



Case Report

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IMPACT OF MUTRAMARGAGATA UTTARA BASTI IN THE MANAGEMENT OF CHRONIC URINARY INCONTINENCE: A CASE REPORT

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ABSTRACT

Urinary incontinence (UI) is a significant social issue, occurring more frequently in post-menopausal women than other common conditions like hypertension, diabetes, or depression. Urinary incontinence affects women twice as often as men. It occurs in about 20-30% of young women, 30-40% of middle-aged women, and up to 50% of elderly women. Thus, a case report is made on managing urinary incontinence with Mutramargagata Uttara basti, and the assessment is done using the Revised Urinary Incontinence Scale (RUIS) before and after the treatment. The results showed a significant improvement within two cycles of Mutramargagata Uttara basti with ksheerapaka and proved to be very useful in combating urinary incontinence problems.

Keywords: Urinary incontinence, Mutramargagata Uttara basti, postmenopausal, ksheerapaka

INTRODUCTION

Urinary tract problems are quite common among women of all ages seeking healthcare. These issues are recognized as significant factors that impact their quality of life. Urinary incontinence (UI) is a significant social problem that affects more than 50% of postmenopausal women¹. The number of patients is increasing yearly due to the rapid social development contributing to a sedentary lifestyle. The International Continence Society (ICS) defines urinary incontinence as involuntary uncontrolled urine leakage due to bladder dysfunction of the locking mechanism.

The process of urination is complex, involving various systems in the body and their intricate coordination. Factors like childbirth, ageing, trauma, and medications can cause disruptions in their normal function. Women's urinary incontinence is commonly categorized into stress urinary incontinence, urge urinary incontinence, and mixed urinary incontinence. In stress Urinary incontinence, urine leaks during physical exertion, while in urge Urinary incontinence, it occurs with a sudden, strong need to urinate. Often, women experience both symptoms, and the condition is classified as mixed Urinary incontinence². Research has identified several overlapping potential causes of incontinence, such as dysfunction of the detrusor or pelvic floor muscles, issues with the neural controls of urine storage and voiding, and disturbances in the local environment of the bladder. The common urogenital symptoms such as urinary incontinence, vaginal dryness, burning and dyspareunia are directly related to estrogen deficiency in the postmenopausal period.

In Ayurveda, all urinary symptoms are broadly categorized as mutraghata (urinary obstruction)³, mutrakricha (painful urination)⁴, and basti roga (renal diseases)⁵.

Involuntary urination can be classified as mutra atipravrtti roga. Atipravrtti is one of the symptoms of mutravaha srotodushti, and Acharya Charaka has mentioned symptoms such as atisrishta (excessive micturition), abhikshna (frequent micturition), and bahala mutrapravrtti (excessive quantity of urination)⁶. Some authors have interpreted urinary incontinence as mutrateeta, a type of Mutraghata in Ayurveda⁷. Among the five types of Vata, Apana Vata is particularly involved when Basti is affected, as Basti is the sthana of Apana Vata. Therefore, the treatment focuses on pacifying the vitiated Apana Vata Dosha. Basti is mainly indicated in Vata predominant diseases and is considered as Ardhachikitsa⁸. As per Acharya Charaka, Basti karma is of three types, and among them, Uttara Basti has been highlighted for most of the urogenital disorders. The present article is reporting a case of urinary incontinence in postmenopausal women.

CASE REPORT

A 55-year-old female visited the NIA OPD Madhav Vilas Jorawar Singh Gate Jaipur Rajasthan, India, on 22/09/2023 with chief complaints of the passing of a few drops of urine while sneezing, coughing, burning micturition, increased frequency of urination and associated complaints of pain in the vulvar region since three years. She attained menopause ten years back. Her obstetric history was G4P4A0L4D0. She had four normal full-term deliveries at home. Her last delivery was 30 years ago. The study was carried out as per the International conference on Harmonization-Good Clinical Practice Guidelines (ICH-GCP). Written informed consent was obtained from the patient to publish this case report.

Past medical history - She did not have any known case of diabetes mellitus, hypertension, Bronchial asthma or any other major illness.

Past surgical history - She had undergone cervical polypectomy two years back and tubal ligation at the age of 30 years.

The symptoms gradually increased, so she was admitted to IPD (IPD Regn. No. 4369) on 22/09/23. History revealed that she had taken modern treatment, but she had only symptomatic relief, not cured completely.

On examination, her prakriti was found as Pitta-Vataj, agni bala (digestive power) was madhyama, and sharira bala (physical strength) was madhyama.

General examination

Weight - 54 kg
Height - 5 feet
BP - 110/70 mm of Hg
Pulse rate - 80/min

Personal History

Appetite - Normal
Sleep - Sound
Bowel - Clear
Bladder - Burning and frequent micturition,

Addiction - None

Diet - Vegetarian

Pelvic examination

Inspection of the vulva - Urine loss through the urethral meatus while straining was demonstrable in the supine position.

P/S - Cervix - Sticky, whitish discharge is present. There is no erosion or hypertrophy.

P/V - Uterus - Anteverted anteflexed, Fornices - Clear, no tenderness.

Systemic examination did not reveal any abnormality.

Routine investigations: Her haemoglobin (Hb) was 11.8gm/dl, HbA1C was 5.7% and urine routine and microscopic (R&M) findings were normal.

Diagnosis: Mixed urinary incontinence (urge and stress incontinence) was diagnosed based on the ICD - 10 - CM (International Classification of Diseases, Tenth Revision, Clinical Modification) diagnostic criteria (N39.46)⁹.

Assessment

The patient was initially evaluated on the RUIS (Revised Urinary Incontinence Scale) to assess the efficacy of therapy. RUIS is a short, reliable and valid five-item scale (feeling of urgency, urine leakage during coughing and sneezing, small amount of urine leakage, frequency and quantity of urine loss) that can be used to assess urinary incontinence and to monitor patient outcome following treatment. The RUIS total score is calculated by adding a person's score for each question. Adding the score for each of the five questions results in a possible score range of 0 to 16.

Table 1: RUIS Scoring¹⁰

Score	Severity
Below 4	Very mild
4-8	Mild
9-12	Moderate
13/ above	Severe

A total of two assessments were carried out before treatment and after the treatment.

Treatment

Mutramargagata utara basti with madhura aushadhi siddha ksheerapaka was given on alternate days for five days for two consecutive months.

Basti Dravya - Satavari, Yastimadhu, Gokshura, Bala, Guduchi each 5-gm siddha ksheerapaka.

Procedure: Madhura aushadhi siddha ksheerapaka was prepared and then cooled to room temperature. After bladder evacuation, in the lithotomy position, ksheera paka was instilled into the bladder via the urethra using an infant feeding tube no. 6 and a 50 ml syringe under aseptic conditions. The patient was instructed to remain in the supine position for the next 30 minutes or till she felt the urge to urinate. This procedure was done for five days. (Table 2) This treatment was administered for two consecutive months. Simultaneously, the patient was advised to perform the Kegel exercise thrice daily. Then, she was assessed based on reducing her symptoms and signs.

Table 2: Procedure executed

Poorva karma	Sthanika abhayanga and swedana		
Pradhana karma	Mutramargagata Uttara basti with ksheerapaka	1 st day	100 ml
		3 rd day	100 ml
		5 th day	100 ml
		7 th day	120 ml
		9 th day	120 ml
Paschata karma	Sthanika abhayanga and swedana		

RESULT AND DISCUSSION

After treatment on alternate five days for two cycles in combination with pelvic floor exercise, the patient was comfortable and confident. All her signs and symptoms had decreased gradually.

Table 3: Observation (RUIS Scoring)

Sr.	Symptoms related to urinary leakage	BT	AT
1	Feeling of urgency	3	1
2	Urine leakage related to physical activity, coughing or sneezing	2	1
3	Urine leakage (drops)	2	1
4	How often do you experience urine leakage?	4	2
5	How much urine do you lose each time?	2	1
Total score		13	6

BT: Before Treatment, AT: After Treatment

The term Uttara basti encompasses both Yonimargagata and Mutramargagata Uttara basti. It is indicated for conditions like mutra dosha and basti roga, which may involve various diseases related to the bladder urethra, as well as issues with micturition and continence. As Apana Vata controls normal bladder functioning, any derangement in the same causes a functional bladder abnormality. Uttara basti reduces the vitiation of Vata dosha, particularly Apana Vata and aids in the restoration of its normal functions. In this case, mutramargagata utara basti and madhura aushadhi siddha ksheerapaka were selected. The properties of the aushadhi dravya used in Mutramargagata utara basti include Shatavari, Yastimadhu, Bala, Gokshura, Guduchi, and ksheera (milk); these substances possess rasayana (rejuvenating), balya (strengthening), medhya, mutrala, dahanprashamana and Vata and Pitta dosha shamaka properties. Phytoestrogens in Yashtimadhu and Shatavari help restore the tone of the bladder and pelvic floor muscles. Before treatment,

the patient's total score on the Revised Urinary Incontinence Scale (RUIS) was 13, indicating severe urinary incontinence. After follow-up, the RUIS score decreased from 13 to 6, classifying the condition as 'mild'. This reduction demonstrates significant relief with the treatment. Notable improvements were observed in specific items such as the 'feeling of urgency' (score reduced from 3 to 1), 'urine leakage during coughing and sneezing' (score reduced from 2 to 1), and 'urine leakage (drops)' (score reduced from 2 to 1), 'frequency of urine leakage' (score reduced from 4 to 2) and 'quantity of urine leakage during each time' (score reduced from 2 to 1) on the RUIS. There was 53.84% relief on RUIS after two months of treatment. The treatment protocol adopted in the present case proved beneficial in managing post-menopausal symptoms of urinary incontinence.

CONCLUSION

Mutramargagata Uttara basti functions as both Shaman and Shodhana chikitsa. When applied in the Apana-kshetra, it works effectively. The present study was found to be beneficial in the management of urinary incontinence in post-menopausal women. Further clinical studies on large samples are essential to substantiate the findings.

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