



# CLINICAL EFFICACY OF VASTYAMAYANTAKA GHRITA UTTARA BASTI ON VATAKUNDALIKA VIS-À-VIS URINARY INCONTINENCE: CASE REPORT

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## **Abstract:**

Vatakundalika is one of the 13 types of *Mutravaha srotovikara* explained by *Acharya Charak*, which can be correlated to urinary incontinence and is referred to as *Mutraghata* by *Acharya Sushruta*. The pathophysiology of *Vatakundalika* primarily involves the *Vata dosha*, and the best line of treatment for *Vata dosha* is *Basti* hence here in this patient, *Vastyamayantaka Ghrita Uttara basti* was adopted as a line of treatment. In this case study, a 29-year-old male with difficulty in micturition and frequent urination for two years. Diagnosing the cause as *Vatakundalika*, *Uttarabasti* (administration of medicated oil through the urethra) was administered for seven days using *Vastyamayantaka Ghrita*. initially 25 ml, it increased day by day till 50ml of dose for 8 days of *Uttar Basti* was given after a thorough screening. The primary outcome measured was the reduction in the frequency of urination, showing significant improvement, with a 75% reduction in symptoms initially and up to 85% improvement during follow-up. The findings suggest that *Uttar Basti* is highly effective, providing significant relief without complications. This study supports *Uttar Basti* as a holistic and cost-effective Ayurvedic intervention for urinary incontinence, aligning with traditional healing principles and ensuring patient safety.

**Index Terms** - *Uttar Basti, Vatakundalika, Urinary Incontinence, Vastyamayantaka Ghrita,*

## INTRODUCTION

Urinary incontinence is the inability to control urination, while it can happen to anyone, UI, also known as overactive bladder, particularly for elderly people, also affects the quality of life, leading to dependency and higher care needs. It includes four main types: urgency, stress, functional, and overflow incontinence. Stress urinary incontinence (SUI) involves urine leakage during activities like coughing, while urge urinary incontinence (UUI) is a sudden, strong urge to urinate. Mixed incontinence combines SUI and UUI, and overflow incontinence, often seen in men with benign prostatic hyperplasia, results from an overfilled bladder. Overactive bladder (OAB) includes symptoms like urgency and frequent urination, with or without UUI. In Ayurveda, urinary incontinence is called Vata Kundalika, relating to kidney and urinary issues. *Acharya Charaka*<sup>6</sup> identified *Vata Kundalika* as one of the thirteen types of *Mutra Dosha*<sup>1</sup>, while *Acharya Sushruta* classified it under *Mutra Ghatha*<sup>2</sup>, predominantly Vata dosha involvement of all *mutra dosha viharas*<sup>3</sup>. The primary treatment recommended in *Ayurveda* is *Basti* therapy, particularly *Uttarabasti*, which involves the per-urethral administration of medication<sup>4</sup>. This method delivers drugs directly to the target area, effectively treating urinary disorders. An *Ayurvedic* herb, *Vastyamayantaka Ghrita*<sup>5</sup>, is commonly used in various formulations to manage Vata-related diseases, including urinary incontinence. This specific formulation is indicated for all *Vatarogas* and *Mootraghata* and is known for its *Vatapittashamaka* properties<sup>6</sup>, which balance *Vata* and *Pitta* without increasing *Kapha*. Urinary incontinence is a significant condition, and *Uttarabasti Chikitsa*, especially those targeting Vata dosha, offers a holistic approach to managing this condition. This approach not only treats the symptoms effectively but also aligns with traditional Ayurvedic healing principles, ensuring patient safety and enhancing the quality of life for those affected by urinary incontinence.

## PATIENT INFORMATION

A 29-year-old male patient with no known comorbidities was normal until two years ago. He then began experiencing an increased frequency of micturition, repeated urge for micturition, and a feeling of incomplete urination. For these complaints, he consulted a urologist who advised for a cystoscopy scan, which revealed a urethral stricture. He was prescribed oral medication, but the symptoms did not improve. He then consulted a nephrologist, who also prescribed oral antibiotics and other medications. Since the urinary complaints persisted and no improvement was seen, he sought treatment and was admitted to GAMC and Hospital Mysore.

## Investigations

Cystoscopy<sup>7</sup> (as of 08/05/2024) showed urethral strictures.

## Personal History

Diet- Vegetarian

Appetite- moderate

Micturition- frequent flow

Continuous incontinence Frequency – 15 times/day, 8 times/night

Sleep- Disturbed due to increased urge for micturition.

### Procedure of Uttara Basti

The Uttara Basti procedure involves several meticulous steps to ensure proper administration and effectiveness. Initially, the urinary bladder empties and the penile region is painted with a betadine antiseptic solution to maintain hygiene. Following this, 2% xylocaine jelly is instilled into the urethra to provide local anesthesia and ease the introduction of the therapeutic mixture. A disposable feeding tube of size 9 is then used to introduce a specially prepared mixture into the urethra. This mixture comprises 15 milliliters of autoclaved sesame oil, 4 milliliters of honey, and 1 gram of rock salt, blended to achieve the desired therapeutic effects. Once introduced, the mixture is carefully retained in the urethra for 10 minutes to ensure adequate absorption and effectiveness. This procedure is performed once daily, adhering to strict aseptic techniques to prevent infection and ensure patient safety.

table 1: Uttara Basti treatment schedule<sup>8</sup>

Date	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5
Basti	Ghrita	Ghrita	Ghrita	Ghrita	Ghrita	Ghrita	Ghrita	Ghrita
Dose	25ml	25ml	30ml	30ml	35ml	35ml	50ml	50ml

### Assessment criteria

Signs and symptoms were assessed before and after treatment using the ICIQ –UI SF (International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form)<sup>9</sup> to evaluate the frequency, severity, and impact on quality of life of urinary incontinence in men and women in research and clinical practice.

## OBSERVATIONS AND RESULT

Table 2: Observations during Uttara Basti treatment

Date	Dose of Uttara Basti	Retention Time	Observation
06/05/24	<i>Vastyamayantaka</i> <i>Ghrita</i> =25ml	35mint	Burning micturition- the first day of Uttara Basti initially while passing urine Retention of urine-present

			Frequency at day time-12 times Frequency at night time – 7 times
<b>07/05/24</b>	<i>Vastyamayantaka</i> <i>Ghrita</i> =25ml	1hr	Burning micturition- Retention of urine Frequency at daytime The frequency at night time The patient feels better and the frequency of urine during the day time is 10 times at Night is 5 times
<b>08/05/24</b>	<i>Vastyamayantaka</i> <i>Ghrita</i> =30ml	1hr 20mint	Burning micturition- Retention of urine Frequency at daytime The frequency at night time The Frequency of urine during the day time is 9 times at Night is 4 times
<b>09/05/24</b>	<i>Vastyamayantaka</i> <i>Ghrita</i> =30ml	2hr	Burning micturition- Retention of urine Frequency at daytime The frequency at night time frequency of urine on day time is 7 times at Night is 5 times
<b>10/05/24</b>	<i>Vastyamayantaka</i> <i>Ghrita</i> =35ml	2hr	Burning micturition- Retention of urine Frequency at daytime The frequency at night time frequency of urine during the day time is 9 times Night is 5 times
<b>11/05/24</b>	<i>Vastyamayantaka</i> <i>Ghrita</i> =35ml	3hr	frequency of urine during the day time is 6 times Night is 5 times
<b>12/05/24</b>	<i>Vastyamayantaka</i> <i>Ghrita</i> =50ml	3hr	frequency of urine during the day time is 6 times at Night is 4 times
<b>13/05/24</b>	<i>Vastyamayantaka</i> <i>Ghrita</i> =50ml	3hr 30min.	frequency of urine during the day time is 5 times Night is 4 times

The ICIQ-UI is a questionnaire for evaluating the frequency, and severity of urinary incontinence in men and women in research and clinical practice. The overall scores can be divided into:

Normal = 1-6 score

Mild =7-8 Score

Moderate =9-10 Score

Severe =11-12 Score

Very Sever=13 or more then

**Table: 3 The ICIQ-UI questionnaire scoring Before and After the Treatment**

Question	Response	Score	Before Treatment	After Treatment
How often do you pass urine during the day?	1-6 times	0		
	7-8 times	1		✓
	9-10 times	2		
	11-12 times	3		
	13 or more times	4	✓	
During the night, how many times do you have to get up to urinate, on average?	None	0		
	1 times	1		
	2 times	2		✓
	3 times	3		
	4 or more	4	✓	

## DISCUSSION

*Basti* therapy, particularly *Uttarabasti*, plays a crucial role in managing the 13 types of *Mutradoshas* in *Ayurveda*, especially *Vata*-related disorders. The bladder is the primary site of *Vata dosha*, and micturition is controlled by *Apana vata*<sup>10</sup>. *Uttarabasti* directly administers medication into the bladder, effectively targeting the neurogenic bladder through first-pass metabolism. This method minimizes systemic side effects and achieves rapid therapeutic effects due to the direct application of drugs. *Uttarabasti* utilizes the *Sukshma guna* and *Snigdha guna* of *Vastyamayantaka Ghrita*, which help penetrate microchannels and pacify *Vata dosha*. The intravesical drug delivery (IVDD) system enhances blood supply, promoting drug absorption and improving bladder function. *Vastyamayantaka Ghrita*, used in *Uttarabasti*, balances *Vata* and *Pitta doshas*, supports blood circulation, and strengthens bladder muscles and sphincters. It adheres quickly to the urothelium, ensuring effective delivery. The continuous eight-day administration of *Vastyamayantaka Ghrita* in the bladder helps overcome the bladder permeability barrier (BPB) and stimulates neuro-receptors, enhancing bladder and sphincter functionality. *Vastyamayantaka Ghrita*, composed of ingredients like *matsyakshi*, *madhika*, *darvi*, *brihati*, and *shalaparni*<sup>11</sup>, acts through its *Rasayana*, *Ojaskara*, and *Tridoshahara* properties, along with its antioxidant activities. *Bala* strengthens detrusor muscles and sphincters, improves nervous system activities, and stimulates higher centers of micturition. Its properties—*Madhura rasa*, *Snigdha guna*, *Seeta virya*, and *Madhuravipaka*<sup>12</sup>—alleviate *Vata* and *Pitta doshas*, enhancing *Dhatu* (tissue) strength

and further supporting urinary function. Moreover, the microbiome significantly influences urinary health, with disruptions leading to conditions like urge urinary incontinence. *Uttarabasti* helps restore bladder homeostasis and balances urine microbiota, promoting recovery and providing a holistic, effective *Ayurvedic* treatment. By combining targeted drug delivery with *Ayurvedic* principles, *Uttarabasti* offers a comprehensive approach to managing urinary incontinence, ensuring patient safety and enhancing the quality of life for those affected by this condition. Furthermore, the *Ayurvedic* approach of *Uttarabasti* aligns with the traditional understanding of treating *Vata*-related disorders. The *Ghrita* therapeutic properties and the precise delivery method ensures that the treatment effective and holistic. By addressing the underlying *Vata* imbalance and supporting the body's natural functions, *Uttarabasti* not only alleviates symptoms but also promotes overall urinary health. This treatment enhances the strength and function of the bladder and, thereby improving control and reducing incidents of incontinence. Through the dual approach of modern intravesical therapy and ancient *Ayurvedic* wisdom, *Uttarabasti* stands out as a potent method for managing urinary incontinence, benefiting patients with minimal side effects and significant improvements in their quality of life.

## CONCLUSION

In conclusion, *Uttarabasti* with *Vastyamayantaka Ghrita* has proven highly effective in reducing urinary incontinence symptoms, significantly improving the patient's quality of life. Follow-up evaluations confirmed the sustainability of these results, with patients achieving a free flow of urine. No significant changes in pus cells or epithelial cells were observed after the study or during the follow-up period. This case study demonstrated that a challenging case of urinary incontinence could be successfully treated by addressing the underlying pathology using *Ayurvedic* methods. Throughout the treatment, no adverse effects were observed. The use of *Uttarabasti*, combined with *Vastyamayantaka Ghrita*, not only alleviated the symptoms but also promoted long-term urinary health without adverse reactions. This highlights the potential of *Ayurvedic* therapies in managing complex conditions like urinary incontinence effectively and safely.

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