

ROLE OF YONI PICHU IN MANAGEMENT OF VATAKUNDALIKA W.S.R TO STRESS INCONTINENCE - A CASE STUDY

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Article Received on
30 August 2023,

Revised on 20 Sept. 2023,
Accepted on 10 Oct. 2023,

DOI: 10.20959/wjpr202318-29905

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ABSTRACT

Stress incontinence is the most common type of urinary incontinence which cause leaking of urine during physical exertion [coughing, laughing, sneezing etc]. Urine incontinence is defined as involuntary loss of urine, sufficiently severe to cause social or hygiene problem. It is more common in persons above the age of 60. In *Ayurvedic* classics, there is no disease which can be directly correlated to stress incontinence but by comparing sign and symptoms in some aspect, it can be correlated with *Vata kundalika* which is due to aggravation of *Vata dosha*. The line of treatment followed as mentioned by our Acharyas is *Vata shaman chikitsa* and *Vasti vishesh chikitsa* to manage

the vitiated *Apana Vayu*. In this case, a female Patient of 32 years old came to OPD with complaint of increased frequency of urination along with burning micturition since 1 month. We managed the case with ayurvedic line of treatment locally by *Yoni Prakshalan* followed by *Yoni pichu* for 7 days along with internal medications for a month. The symptoms were assessed by RUIS [Revised urinary incontinence scale] before and after treatment and 90% improvement was found in 1 month. *Yoni prakshalan* and *Yoni pichu* has showed good results in stress continence.

KEYWORDS: *Sthanik chikitsa, Stree roga, Yoni pichu, Ayurveda, Yoni vyapad.*

INTRODUCTION

Stress incontinence occurs due to insufficient strength of closure of bladder. It is also known as stress urinary incontinence [SUI]. It can be defined as involuntary leakage of urine associated with specific activities. It occurs with sudden elevation of intra abdominal pressure without detrusor contraction. Over 78% of incontinent woman presenting with the symptom of SUI [stress urinary incontinence]. As aging increases, number of changes in urinary tract physiology occurs like decreasing bladder elasticity, urethral closing pressure and strength of the detrusor muscle, all of which can effect continency. In addition with age, kidney become less efficient to concentrate urine which in turn increase urine volume. Treatment of SUI [stress urinary incontinence] in allopathy have not satisfactory role in achieving success in addition to there adverse effects. It is imperative to explore newer efficacious drugs of procedures to tackle such disease entities.

According to Hammock hypothesis the pubo cervical fascia provides a hammock like support for the vesical neck and there by creates backboard for the compression of proximal urethral during increased intra abdominal pressure. Loss of this support would compromise equal transmission of intra abdominal pressure. Main causative factors for incontinence of urine in old age are acute confusional state, UTI, some medications, faecal impaction, restricted mobility and detrusor muscle overactivity caused by damage to urethral inhibitory centres or local detrusor muscle abnormalities.^[1]

Numerous epidemiologic studies shows that the incidences increases with age with the range of relevance estimates among community dwelling patients varying enormously [2-58%]^[2]

UI [urinary incontinence] is a dynamic condition where by significant incidences rates are associated with equally significant remission rates and patient move back and forth from continence to incontinence.^[3]

Vatakundalika is one among the 13 types of *mutraghata* as mentioned in our classics. Out of 5 types of *vata*, *apana vata* is concerned with *basti* as it is the *sthana* of *apan vata*. An attempt is made to treat this case of stress incontinence by palliating *apana vata*.

Grading of SUI is

GRADE 0- Incontinence without leakage.

GRADE 1- incontinence with only severe stress such as coughing, sneezing and jogging etc.

GRADE 2- incontinence with moderate stress such as fast walk, going up and down to stairs.

GRADE 3- incontinence with mild stress like standing.

Types	During rest		During stress	
	Bladder base position	Bladder neck and proximal urethra	Bladder base position	Bladder neck and proximal urethra
Type 0	Normal	Closed	Rotational descent	No leakage
Type 1	Normal	Closed	Descent <2cm	open leakage positive
Type 2A	Normal	Closed	Rotational descent	open leakage
Type 2B	At or below	Closed	Further descent	open leakage
Type 3 or ISD	Normal	Open	No descent	open and leakage

SUI [stress urinary incontinence] TYPES [ANATOMICAL CLASSIFICATION] based on uro -dynamic method.^[4]

MATERIAL AND METHODS

Pichu means a piece of cotton kept in gauze piece (*protam vastram*) and tied with cotton thread. This *pichu* soaked in different *tail*, *ghrita* and *kalka* according to various disease and kept in *vagina prathamavrat*.^[5]

There is no specific size of *pichu* mentioned in *samhitas*. So depending on the site where it is used, size of the *pichu* varies. For clinical trial *pichu* is made up of sterile cotton swab and wrapped in gauze piece and tied with a long thread. Oils are the most preferred media because of its retention ability.^[6]

Pichu kalpana is *chikitsa* done by *pichu*. It is firstly mentioned by Acharya Charak in *Atisar Chikitsa Adhyaya*⁷. It is used for *Snehana*, *Shamana*, *Shodhana* and *bhedana* for specific disease. *Tail* and *ghrita* used or *shamana* and decoctions for *shodhana* and *Stambhana* of disease.

TYPES OF PICHU

- 1] Elongated -1 finger breadth and 4 finger long.
- 2] Circular -1 inch length and breadth.

TIME OF RETENSION OF PICHU = 3-4 hours.

PROCEDURE

1. *Pichu* should be autoclaved.

2. Patient should void urine before the insertion of *pichu*.
3. Patient should be in spine position with flexed knee.
4. *Pichu* soaked in media like *sidhha tail*, should be inserted with index finger or swab holder in such a way that the thread of *pichu* should come out of vagina. This facilitates easy removal of *pichu*.

CASE INFORMATION

PRESENTING COMPLAINTS- A 32 years old married woman complains of burning micturition and increased frequency of urination on physical activities like laughing, coughing, sneezing etc since 1 month.

ASSOCIATED COMPLAINTS- Associated with general weakness.

CASE DESCRIPTION- A female patient of 32 years was absolutely normal before 1 month, was not a known case of any systemic illness, suddenly developed incontinence of urine. Her symptoms aggravates on coughing, laughing or any physical strain. She has no H/O fever, UTI, prolapsed bladder or any cyst and tumour.

She is not having allergy to any food or drug.

Her menstrual history revealed that her LMP was 21/4/2023 with normal regular cycles having duration of 4-5 days and 28-30 days interval with normal flow and having no associated pain.

Her obstetrics history revealed that she is P₁L₁ having a female child of 5 years old with FTNVD with uneventful labour and pregnancy.

Her P/A examination revealed soft, non-tender with no organomegaly. P/S examination revealed healthy cervix without any hypertrophy and discharge. P/V findings show normal sized anteverted uterus, B/L fornices normal and free, no cervical motion tenderness present.

She has taken allopathic treatment but got no relief. Now she came to our OPD for further management of the disease.

ASHTVIDH PAREEKSHA^[8]

1	NADI (Pulse)	76/min
2	MALA (Body waste)	Prakrut
3	MUTRA (Urine)	Incontinency and micturition
4	JIHVA (Tongue)	Anulipt
5	SHABD (Voice)	Prakrut
6	SPARSH (Touch)	Anushan sheeta
7	DRIK (Eyesight)	Prakrut
8	AAKRITI (Built)	Madhyam

DASHVIDH PAREEKSHA^[9]

1	PRAKRUTI	Vata kapha
2	VIKRUTI	Mutra vikara
3	SARA	Madhyam
4	SANHANA	Madhyam
5	SATVA	Madhyam satva
6	SATMAYA	Avara satmaya
7	AAHAR SHAKTI	Avara
8	VYAYAM SHAKTI	Avara
9	VAYA	Madhyam
10	PRAMANA	Madhyam

TREATMENT GIVEN

Sthanik chikitsa given was- *yoniprakshalan* with *sudhha sphatik* followed by *yonipichu* with *changeri ghrta* for seven days.

Shaman chikitsa given was: *chanderaprabha vati*, *chandanasav*, *saptamrit loh*, *gokshuradi guggul*, *trinpanchmool kshaay*, *gandhak rasayan*.

Date	Medication	Dose	Anupana	Time	Duration
24/4/23	1. <i>Chandraprabha vati</i>	1 TDS	Lukewarm water	After Food	1 month
24/4/23	2. <i>Chandanasav</i>	20 ml BD	Lukewarm water	After Food	1 month
24/4/23	3. <i>Trinpanchamula kasaya</i>	20 ml BD	Lukewarm water	Before food	1 month
24/4/23	4. <i>Gokshuradi guggula</i>	2 BD	Lukewarm water [Chewable]	After Food	1 month
24/4/23	5. <i>Gandhaka rasayana</i>	2 BD	Lukewarm water	After Food	1 month
24/4/23	6. <i>Saptamrita loha</i>	2 BD	Lukewarm water	After Food	1 month

RESULTS AND DISCUSSION

After follow up 15 days later, patient reported to OPD with some relief in symptoms and after 1 month she got marked improvement in stress incontinence symptoms as assessed by RUIS (revised urinary incontinence scale).

RUIS QUESTIONNAIRE ^[10]

S. NO	QUESTIONS	SCORING	BEFORE TREATMENT	AFTER TREATMENT
1	Urine leakage relates to the feeling of urgency.	<ul style="list-style-type: none"> ➤ Not at all-0 ➤ Slightly- 1 ➤ Moderately-2 ➤ Greatly- 3 	3	1
2	Urine leakage is related to physical activity, coughing, sneezing.	<ul style="list-style-type: none"> ➤ Not at all-0 ➤ Slightly- 1 ➤ Moderately-2 ➤ Greatly- 3 	3	1
3	A small amount of urine leakage (drops)	<ul style="list-style-type: none"> ➤ Not at all-0 ➤ Slightly- 1 ➤ Moderately-2 ➤ Greatly- 3 	3	0
4	How often do you experience urine leakage?	<ul style="list-style-type: none"> ➤ Never -0 ➤ Less than once a month -1 ➤ A few times a month-2 ➤ Few times a week -3 ➤ Every day and night-4 	4	1
5	How much urine do you lose each time?	<ul style="list-style-type: none"> ➤ None -0 ➤ Drops -1 ➤ Small splashes-2 ➤ More -3 	2	1
		TOTAL SCORE	15 Severe incontinence	4 Less incontinence

As mentioned by Acharya Susruta, *Vatakundalika* occurs by excessive *rukshya aahar* and intentionally holding urine and other natural *vegās*. The *vayu* gets vitiated and enters urinary bladder and *mutra*. No any cause of obstruction is found in *vatakundalika* so it can be correlated with smooth muscle dyssynergia [means spincter become non-functional]. Retention of urine occurs due to closed spincter. Here Acharya Shusruta mentioned *vatshamak chikitsa* and *chikitsa* to normalise *Apana Vayu*. By pacifying the vitiated *apana vata* and *nidana parivarjana*, the results were encouraging.

ROLE OF PICHU

1. It helps in increasing musculature of vaginal canal.
2. It helps in wound healing and is antibacterial also.

Chanderprabha Vati- It contains ingredients like *kapoorkachri*, *vacha*, *nagarmotha*, *chirayta*, *sudhh shilajeet*, *sudhha guggula* etc. it acts on *mutrendriya* and helps in stopping burning micturition. It is cited in *Sidhha yoga Sangraha*. It stops the albumin loss in urine.

Gokshuradi Guggula- Its main content is *gokshura* which is diuretic. It also act as a *rasayana*. It also contain the *suddha guggula*. It is cited in *Sarangdhar Samhita*. It can be used in renal stone as it flushes out the extra fluid due to its diuretic property.

Gandhak Rasayana: Mainly it contain the *suddha gandhaka* which is effective in all types of skin diseases as it purify the rakta. it is best drug to purify and increase all dhatus.

Trinapanchamula Kasaya: All content of this *kasaya* are diuretic. These are as *Kusha*, *kasa*, *nala*, *darbha*, *ikshu*. It is mentioned in *Siddha yoga Sangraha*. It have anti-inflammatory property, so can also be used in renal infiltration.

Saptamrita Loha: It is cited in Bhaisajya ratnavali for *netra vikara*. It contain the drug *tripphala*, *mulethi*, *loha bhasma*. it also increase the haemoglobin as it contain the iron as its main content.

Chandanasav: It contain the *swet chandana*, *sugandhabala*, *nagarmotha*, *ghambhari chhala*, *dhaya pushpa*. It is used in incontinences of urine and it stops the *daha* and let the urine passed.

CONCLUSION

Sthanik chikitsa [local therapies] by our ancient acharyas have lots of prospective in treating gynaecological disorders. these extra ordinary local therapies should be highlighted and of course used in the management of *stree rogas* for fruitful outcomes. this study will definitely prove to be beneficial for Ayurvedic Vaidyas. this is mere a case study and further studies with proper research design is necessary for the scientific validation. *yoni pichudharan* [tampoon soaked in medicated oil or liquid is laced into the vagina]. Through this study it is my hopeful and truthful effort to motivate most of the vaidyas towards *sthanik chikitsa* in *stree rogas* management.

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