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Role of *Uttarabasti* in the management of Functional Bladder Outlet Obstruction: A Case Study

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ABSTRACT

Bladder outlet obstruction (BOO) produces compression or resistance upon the bladder outflow channel at any location from the bladder neck to urethral meatus. It may be induced by specific functional and anatomic causes. Functional obstruction may be caused by detrusor-sphincter dyssynergia (DSD) and anatomic obstruction most commonly from benign prostatic enlargement (BPH) or urethral stricture. Obstructive symptoms include hesitancy, sensation of incomplete bladder emptying, diminished urinary stream. The combination of PVR, urinary flow measures, and symptom appraisal has been generally accepted as the initial screening and evaluation paradigm for BOO. In, Ayurveda, BOO is similar to Mutraghata means obstruction in the urine flow. Uttarbasti is the prime treatment of *Mutraghata*. Present case is diagnosed as a functional bladder outlet obstruction (BOO) on the basis of symptoms, normal reports of USG and ascending urethrogram and diminished flow of urine in Uroflowmetry. Total 7 *Uttarbasti* with 50ml *Sahcharadi Tailam* was given along with *Rasayana* and *Mutraghatahara* medicine. Patient has complete relief in his obstructive urine complains and has normal urine flow without taking Tab. AFDURA after 7 years. And also improvement appear in Uroflowmetry.

Key words: Bladder outlet obstruction, *Uttarabasti*, *Mutraghata.*

INTRODUCTION

Bladder outlet obstruction (BOO) produces compression or resistance upon the bladder outflow channel at any location from the bladder neck to urethral meatus. This induced resistance initiates a bladder response that might have combination of symptomatic response of obstructive and irritative complaints. Typically, obstructive symptoms include hesitancy, sensation of incomplete bladder emptying, diminished urinary stream, and post voiding urinary dribbling. Irritative complaints include urinary urgency, frequency of urination, occasional dysuria, and nocturia.

Numerous gender-specific etiologies are responsible for bladder outlet obstruction (BOO). It may be induced by specific functional and anatomic causes. Functional obstruction may be caused by detrusor-sphincter dyssynergia (DSD), either at the level of the smooth muscle or rhabdosphincter; primary bladder neck obstruction, which may be functional and anatomic in character. Anatomic obstruction in men results most commonly from benign prostatic enlargement (BPH) or urethral stricture. The combination of PVR, urinary flow measures, and symptom appraisal has been generally accepted as the initial screening and evaluation paradigm for BOO and lower urinary track syndrome (LUTS) in men and are now considered standard. More complex techniques such as voiding pressure flow studies remain the gold standard.[1]

In Ayurveda, Bladder outlet obstruction (BOO) is similar to *Mutraghata*. Aacharya Dalhana mentioned

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that *Mutraghata* means obstruction in the urine flow.[2] *Mutraghata* is a diseases of *Mutravaha Srotas* and *Moola* of *Mutravaha Srotas* is *Basti* and *Medhra*. There are 12 types of *Mutraghata*.[3] BOO may not be exactly compare with any subtype of *Mutraghata* but it has similarity in symptoms of many of them. *Uttarbasti* is the prime treatment of *Mutraghata*.[4] *Uttarbasti* means administration of medicine in to bladder through urethra.[5] Classical method of *Uttarbasti* is described in *Samhita*,[6] taking that in mind we can modified the method of *Uttarbasti*. The main goal of modification is minimum invasion, maximum sterilemeasure and optimum result in condition. *Sahacharadi Taila*[7] was selected for *Uttarbasti*, because *Sahachara* is a drug of *Virtaradi Gana*,[8] which was specifically mentioned in *Mutraghata Chikitsa*, other drugs are also *Vatashamana*. Classical dose of *Uttarbasti* in male is around 40ml[9] and duration is two or three times it can be done.[10]

Case Study

A 56 year old male, Businessman, came in OPD on 15/4/2017 with complains of constipation, heaviness of abdomen, weak urine stream and have to made pressure to complete the urination.

Patient has a history of taking medicine for enlarged prostate from last 7 years. He was taking, Tab. AFDURA (Alfuzosin hydrochloride and Dutasteride) daily one tablet from both, by which he got proper flow of urine and have to make less pressure for urination. But if he forget or stop medicine for one day then his urine stream become very weak and have to make pressure to complete the urination. So he was getting temporary relief by medicine, his urologist suggest to continue it for life time.

On abdominal palpation, he has pain in lower abdominal area (*Sthana* of *Pakvashaya*), as he has history of constipation from around 15years. He is having *Vata Kapha Prakruti,* weight 80kg and bowel two times/day with unclear feeling. Urination 3-4 times at night.

His investigation of USG abdomen are as per date;

1. On 29/8/2012 - USG abdomen - Prostate is marginally enlarged, size 4.5*3.4*3 cm, Prostatic Volume 25 cc., marginally enlarged prostate.
2. On 28/6/2013 - USG abdomen - Prostate is normal, size 3.6*3.5 cm, wt. 25 gm.
3. On 28/3/2017 - USG abdomen - Prostate is normal in size, Volume 22 cc.

As above USG report, there is no BPH. In spite of normal size and volume of prostate, if patient not take the Tab. AFDURA (Alfuzosin hydrochloride and Dutasteride, which mainly prescribe for BPH), he had weak urine stream, sensation of incomplete bladder emptying and had to make pressure for voiding. This clearly indicate that there is some another obstruction for urine flow rather than prostate. To find out that, we advised to investigate the Ascending Urethrogram as below,

On 1/5/2017 - Digital Radiograph of RGU Examination was done, it suggest normal findings, Anterior and Posterior urethra appear normal, Free passage of contrast into urinary bladder noted through posterior urethra. So it's clear that, there is no anatomical bladder outlet obstruction.

To, conform the functional BOO, we advised to do Uroflowmetry on 1/5/2017- it suggests that there is a mild diminished flow of urine. After this report *Uttarbasti* was started and again make uroflowmetry on 29/5/2017 - it suggest there is definite improvement in urine flow.

Advised patient to stop Tab. AFDURA, 3 days prior to the first Uroflowmetry report for proper diagnosis and then it was continuously stop during Uttarbasti treatment also.

Uroflowmetry findings	**1/5/2017**	**29/5/2017**
1. Q ura (Max flow rate)	11.8ml/s	14.3 ml/s
2. V ura (on max)	26 ml	40 ml
3. Average Flow rate	6.1 ml/s	7.1 ml/s
4. PVR	20 ml	10 ml

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5. Voided Volume	301 ml	373 ml
6. Voiding time	54 s	56 s

Treatment detail

Patient was treated on OPD base from, 15/4/2017 to 31/4/3017, Treatment schedule of first 17 days are as below;

1. On 15/4/2017, Classical *Niruha Basti* of *Dashamula Kvatha* on 9.30am - this repeat on alternate day. (e.g. 17/19/21) (Total 7 times).
2. On 16/4/2017, *Matra Basti* of *Mahanarayan Taila* 50ml, on 9.30am - this repeat on alternate day up to 28/3/2017 and last 3 was continue. (Total 10 times).
3. *Abhyanga* with *Mahanarayan Taila* on Abdomen follow by *Swedana* was done daily.
4. *Avgaha Sweda* with hot water 10 min, daily advised to do.
5. Internal medicine- (1) Tab. Gokshuradi Gugglu 2bds (2) Tab. *Vaishvanara* 2bds (3) Tab. *Rasayana* 2bds (4) Tab. *Haritaki* 3 tab at night.

On 2/5/2017- *Uttarabasti* was given with *Sahcharadi Tailam* - 50ml. It was given with proper sterile measure with the use of 50 ml - disposable syringe and follies adopter. It was repeated on 4/5, 6/5, 8/5, 10/5, 17/5 and 24/5/2017. (Total 7 times.).

On 2/5/2017- Internal medicine was (1) *Kshirbala* 101 capsule (AVS) 1 Cap BD (2) Capsule Ural BPH (VASU) 1 Cap BD. (This medicine was continued for one month.)

Observation and Results

During first 17 days (15/4/2017 to 31/4/2017) of treatment, Patient has gradually reduced in heaviness in abdomen, at the end of treatment it was it was completely relived. Lower abdominal pain was also completely stopped at the end of *Basti* treatment. Patient had proper stool without constipation. Patient has to make less pressure for complete the urination.

From 29/4/2017 - patient advised to stop, Tab. AFDURA and do Uroflowmetry and then planning for *Uttarbasti* from 2/5/2017. Just after giving first *Uttarbasti* patient feel better in urine flow. After completion of 7 seating of *Uttarbasti* patient feel normal urine flow without doing pressure and also he has wonder without medicine after 7 years. After 7 days of last *Uttarbasti*, again Uroflowmery was done to conform his subjective feelings. Main component of Uroflowmetry is Qura and Vura and that was improved. This subjective and objective both criteria conform that patient improved in his urine flow obstruction by *Uttarbasti*.

Discussion

In this case, patient has a history of constipation from around 15 years which lead to his abdominal complains like heaviness and pain.In, Ayurveda this chronicity leads vitiation *Pakvashaya* by vitiation of *Apana* and *Purisha*. Hence *Pakvashaya* is the *Moola* of *Purishvaha Srotas*[11] and *Apana* work for proper *Mala Pravruti.*[12] When accumulation of *Mala* occur in *Pakvashaya*, it can produce *Udavarta* in which vitiation of *Apana* and *Mala* in a extreme level, that can generate many more serious diseases in body. Many diseases of *Basti* (Bladder) are also can be generated by it.[13]

So, in this case first priority is to remove the vitiated *Dosha* and *Mala* from *Pakvashaya*, and that was done by *Niruha* and *Matra Basti* as it was indicated in *Udavarata Chikitsa*.[14]

Because of *Shodhana* from *Pakvashaya*, *Vata Anulomana* is there so, patient felt mild improvement in his complain of urine flow. In this case vitiation of *Apana*, vitiate the *Basti* (Bladder) function and produce the *Mutraghata* (obstruction in urine flow). Main *Chikitsa* of *Mutaghata* is *Uttarbasti* as mentioned in Samhita.[15]

In this case, method of *Uttarbasti* is - first sterile all material in autoclave machine, prepare patient by cleaning genital area by betadine solution, fill 50ml of *Sahchardi Tailam* in syringe and attach the follies adopter on it. Use gauze piece for proper grip on penis. After applying the xylocan gel on adaptor, insert the adopter in penis and push the piston of syringe slowly. After that remove the adaptor. It is a less invasive and easy method and also effective.

In this case, internal medicine for first 17 days was for the purpose of *Pachana*, *Anuloman* (*Vaishvanara*,

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Haritaki) and also for *Mutraghata* (*Gokshuradi Gugglu*,[16] *Rasayana Churna* tab.). Medicine during and after *Uttarbasti* was given for purpose of *Rasayana - Vatashamana* (*Kshirabala* 101 cap.)[17] and for *Mutraghata* (Ural BPH cap).

Conclusion

It can be concluded that management of functional bladder outlet obstruction (*Mutraghata*) can be fast and effectively treated by *Uttarbasti* and Ayurvedic treatment.

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