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EFFICACY OF VASTHYAMAYANTHAKA GHRITHAM ALONG WITH AVAGAHAM IN THE MANAGEMENT OF UNDERACTIVE BLADDER - A CASE STUDY

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ABSTRACT

Detrusor underactivity is a poorly understood dysfunction of lower urinary tract with multifactorial etiology. It is characterized by contraction of reduced strength and or duration, resulting in prolonged bladder emptying or inability to completely empty the bladder within a normal time span. Similar clinical entity mentioned in Ayurvedic literature is *Muthraghatha*, more specifically, *vatha vasthi*. This case report highlights the successful management of detrusor underactivity through Ayurvedic intervention. The patient was treated with internal administration of *Vastyamayantaka Ghritham* for one month along with *Avagaha Sweda* for fourteen days. Progressive and significant improvement was observed in the patient's clinical signs and symptoms during the course of treatment, suggesting the potential role of Ayurvedic management in conditions comparable to detrusor underactivity. This case indicates the need for further systematic studies to evaluate the efficacy of Ayurvedic therapies in the management of bladder dysfunctions.

KEYWORDS: Detrusor under activity, *Muthraghatha*, *Vatha vasthi*, *Vasthyamayanthaka ghritham.*

INTRODUCTION

Detrusor underactivity is a poorly understood dysfunction of lower urinary tract which arises from multiple etiologies. The international continence society defines DU as a bladder contraction of reduced strength and or duration, resulting in prolonged bladder emptying and or failure to achieve complete bladder emptying within a normal time span.[1] Successful and complete emptying is necessarily determined by the interplay of several factors including the ability of the bladder to empty, and the resistance offered by the outflow tract (i.e., the capacity of outlet opening). Diminished bladder emptying may occur because of reduced detrusor contractile ability (not equivalent to contractility), an impairment of the outflow tract or a combination of these factors[2] Incomplete bladder emptying is consequent upon an inability of the detrusor muscle to adequately contract to completely empty the bladder, with or without an increased bladder outlet resistance; this can be defined urodynamically as detrusor underactivity (DUA). The symptom complex consequent upon DUA is referred to as underactive bladder (UAB). Underactive bladder is a symptom complex related to detrusor underactivity that is usually characterized by prolonged urination time with or without a sensation of incomplete bladder emptying, usually with hesitancy, reduced bladder filling sensation, slow stream, straining to void, and or stress incontinence.[3] DU is also assumed to be a contributing factor in the development of more significant post-void residuals and recurrent urinary tract infections, which constitute a significant health problem, especially in adult population[4] Compared with other causes of lower urinary tract symptoms (LUTS), DU has received significantly less attention in clinical research because it has neither a standard, detailed definition nor widely accepted diagnostic criteria in clinical practice. In addition, the pathogenesis of DU is also underresearched and the absence of effective treatments has caused many urologists to consider DU an incurable, bothersome problem. Moreover, DU has been deemed as one of the age-related changes in the urinary bladder and its prevalence increases with age[5,6,7,8] Up till now, there lacks evidence to evaluate the prevalence of DU separately. However, DU is present in 9–28% of men <50 years of age than in 48% men >70 years. In older women, prevalence ranges from 12–45%[9] Although, pathophysiology of underactive bladder is not yet clearly defined, the main mechanism is decline in the detrusor contractile dysfunction due to myogenic failure, nerve dysfunction, and failure of central nervous system to coordinate voiding function[10] Conventional treatment options available include pelvic floor training, mid urethral sling and pharmaco therapy with use of alpha blockers etc, which have poor efficacy and tolerability, and often fail to improve quality of life.

As per ayurvedic literature, similar clinical features are found under the term moothraghatha. Acharya sushrutha has explained 12 types of moothraghatha in uthara thanthra.[11] Out of these 12 types, vatha vasthi may be correlated as under active bladder.

Even though vasthyamayanthaka ghritham[12] is used very effectively in various urological diseases such as urinary incontinence, benign prostatic hyperplasia, renal calculi etc. there is no much scientific reporting is done till date. The present case study is intended to explain efficacy of Vasthyamayanthaka ghritham in the management of urinary bladder underactivity.

CASE REPORT

A 53-year-old male patient, a known case of systemic hypertension for the past two years and on regular antihypertensive medication, presented to the outpatient department with symptoms including increased frequency of micturition, weak urinary stream, hesitancy, straining during voiding, and a persistent sensation of incomplete bladder emptying. The symptoms had shown gradual progression and had become significantly aggravated over the preceding three months, adversely affecting his quality of life. The patient's urinary complaints were of long-standing nature. He reported that the symptoms initially manifested in the year 2003 in the form of increased urinary frequency. At that time, he underwent urodynamic evaluation, which revealed detrusor overactivity associated with early bladder outlet obstruction. He was treated with homeopathic medication, following which his symptoms remained well controlled for nearly eighteen years.

In the year 2021, the patient experienced a recurrence of urinary symptoms, associated with the initiation of strenuous physical activity in the form of gym exercises. He subsequently consulted a urologist and underwent detailed clinical and investigational evaluation. A repeat urodynamic study demonstrated features consistent with detrusor underactivity. He was diagnosed with underactive bladder and managed with conventional allopathic medications for approximately four months. Although he experienced partial and transient symptomatic relief, the symptoms persisted and showed recurrent exacerbations. Due to the unsatisfactory and non-sustained response to conventional therapy, the patient sought Ayurvedic management. At the time of presentation, the diagnosis of underactive bladder (detrusor underactivity) was established based on clinical features and urodynamic findings. There was no history of similar urinary complaints among first-degree relatives, and no significant contributory family history was elicited. On evaluation through Ayurvedic diagnostic

principles, the condition was diagnosed as *Mutraghatha*, specifically *Vatha Basthi*, based on the predominance of obstructive and voiding phase symptoms suggestive of vitiated *Vata Dosha* affecting the urinary bladder (*Basti*).

Clinical findings

On general examination, the patient was moderately built and adequately nourished. He reported a good appetite and regular bowel habits with normal stool consistency. However, his sleep was significantly disturbed due to increased nocturnal frequency of urination.His *prakruthi* was *pitha - kapha*. Cardiac and pulmonary evalunation did not reveal any abnormalities. Neurological examinations carried out to rule out possible under lying causes. On per abdominal examination, mild tenderness was elicited in the hypogastric and suprapubic regions, with no palpable mass or organomegaly.

Further laboratory and radiological investigations were carried out to evaluate the underlying cause and to rule out infection, metabolic, or systemic pathology. Routine hematological and biochemical investigations, including complete blood count, fasting blood sugar, lipid profile, and liver function tests, were found to be within normal limits. Complete urine examination, including culture and sensitivity testing, also revealed no abnormalities, thereby excluding urinary tract infection. Ultrasonography of the abdomen and pelvis revealed a thickened urinary bladder wall with a significant post-void residual urine volume of 188 cc, suggestive of impaired bladder emptying.

Therapeutic interventions

1. Internal medicine – *Vasthyamayanthaka ghritham*

After initial assessment, the patient was administered with medicine for 30 days

Medicine	**Dose**	**Anupanam**	**Time**
Vasthyamayanthaka ghritham	10 gm	Hot water	Twice daily, before food

2. External therapy – *Abhaynga poorvaka avagaha swedam*

Duration -14 days

Abhyanga - *Dhanwantharam thailam*

Duration – 20 minutes

Avagaham – Kashyam made with *Varanadi kashayam* medicines

Duration – 30 minutes

OBSERVATION

Considerable remission of signs and symptoms was noticed during the course of treatment.

Symptoms	Before treatment	After treatment
Frequency of urination	15 -20 times/day 5-6 times/night	9 -10times/day 1-2 times /night
Straining to void	Present	Absent
Time taken to initiate urination	3-4 min	Immediately
Tenderness over hypogastrium and supra pubic region	Grade 1	Absent

DISCUSSION

Detrusor underactivity or underactive bladder is identified as a potential cause of various lower urinary tract symptoms which affects the quality of life. A definitive treatment is not guaranteed by any mode of management. Hence, a better management protocol can be introduced through *Ayurveda* by targeting the root pathology based on Ayurvedic principles.

Basti is considered the substratum for all urinary disorders. Vitiated doshas reaches *vasthi* through *muthravaha srothas* and causes various *vasthi rogas*. The physiology of *mutrapravartti* (micturition process) is coordinated by different entities in the body. *Acharya Vagbhata* has classified these rogas into *mutra atipravartti rogas* (diseases due to excess micturition) and *mutra apravrtti rogas* (diseases due to retention of urine). Involuntary urination can be considered as one among the *mutra atipravartti roga. Atipravrtti* is one of the *lakshanas* of *srotodushti* and in *mutravaha srotodushti, acaryas* have mentioned the *lakshanas* such as *atisrishta* (excessive micturition), *abhikshna* (frequent micturition), and *bahala mutrapravrtti* (excessive quantity of urination)[13] Acharya Sushrutha has included various urological diseases under *moothraghatha* disease. Among 12 types of *moothraghata,* Detrusor underactivity looks similar to vatha vasthi. Here derangement in the normal contraction of detrusor muscle is caused due to *apana vatha vaigunya* leading to abnormal *muthra nishkramana pravruthi.*

Coming to the treatment principles, *Acharya sushrutha* has advocated use of drugs in the form of *Kashaya, kalka, sarpi, bhakshya, avaleha, payas, kshara, madya, asava, swedana, basthi, uthara basthi*, and the formulations told in the context of *ashmari* and muthrodavartha disease.[14] In this case, *Abhyanga poorvaka avagaha* for 14 days were done along with internal administration of *vasthyamayanthaka ghritham* for 30 days. *Swedana karma* is advised in *vatha* vitiated conditions. *Avagaha swedam* was opted due to its *sthanika*

prabhava in *adhonabhi pradesha* and it helps to correct *apana vatha vaigunya*. Once, proper *anulomana* of *apana vatha* is established, it enables proper *muthra nishkramana pravruthi*.

Vasthyamayanthaka ghritham, mentioned in *sahasrayogam ghriha prakaranam* is a widely practiced *yogam* in kerala, especially for management of various urological disorders. It is a herbo mineral preaparation containing nearly 59 ingredients including various herbs along with *shilajathu*. On analysing the ingredients of *Vasthyamayanktha ghritha*, it is found that majority of drugs has *thiktha rasa* followed by *Madhura rasa* and majority of drugs have *Madhura vipaka*. Around 12 drugs are *rasayana* in nature, which improve quality of *dhathus*. 8 drugs are *moothrala* which may be useful in clearing residual urine. 6 drugs has *anulomana* property, which helps in pacifying the *apana vatha vaigunya*, which is the root cause for the pathology. It contains *shilajathu*, one of the most widely used mineral drug to treat *vasthi vikaras* due to its specific action in *vasthi* and *moothravaha srothas*. (*vasthijeshu girijam*). It also has *rasayana* properties. Among herbal drugs, *gokshura* is most widely used in *moothraghatha* and *moothrakrichra.* It is a *vasthi shodhana, moothrala* and *moothra virechaneeya dravya*. Hence have specific action in urinary system. It also has *rasayana* property, which will help in rejuvenation of tissues, particulary in elderly people.

CONCLUSION

This case report demonstrates the potential of Ayurvedic intervention in the management of detrusor underactivity, a condition with limited definitive treatment options in conventional medicine. The administration of *Vastyamayantaka Ghrihta* along with *Avagaha Sweda* resulted in significant and progressive improvement in the patient's clinical symptoms over a one-month treatment period, indicating a favorable therapeutic response. This outcome suggests that Ayurvedic management may offer a beneficial and non-invasive approach for conditions comparable to underactive bladder, particularly those correlating with *Vataja Mutraghata* described in Ayurvedic literature. However, being a single-case observation, these findings cannot be generalized. Further well-designed clinical studies incorporating objective assessments such as urodynamic evaluations are warranted to scientifically validate the efficacy, safety, and reproducibility of this treatment protocol in patients with bladder dysfunctions.

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