



**ROLE OF UTTARBASTI IN THE MANAGEMENT OF POST TRAUMATIC
NEUROGENIC BLADDER – A CASE STUDY**

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ABSTRACT

Ayurveda is an oldest health science and has a significant role to treat a critical case even in present era. It has eight main branches one of them is *Shalyatantra* and it has its own importance. In Ayurvedic *Shalyatantra* there is various Local therapies to treat a disease and this are specialized treatment procedures of *shalyatantra*. In *shalyatantra* there is vast explanation about urology. Main factor in the pathophysiology of Urinary diseases is *Vata dosha* and the main treatment for *vata dosha* is Basti. Basti has significant role on *vata dosha*. One of them is *Uttarbasti* and it is used in various urinary diseases. Here we study the effect of *uttarbasti* in neurogenic bladder.

KEYWORDS: *vata dosha, uttarbasti.*

INTRODUCTION

Ayurveda is an ancient health science which has its own importance. It is divided in 8 main branches one of them is *shalyatantra*. *Shalyatantra* consist various types of diseases, treatments, holistic approaches and many other things. Acharya *shushrut* is a key founder of *Shushrut Samhita* which is a base of *shalyatantra*. In *sushrut Samhita* lots of diseases are described along with various treatments. It is most focusable fact that in *sushrut Samhita* we also find that there is a vast explanation given for urological diseases. Acharya *sushrut* described lots of urological conditions in a very scientific manner.

Today we can see that there is a vast development happened in modern science in a various way. Modern science also divided in various specialities one of them is Urology. Now urological diseases are a burning issue. But in *sushrut Samhita* acharya described many more ways to understand a urological problem and how to treat them. In the *sushrut Samhita* there are various treatment modalities are described for urological diseases.

Uttarbasti is a unique treatment modality given by Ayurveda and has a significant result on various diseases. *Uttarbasti* is a choice of treatment for urinary diseases. There are multiple drugs are explained by Ayurveda which are used in *uttarbasti* process in many diseases.

Aim and objective

To study the effect of *Tila Taila uttarbasti* in post-traumatic neurogenic bladder.

METHODS

A Single clinical case of female patient of Urinary Incontinence of age 26 years. Informed written consent of patient taken. *Tila taila Uttarbasti* is given at IPD level. continuously three *uttarbasti* in a week and then follow up on every month.

CASE RECORD

A female patient of age 26 years, OPD Registration No. – 94597 IPD Registration No. – 5459

A patient came in O.P.D No. 6 of *Shalyatantra* department in Govt. *Ayurved* Hospital, Nanded. She was suffering from following complaints:

- Urine retention.
- Dribbling micturition
- Unable to walk.
- Backache.
- Tingling & Numbness at both legs.

Above patient was healthy before 3 months. After that she was fall from terrace, then she was suffering by above complaints. After that she took some surgical treatment for that but didn't get any relief. Again after 1 month she under gone for another surgery but still she didn't get satisfactory result. After that she came to Government *Ayurved* hospital and admitted in the institute for further management.

Past History

History of Trauma – Fall from height (Approximately 30 feet) and injury to back in June 2019.

Medicinal History - No History of Diabetes mellitus / Hypertension / Tuberculosis.

Surgical History

Decompression of D12 vertebra done In June 2019.

D11 to L1 Fixation done with Decompression of D12 in July 2019.

Blood transfusion – two points of PCV at the time of operative June 2019 **Catheterization history** – Foleys catheter in situ since first MRI June 2019.

Drug History – No any Specific drug history noted

Family history

No any relevant family history noted

Personal history

Occupation - Housewife Addiction – none
Diet – Vegetarian Appetite – Regular Urine – Irregular
Stool – Irregular

Systemic examination

R.S. – Air entry bilaterally equal and clear, no abnormal sound heard.

C.V.S. – S1 S2 normal, No Cardiac Murmurs heard
C.N.S. – Conscious and oriented to time, place, person.
Per Abdomen – Soft, Non tender, Liver and spleen not palpable.

Local Examination

Patient's examination done in Supine position along with genital examination. External Urethral Meatus – Normal (Foley's Catheter in situ)
Posterior urethra - normal

Per Abdomen Examination – Soft, Non-Tender.

Investigations

Hb - 9.6 gm% BSL (R) – 123 mg/dl

HIV – Non-Reactive VDRL - Negative HbSAg – Non-Reactive ESR – 16 mm/hr

USG – Bladder partially distended with foleys in situ.

MRI – Burst compression fracture involving D12 vertebra with retropulsion of posterosuperior fracture fragment causing compression of cord at this level associated with cord oedema / contusion as described.

Compression fracture involving L1 vertebral body in its half associated with marrow oedema. N/O displacement or retropulsion.

Nidan Panchak

Hetu – Abhighat (Trauma)

Purvarupa – *Avekta*

Rup^[1]

Urine retention

- Dribbling micturition
- Unable to walk.
- Backache.
- Tingling & Numbness at both legs.

Chikitsa^[2]

कषायकल्कसर्पीषभ भक्ष्यान लेहान पर्याणस च।
क्षारमद्यासवस्वेदान बस्तीश्चोत्तरसञ्जिताम्।

ष्वदध्यान्मषतमास्तत्र षष ाँ चाश्मरनाशनम्।

मोदावतयोगाश्च॥

सन्धेस्वेदोर्पणानानाँ षहत तेषु षवरचन।

सु.उ. 58/26-28 ततः सुध्देहाना षहताश्चोत्तरबस्तयः॥

सु.उ. 58/50

Ø First *uttarbasti* given in august 2019 after removal of foleys catheter and waiting to watch for urine stream. But there is distention of bladder so we again go for foleys catheterization.

Ø Again, after one month we give *tila taila uttarbasti* in September 2019 after removing foleys catheter but again there is retention. So, we again go for foleys catheterization.

Ø After 4 cycle of *uttarabsti*, On the 5th cycle in December 2019, there was no need of foleys catheter. Patient pass urine without any obstruction and with control.

Ø This treatment continues along with some other medicines for every month.

METHODOLOGY

Drug – *Tila Taila*

Dose – three times continuously for three days in a week per month. Route – Per urethra

Follow Up – every month

Here We give *Tila Taila Uttarbasti* one time per day for three days in a week per month on I.P.D bases and the observations are recorded in tabular form.

Assessment criteria

Assessment done by observing urine stream, hesitancy, straining, retention of urine, haematuria while patient passing urine.

OBSERVATION AND RESULT

Treatment was given for 5 month and follow-up of patients will be taken on every month and observations will be recorded in tabular form.

Table No. 1 – Showing Follow up results.

Sr. No.	Month of Follow up	Urine stream	Hesitancy	Straining	Retention of urine	Haematuria
1	1st Month(aug- 2019)	Not pass	-	-	+++	-
2	2nd Month(Spet- 2019)	Not pass	-	-	+++	-
3	3rd Month(Oct- 2019)	Not pass	-	-	+++	-
4	4th Month(Nov- 2019)	Pass	+++	++	+	-
5	5th Month(Des- 2019)	Pass	++	+	-	-
6	6th Month(Jan- 2019)	Pass	+	-	-	-

CONCLUSION

From Above study it is concluded that *Tila taila uttarbasti* is effective in traumatic neurogenic bladder along with some conservative treatment.

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