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UTILIZING AYURVEDA FOR THE EFFECTIVE TREATMENT OF URINARY INCONTINENCE: A DETAILED CASE STUDY

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ABSTRACT

Micturition, commonly known as urination, is a complex process involving multiple systems. Various disruptions can occur within this system, which healthcare professionals frequently encounter in their daily practice. Among these, urinary incontinence (UI) is particularly common in women. UI is characterized by the inability to control urination voluntarily and is generally categorized into stress UI, urge UI, and mixed UI. According to Ayurveda, urinary disorders are classified as mutra apravrutti rogas (Urine retention disorders) and mutra atipravritti rogas (Excessive urination disorders), with UI being considered a part of the latter. This report presents the case of a 65 year old married woman who experienced involuntary urination along with urinary urgency and frequency persisting for 3 years. She also reported accompanying abdominal pain. After thorough examinations and diagnostic assessments, the patient was treated with Ayurvedic medicine over a period of 20 days.

INTRODUCTION

Women frequently experience urinary symptoms and disorders that substantially affect their daily lives and overall quality of life.

According to the International Continence Society, urinary incontinence (UI) is defined as any involuntary urine leakage that poses a social or hygienic concern.[1] The prevalence of UI

tends to rise with increasing age. Studies show that moderate-to-severe UI affects 7% of women aged 20-39, 17% of those aged 40-59, 23% of women aged 60-79, and 32% of those aged 80 and above.[2] Despite being a common health issue, UI is often underestimated due to underreporting by affected individuals or neglect by caregivers. Many women only seek medical attention when the condition becomes severe.

Micturition is a complex physiological process governed by multiple systems in the body that work together in a coordinated manner. Any disruption in their normal functioning can result from factors such as childbirth, aging, trauma, or medications. Urinary incontinence (UI) in women is commonly classified into categories such as stress UI, urge UI, and mixed UI.[3] In stress UI, urine leaks during physical activities like coughing or lifting, while urge UI is characterized by a sudden, strong need to urinate. Many women experience symptoms of both types, which is referred to as mixed UI.

UI is highly prevalent among women and can significantly impact health-related quality of life, leading to both personal and societal costs. The main types of UI are stress UI, which occurs with physical exertion, and urgency UI, which is associated with a sudden need to urinate. Research indicates that incontinence may be caused by dysfunction in the detrusor muscle, pelvic floor muscles, neural control mechanisms, or the bladder's local environment. A comprehensive diagnosis requires taking a medical history, conducting a physical examination, urinalysis, and quality-of-life assessments.

A wide range of non-surgical treatments, including behavioral therapy, pelvic floor exercises, medications, and other interventions, can be effective for many women and may eliminate the need for surgery.[4] However, careful evaluation and a thoughtful treatment plan are essential for successful management of the condition, as complete recovery is often challenging to achieve.

In Ayurveda, the bladder (Basti)[5] is seen as the foundation for all urinary disorders. Ancient Ayurvedic scholars have elaborated on this, explaining that the basti is directed downward and is filled with urine from both sides through the mutravahi sira mukha[6] (Urinary channels). When doshas enter these channels, they can cause various basti rogas (Urinary ailments). The process of micturition (Mutrapravartti) involves the coordination of different physiological entities in the body. Urine and feces are separated by Samana Vayu, and their

excretion is facilitated by the synchronized functions of Apana Vayu[7] (linked to parasympathetic activity originating from the sacral region).

Urinary disorders are broadly categorized into mutra atipravartti rogas (Disorders due to excessive urination) and mutra apravrtti rogas (Disorders involving urinary retention). Acharya Vagbhata introduced this classification, where conditions like Prameha fall into the first category, and Ashmari (Urinary stones), Mutrakricchra (Dysuria), and Mutraghata (Urinary obstruction) belong to the second. Involuntary urination can be classified as one of the mutra atipravartti rogas. Excessive urination (Atipravrtti) is considered one of the signs of srotodushti (Channel dysfunction). In cases of mutravaha srotodushti, the symptoms described by Ayurvedic Acharya's include atisrishta (Excessive urination), abhikshna (Frequent urination), and bahala mutrapravrtti (Increased volume of urination).[8]

CASE REPORT

A 65 year-old married, moderately built woman visited the OPD of kayachikitsa, SSNJ Rugnalaya, Solapur on February 22,2024 (OPD No.06836) with the chief complaints like urine leakage associated with a sudden compelling desire to void urine and increased frequency of urination along with lower back pain of 3 months. She also suffered with involuntary leakage of urine for 1 month. A slight aggravation of her symptoms was noticed during and voiding of urine gave her some relief for a short period. So patient was consulted and advised to admit in Kayachikitsa IPD. Her family history was unremarkable, without any relevant past medical history. She has HTN so she is taking medicines for that.

Table 1: Showing case report of subject.

Name	**XYZ**
Age	67 yrs
Sex	Female
OPD registration no.	6838
IPD registration no.	311/24
Address	Killari Ausa Latur
Occupation	House wife
Marital status	Married
Economic status	Middle class

Clinical findings: She was with moderate built and average nourished body. Slight pallor was present. Cardiac and pulmonary evaluation did not reveal any abnormalities. Neurological examinations carried out to rule out possible underlying causes for incontinence. Abdomen examined for surgical scars, hernias, masses, organomegaly, and

distended bladder after voiding of urine. Nothing suspicious was there. On abdominal palpation, tenderness was present in hypogastric and suprapubic region. A pelvic examination was conducted to rule out any local pathology. On inspection of the external genitalia, no peculiar abnormalities were noted.

Further laboratory investigations were carried. The patient's Hb level was 10.0 g/dL. Blood glucose level was within normal range. Complete urinalysis and urine culture and sensitivity were normal. Ultrasound of lower abdomen and pelvis was performed suggested mild to moderate cystitis, grade 1 fatty changes seen in liver and pancreas.

Table 2: Ashtavidh priksha.

1.	Nadi	76/min
2.	Mala	Prakrit
3.	Mutra	Prakrit
4.	Jivha	Ishat saam
5.	Shabdha	Prakrit
6.	Sparsha	Ruksha
7.	Druk	Shwetabh
8.	Aakriti	Madhyam

Table 3: Vital examination.

Blood pressure	140/80mmhg
Pulse	76/min
Respiratory rate	18/min
SPO2	98%

The patient was multiparous, with all normal vaginal deliveries. The bowel was constipated with decreased appetite. Complaints of the patient regarding bladder habits include increased urgency and frequency of urination, alongside involuntary leakage in association with coughing and sneezing. Bladder discomfort was present.

MATERIALS AND METHODS

It is a single case study and the informed consent of the patient is taken in her own language.

Time line

Medicines was given to the patient for 20 days.

Diagnostic assessment

The assessment was done based on a Bladder diary,[9] Cough stress test,[10] A 3-Day Bladder diary was established before starting the treatments and after completion of it. It is used as a

pretherapy diagnostic tool and post therapy outcome measure. Cough stress test were used to assess the morbidity both before and after the treatments.

Therapeutic intervention

After completing the initial evaluation, the patient was treated with Ayurvedic medicine for 20 days.

Sr. No.	Medicine	Dose	Kaal	Anupan
1.	Sutshekhar[11],Kamdudha[12] Yashtimadhu,Guduchi[13]	1 gm Twice a day (each 500mg)	Bhojanpachat	Koshna jal
2.	Chandraprabha vati[14]	1 BD	Bhojanpachat	Koshna jal
3.	Tab.Cystone[15]	1 BD	Bhojanpachat	Koshna jal
4.	Syrp.Neeri KFT[16]	2 TSF BD	Bhojanpachat	Koshna jal

Patient was also advised Kaal Basti Chikitsa. Alternate Anuvasan and Niruh Basti given to patient.

Anuvasan Basti with Bastyaamntak Ghrut[17] 60 ml.

Niruh Basti with Mutrasangrahniya Gana[18] 420 ml.

Makshik	Lavan	Sneha	Kalka	Kwath
40 ml	5gm	60ml	Each Dravya 5 gm	310 ml

Sneha- Bastyaamntak ghrut

Kalka Dravya -Plaksha, Udumbar, Ashwatha, bhallatak, Ashmantak, Jambav, Aamra churna.

Kwath Dravya -Panchavalkal drugs[19] kwath were used. (Vata, Ashvattha, Udumbara, Plaksha, Parisha)

DISCUSSION

Urinary issues are prevalent among women and require careful management in routine practice. The underlying causes can range from complex to relatively manageable. These conditions are often associated with inflammation. In the text Ashtangahrudaya, urinary disorders are discussed in detail, with emphasis on the involvement of the three doshas in these conditions. It is stated that the bladder (Basti) fills from the sides through the mutravahi siramukha, which allows the doshas to enter and lead to disease. Apana vayu regulates the functioning of the kidneys, colon, and rectum, thus aiding in the elimination of waste products like stool and urine from the body. Any imbalance in the mutravaha srotas can cause symptoms such as painful urination or excessive urine output. The treatment should address both vata vikriti (Vata imbalance) and mutrashaya shotha (Bladder swelling).

In this patient, the treatment was given for 20 days. Medicines were included both shaman and shodhan chikitsa and also herbal and mineral preparations.

Sutshekhar Ras and Kamdudha Ras are traditionally used for balancing Pitta dosha, soothing the digestive system, and calming the body, which can help reduce stress-related incontinence. Yastimadhu has anti-inflammatory and demulcent properties that soothe the urinary tract. Guduchi is known for its rejuvenating effects, helping to improve immunity and reduce inflammation, supporting bladder function.

Chandraprabha Vati is known for its diuretic, anti-inflammatory, and rejuvenative properties. It helps in balancing Vata and Kapha doshas, which can reduce urinary frequency, strengthen bladder muscles, and improve overall urinary health. Tab.Cystone (A polyherbal formulation from Himalaya) is used for supporting kidney function and preventing urinary tract infections and stone formation. Its ingredients have antimicrobial and anti-inflammatory properties, which may help in relieving irritation in the urinary tract and improving bladder control. Neeri KFT Syrup is used for kidney health and has nephroprotective, diuretic, and anti-inflammatory properties. It helps in flushing out toxins, reducing inflammation, and promoting the proper functioning of the urinary system, which can indirectly support the management of incontinence.

Urinary incontinence is primarily linked to an imbalance in the Vata dosha, particularly Apana Vayu, which governs the downward movement of bodily functions, including urination. When Apana Vayu is disturbed, it can result in improper control of urination.

The ghee (Bastyaamntak Ghrut), enriched with various herbs, nourishes and soothes the tissues, strengthens the bladder and urinary tract, and improves the function of the pelvic floor muscles act as Balya for urinary bladder. The unctuous properties of ghee also help to balance Vata and support overall urinary health. Mutra Sangrahaniya Gana is helps to reduce inflammation in the urinary tract, inhibits the growth of microorganisms, preventing infections, relieves spasms and pain in the urinary tract.

CONCLUSION

Urinary incontinence (UI) is the inability to voluntarily control urination. The first line of management typically involves lifestyle changes, behavioral modifications, pelvic floor exercises, and bladder training. In many cases, patients seek alternative forms of treatment as

they look for practical and effective solutions. This particular case was managed in a shorter time with shaman and shodhan chikitsa, making the treatment more efficient and acceptable for the patient.

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