sec
RBS - 104 mg/dl
ESR - 30mg/dl
VDRL - Non reactive
HIV - Non reactive
HbsAG - Negative

Urine Routine examination-
Sugar - Nil
Albumin- Nil
Microscopic examination- pus cells- 16-18cells/hpf
Epi cells -6-8cells/hpf

#### ABDOMINO - PELVIC USG on 19/12/2023

K/c/o Transitional cell carcinoma - post operative Immunotherapy

- Mild cystitis with significant post residual urine
- Pre void : 80ml Post void : 40mL

#### TIME LINE OF THE CASE

Date & day of visit	Patient summary from initial and f/u visit and description of symptoms and signs	Treatment Interventions
19/12/2023	Increased frequency and urgency of micturition (D/N:30/20 times/day) and burning micturition +++	<ul style="list-style-type: none"> <li>• Sariba Rasayanam 10ml twice daily before food</li> <li>• Palasha pushpa kshara 1pinch bd with luke warm water after food.</li> <li>• Tab Chandra Prabha vati 1 tab twice daily after food.</li> <li>• Tab. Tarakeshwara Ras 1 tab twice daily after food.</li> </ul>
12/02/2024	1st follow Up visit –OPD Moderate relief in frequency and urgency of micturition and burning micturition ++	Continued the same treatment f/b Dietary and life style odification explained.
12/03/2024	2nd Follow Up visit - OPD Moderate relief in urinary system	<ul style="list-style-type: none"> <li>• Tab. Nishamalaki 1 tab twice daily before food</li> <li>• Tab. Neo 1 tab twice daily after food</li> <li>• Tab. Tarakeswar ras 1tab twice daily after food</li> <li>• Tab. Neeri 1tab twice daily after</li> </ul>

		food <ul style="list-style-type: none"> <li>Chandanasavam 15ml thrice daily with equal water after food</li> <li>Dietary and life style modification continued</li> </ul>
19/04/2024	3rd Follow Up Visit- OPD Significant relief in urinary symptoms	<ul style="list-style-type: none"> <li>Dietary and life style modification continued</li> </ul>
12/05/2024	4th Follow Up Visit- OPD Normal frequency of micturition	<ul style="list-style-type: none"> <li>Continued with same treatment f/b</li> <li>Dietary and life style modification continued</li> </ul>

**\*Diet** - Normal bland diet, avoid excessive salty, sour and spicy food, ginger, non-veg etc.,

**\*Life style** – advised Sitz bath twice daily upto 15-20min, avoidance of excessive work, stress, worries and excessive sun exposure and to maintain proper perineal hygiene.

USG ABDOMEN AND PELVIS BEFORE TREATMENT (19/12/2023)	AFTER TREATMENT (07/03/2024)
K/c/o Transitional cell carcinoma - post operative Immunotherapy. Mild cystitis with significant post residual urine. Pre void : 80ml Post void : 40ml	K/c/o Transitional cell carcinoma - post operative Immunotherapy. No significant post residual urine. Pre void : 120ml Post void : 80ml.

## OBSERVATIONS AND RESULTS

**Table 1: Showing signs and symptoms.**

Signs and symptoms	Before treatment	After treatment
Daha	Present	Absent
Ruja	Present	Absent
Peetamutrata	Present	Absent
Muhurmutrapravrutti	Present	Absent
Udarashoola	Present	Absent
Urine microscopic examination	Puscells-16-18cells/hpf	Puscells-1-2cells/hpf
	Epicells-6-8cells/hpf	Epicells-2-3cells/hpf

## RESULTS

The pain intensity was reduced as there was a progression of frequency of micturition & holding capacity of urge. Burning micturition significantly reduced and got completely cured after his Fourth sitting.

## DISCUSSION

Post-operative complications of Transitional Cell Carcinoma (TCC) of the bladder, such as dysuria, burning micturition, hematuria, wound-related issues, and general debility, often impact recovery and quality of life. In conventional practice, antibiotics, analgesics, and

supportive care are employed; however, these may not always provide satisfactory long-term relief.

From an Ayurvedic standpoint, such complications can be correlated with Mutravaha Srotas Dushti involving Pitta-Kapha vitiation and Dhatu Kshaya. The treatment principle emphasizes Mutrala (diuretic), Shothahara (anti-inflammatory), Vrana Ropaka (wound healing), Rasayana (rejuvenative), and Agnideepana therapies, along with suitable lifestyle modifications.

In this case,

- **Palasha**<sup>[3]</sup> **Pushpa Kshara**<sup>[2]</sup> was given orally for its Mutrala and Shothahara action.
- **Tablet Neeri**<sup>[9]</sup> and **Tablet Neo** acted as urinary antiseptic and Mutravirechaka, reducing dysuria and recurrent urinary tract infection.
- **Chandraprabha Vati**<sup>[8]</sup> was included for its Mutrala, Shothahara, and Agnideepana properties, which improved urine output and reduced inflammation.
- **Tab. Nishamalaki**<sup>[4]</sup> provided Rasayana and Prameha-hara action, strengthening immunity and balancing metabolism.
- **Tab. Tarkeshwar Ras**,<sup>[4]</sup> being Shoolahara and Agnideepana, helped relieve pain and burning micturition.
- **Chandanasava**,<sup>[4]</sup> with its cooling and Pitta-Shamana properties, alleviated burning sensation and improved urinary flow.
- Additionally, dietary regulation, hydration, and lifestyle modifications were advised to maintain Agni and prevent recurrence. comprehensive approach to managing Mutratita (urinary retention).

The combined use of these formulations work synergistically & resulted in significant reduction of dysuria, burning micturition, and hematuria, Break down obstruction (srotoshodhana), Improve urinary flow, Support renal function and urinary tract health alongside improvement in appetite, wound healing, and overall well-being. Earlier reports also highlight the efficacy of Chandraprabha Vati and Neeri in urinary tract disorders and Mutravaha Srotas diseases. Thus, Ayurvedic management, as demonstrated in this case, provided effective post-operative support and enhanced the patient's quality of life.

## CONCLUSIONS

The present study entitled with “An Ayurvedic management of Post Operative

### Complications in Transitional Cell Carcinoma of the Bladder - A Case Study”.

The preliminary analysis of this observatory report indicates that suggested Ayurvedic treatment protocol is effective in post operative complications of tumour.

The primary goals of Ayurvedic treatment plans are to re-establish the body's natural defences capacity of self healing. This will strengthen and rejuvenate targeted body systems to support long term recovery from illness. The effectiveness observed after the treatment phase sustained across the follow-up period of 6 months as well. The interventions improved urinary symptoms, reduced discomfort, and promoted better recovery. Ayurveda offers a promising supportive role in integrative oncology care<sup>[7]</sup>, though further clinical studies are required to establish standardized protocols.

### REFERENCES

1. Charaka Samhita, Chikitsa Sthana, Chapter 26 (Mutraghata Chikitsa) Describes Mutratita as a type of Mutraghata and outlines treatment principles.
2. Sushruta Samhita, Uttara Tantra, Chapter 58/11-12(Mutraghata Nidana and Chikitsa) Mentions urinary disorders and the use of alkalis (Kshara) for obstruction.
3. Bhavaprakasha Nighantu Mentions individual herbs like Palasha, Haridra, Amalaki, Chandana, and their mutravirechaka and shothahara properties.
4. Mishra S. Bhaishajya Ratnavali. Edited with Siddhiprada Hindi commentary. Varanasi: Chaukhambha Surbharati Prakashan; 2015. Mutraghata Chikitsa Prakarana, 642-645.
5. Kokate CK, Purohit AP, Gokhale SB. Pharmacognosy. 50th ed. Pune: Nirali Prakashan; 2014; 216-219.
6. Central Council for Research in Ayurvedic Sciences (CCRAS). Ayurvedic Pharmacopoeia of India. Part I, Vol IV. New Delhi: Ministry of AYUSH; 2011; 25-28.
7. Singh RH. An Integrated Approach to Ayurveda and Oncology. AYU., 2010; 31(3): 382- 386.
8. Neeri Tablet [Internet]. Mumbai: AIMIL Pharmaceuticals; c2023 [cited 2025 Sep 5]. Available from: <https://www.aimilpharma.life>
9. Chandraprabha Vati in urinary disorders: A clinical study. J Res Ayurvedic Sci., 2018; 42(2): 45-52.
10. Sriram Bhat M. SRB's Manual of Surgery. 5<sup>th</sup> ed. New Delhi: Jaypee Brothers Medical Publishers, 2016; 1033,1038.