JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

A Case Report on Ayurvedic Treatment Approach in Post-Prostatectomy Urinary Incontinence

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ABSTRACT

Following a surgical procedure, postoperative urinary retention may present as suprapubic pain or discomfort, bladder spasm, and/or urine leakage combined with the inability to urinate. One of the most common causes is damage to the nerves that control the bladder. This can occur during surgery itself or as a result of the anaesthesia used during the procedure. Other factors contributing to postoperative urinary incontinence include weakness of the pelvic floor muscles.

Herein, we report a case of a 79-year-old male patient with postoperative urinary incontinence. The patient was apparently normal three years earlier; later, he experienced incomplete passage of urine, for which he took allopathic medication. During a routine check-up, he was diagnosed with enlargement of the prostate gland. The allopathic physician suggested Surgical correction. At the same time, he also developed an inguinal hernia. Therefore, surgery for both conditions was performed simultaneously. After the surgery, he developed loss of bladder control.

As this significantly affected his quality of life, he sought Ayurvedic management. The treatment protocol included *Adhonabhi Lepam* with paste of *Lata Karanja* in *Kushmanda Swarasa, Avagaha Sweda, Niruha Vasti*, *Anuvasana Vasti*, and *Avapeeda Snehapana*, considering its *Vata*-predominant nature. Assessment was recorded after each treatment.

Keywords- post operative, urinary incontinence, *avapeeda snehapana*

INTRODUCTION

Loss of bladder control after surgery is a common condition that affects many people. It is also known as postoperative urinary incontinence (POUI) and can occur after any surgical procedure. its incidence increases as age advances. Multiple etiological mechanisms have been proposed to explain the development of urinary incontinence following prostatectomy. These broadly encompass detrusor overactivity and underactivity, reduced vesical compliance, intrinsic sphincter deficiency (ISD), and bladder outlet obstruction, including anastomotic strictures. Pre-existing (preoperative) presence of these factors must also be taken into account. However, the majority of post-prostatectomy incontinence cases result from intraoperative injury to native urinary sphincteric mechanisms, particularly the intrinsic sphincter component. In addition, bladder denervation during prostatectomy represents a significant contributing factor, leading to impaired detrusor contractility and reduced bladder compliance.[1] Despite advancements in surgical techniques, radical prostatectomy is frequently associated with postoperative alterations in lower urinary tract function, with urinary incontinence remaining a common complication. However, approximately 95% of patients experiencing any degree of post-prostatectomy urinary leakage exhibit

symptomatology consistent with stress urinary incontinence (SUI)[2]. Management strategies for post-prostatectomy urinary incontinence encompass both conservative and surgical modalities. Non-surgical interventions, including lifestyle modifications and structured pelvic floor muscle training, are effective first-line therapies and should be implemented prior to consideration of operative management. Surgical intervention is generally postponed for a minimum of 12 months following prostatectomy and includes the use of male slings for patients with mild intrinsic sphincter deficiency (ISD), while artificial urinary sphincters—considered the gold standard and definitive therapeutic option—are reserved for cases of severe ISD.[3] As per *Ayurveda*, it can be interpreted as *Vasti kundalika* a *mutraghata vikara*, in which *abhighata* is one of the *nidana* is predominantly caused by *apana vata dushti* which shows dribbling of urine as one of its *lakshana.*

According to *Ayurvedic* literature, *Mutraghata* is managed through a combination of *auṣadha chikitsā* (medicinal therapy), *vasti karma*, and appropriate lifestyle modifications. *Suśruta* has outlined general therapeutic principles for all varieties of *Mutraghata* (obstructive uropathy), which include the use of *kaṣāya* (decoctions), *kalka* (pastes), *avaleha* (linctus preparations), *kṣāra* (alkaline formulations), *madya* (medicated alcohol), *āsava*, *snehana* (oleation), *svedana* (sudation), *basti*, and *uttara basti*.[4]Additionally, *sneha virecana* is recommended as a core therapeutic measure in the treatment of all types of urinary disorders.

CASE HISTORY

I herein report a case of a 79-year-old male patient with a case of post operative urinary incontinence. The patient was apparently normal 3 years back, later he felt incomplete passage of urine for which he took allopathic medication. Following that he was instructed to do routine check-up. During which he found out prostate gland enlargement. For this the allopathy doctor suggested surgical correction. He also developed inguinal hernia at the same time. So, the physician advised him to do operation for these two conditions on the same day. After the surgery, he developed loss of bladder control.

History of past illness

- Asthma – since last 20 years (using inhaler)
- Diabetes mellitus – since 2006 (under medication)

Personal History:

- Bowel : constipated
- Appetite : good
- Micturition : dribbling of urine (changes 2/3 diapers a day)
- Sleep : sound sleep

Nidana*: Abhighataja*

Samprapti: Due to *abhighataja nidana*, *vatha* aggravated cause *apana vatha vaigunya* that cause *mutra vaha sroto dushti lakshana* as dribbling of urine

Samprapti khataka

Dosha : Vata dominant tridosha

Dushya: Mutra

Sanchara sthana: Mutravahasrotas

Agni: Mandha

Vyakta sthana: Mutra

Adishtana: Vasti

Rogamarga: Madhyama

Srotas : Mutravaha

Vyadhiswabhava: Daruna

Srotodushti prakara: Sanga

LAB INVESTIGATION

- Hb :13.9 g% Urea: 19 mg%
- ESR: 18 mm at 1st hour Uric acid: 3.6 mg%
- FBS: 108 mg% Creatinine: 1.07 mg%
- PPBS: 198 mg% Bilirubin: 0.8 mg%
- HbA1C: 5.7 % SGOT: 20 IU/L
- Total cholesterol: 183 mg% SGPT: 17 IU/L

Treatment principles

- *Mutraghata chikitsa*
- *Apana vata vaigunya chikitsa*
- *Mutravaha sroto dushti chikitsa*

Therapeutic intervention

Procedure	Medicine used	Assessment	Probable mode of action
Rooksha sweda- 7days	*Kolakulathadi + dasamoolam + punarnavadi churnam*	*Rookshana* attained	To attain samyak rooksha lakshana
Adhonabhi lepa-26 days	paste of *lata karanja* in *kushmanda swarasa*	Mild to moderate bladder control attained	For muscle and nerve strength
Avapeeda snehapana - 14 days	*Vastyamayanthaka ghritam*(15ml) + 10 drops *pippalyadi anuvasana tailam*	Changes 1 or 2 diaper a day	To rectify nerve damage and to attain muscle strength
Abhyanga + avagaha sweda - 5 days	*Abhyangam with chinchadi tailam+ Karpasathyadi tailam. Avagaha in dasamoola churnam+ eranda patram +chincha patram+ sigru patram+vasa*	Moderate bladder control attained	For Apaana vata anulomana

	patram +nirgundi patram		
*Virechana*m	*Eranda sukumara tailam*	Moderate bladder control attained	**To attain dhatu sthiratwa and apana vata anulomana**
Adhonabhi pichu – 21 days	*Dhanwantaram tailam*	Moderate muscle and nerve strength attained	**To attain muscle and nerve strength**
Navadhanya kizhi – 7 days	With *bala tailam*	Moderate strength attained	**Have brimhana, rasayana and vata samana property**
Mustadi raja yapana vasti – 7 days	*Madhu* – 100g *Saindhava* – 12g *Vastyamayantaka ghrta* -100ml *Dhanwataram tailam* – 100ml mustadi *yapana ksheera kwath* - 400ml *kalka* – 30g *mamsa rasa* - 100ml	Changes 1 diaper per day	**As rasayana for dhatu kshaya – nerve strenghtening**
Shashtika shali pinda sweda – 7 days	*Navara ari* *Balamoola kashayam* Milk *Dhanwantaram taila*	Moderate bladder control attained	**For Bhrimhana, bala vardhana and vata anulomana**

1st week to 3rd week	From 4th week

1. *Gandharva hastadi kashayam* 90ml bd B/F for first 5 days 2. *Takrapana with 6 gm panchakola churnam* for 5 days 3. *Veeratharadi kashayam* 60ml bd B/F with 10 drops of *Dhanwantharam tailam* 101 A'' 4. Ural BPH 1bd A/F 5. Effecto tablet 1 bd A/F 6. Shilajith capsule 1bd A/F	7. Trayandyadi kashayam 60 ml bd B/F with 10 drops of Dhanwantharam tailam 101 A'' 8. Ural BPH 1bd A/F 9. Effecto tablet 1 bd A/F 10. Vastyamayantha ghritam 1 tsp at 5pm

From 4th week
1. *Trayandyadi kashayam* 60 ml bd B/F with 10 drops of *Dhanwantharam tailam* 101 A'' 2. Ural BPH 1bd A/F 3. Effecto tablet 1 bd A/F 4. *Vastyamayantha ghritam* 1 tsp at 5pm

Advice on discharge (for next 2 weeks):

1. Shilajith capsule 1bd A/F
2. *Vastyamayantha ghritam* 1 tsp at 5 pm
3. *Nabhi pichu* with *dhanwantharam tailam* for 45 mins

Assessment- Revised urinary incontinence scale

Urine leakage relate to the feeling of urgency	**Moderately +2**	**Slightly +1**
Urine leakage related to physical activity, coughing or sneezing	Slightly +1	Not at all 0
Small amounts of urine leakage (drops)	Greatly +3	Slightly +1

How often do you experience urine leakage ?	Every day and/or night +4	Every day and/or night +4
How much urine do you lose each time ?	Small splashes +2	Drops +1
Total Score	12	7

DISCUSSION

The case was diagnosed as post-operative urinary incontinence. Pathophysiologically the cause of urinary incontinence includes lesions in higher micturition centres, in the sacral spinal cord, and in other neurological areas as well. *Apana vata vaigunya* plays an important role in the pathogenesis and *Mutravaha Srotas*, is primarily governed by *Apanavayu*. *Anuloma* is mentioned as a best line of treatment for *apanavata dushti* also general line of management of all types of *mutraghata* is *snigdha virechana*. Hence in this case *virechana* with *sukumara eranda tailam* was given [5]. *Panchakarma* techniques that is largely utilized for *Vayu* pacification is *Basti* treatment. Hence *mustadi raja yapana vasti* which gives *balya* and *rasayana* effect is employed here[6]. *Avapeeda snehapana* is indicated in *vasti*,[7]so along with it, *adho nabhi lepa* and *adho nabhi pichu* helps to regain muscle strength, nerve nourishment in basti region[8]. Pelvic floor (Kegel) muscle training and bladder training have been beneficial in resolving or improving urinary incontinence. Kegel exercises involve strengthening and retraining the detrusor bladder muscle to regain some control of urinary function.Urinary incontinence in older adults is associated with a high risk of institutionalization and comorbidities, including depression and UTIs, appropriate assessment of transient urinary incontinence is essential.*Acharya Sushrutha* had mention the *mutraghata chikitsa* in detail which helps the physician to propose the early line of treatment by seeing the vitiated *dosha* condition. The disease of the urinary system is obviously linked to *Apana Vayu* abnormality. The principle of treatment is to repair the vitiated *Vayu*, restoring normal urinary functioning.

CONCLUSION

The assessment and treatment of post-prostatectomy incontinence depend on determining how severe the urine leakage is and how much it troubles the patient. The severity is typically estimated by the number of pads required per day, which also reflects its impact on the patient's quality of life. Moreover, patients vary widely in their personal tolerance and perception of urinary symptoms.

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