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Effective Ayurvedic management of *neurogenic* bladder: A case study

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ABSTRACT:

The normal function of the urinary bladder is to store and expel urine in coordinated, controlled fashion and is regulated by the central and peripheral nervous system. Neurogenic bladder is a term applied to urinary bladder malfunction due to neurologic dysfunction emanating from internal or external trauma to brain or spinal cord, D.M., infection, genetic nerve problem. Mainstay of treatment includes antibiotics, catheterization, and placement of an electric device to stimulate or slowdown bladder activity, surgery etc. In spite of advances in medical science, the prognosis of this condition is poor.

According to Ayurveda, *Apana Vayu Dushti* is responsible for malfunction of bladder and is corrected by *Basti Chikitsa*. A 76 years old male patient diagnosed as case of neurogenic bladder by Urologist visited me with inserted foley's catheter. He was successfully managed within 16 days with *Murchhita Til Taila Matra Basti* and

Chandraprabha Vati. The treatment resulted in normal passing of urine, good bladder control and hence the foley's catheter was removed and the patient was able to lead his normal life.

Keywords:

Neurogenic bladder, Foley's catheter, *Matra Basti*, *Apana Vayu*.

INTRODUCTION:

Neurogenic bladder is a term applied to urinary bladder malfunction due to neurological damage to the nerves that governs the urinary tract emanating from internal or external trauma, disease or injury ^[1]. Normal micturition involves proper function of both the bladder and urethra. A detrusor of normal compliance and a physiologically competent urethral sphincter are both necessary to maintain urinary continence. Normal micturition involves passive, low pressure filling of the bladder during the urine storage phase while voiding requires coordination of detrusor contraction with internal and external urinary sphincter relaxation. The spinal cord controls

micturition reflex by the sympathetic and parasympathetic nervous system; brain controls normal micturition with urinary continence by holding urine through pontine storage center (PSC) and facilitate urination by pontine micturition center (PMC) [2]. There are two types of neurogenic bladder viz. spastic (hyper reflexive) and flaccid (hypotonic). In case of lower motor neuron lesion or any sacral injury or spinal shock, signals do not reach up to brain due to disruption of sensory fiber; hence urine occurs drop by drop known as overflow incontinence. While in upper motor neuron lesion detrusor hyperreflexia occurs which results into urge incontinence [3]. In modern medical science treatment essentially involve used of indwelling catheters, which certainly leads to UTI, ascending pyelonephritis and bladder injuries. Those cases requiring surgery are further exposed to risk of recurrence and trauma. Those on medication are subjected to side effect. In spite of advances in medical science a definitive treatment is not guaranteed by any mode of management.

Ayurveda is the science based on the concept of functional understanding. *Apana Vata* has an important role in expulsion of *Samirana* (flatus), *Sakrit* (faeces), *Mutra* (urine), *Sukra* (semen), *Garbha* (foetus), and *Artava* (menstrual fluid). *Apana Vayu Dushti* is responsible for malfunction of bladder. *Vasti Chikitsa* is the best treatment and *Taila* is the best drug to counter vitiation of *Vata Dosha* [4]. A general line of treatment mentioned in all type of *Mutra Vikara* (urinary disorders) is *Basti* and *Uttar Basti* [5]. *Chandraprabha Vati* is a herbo-mineral formulation having Tridoshghna, Deepan, Balya, Rasayan, Pramehaghna

properties and is used in all types of *Mutrakruchra* [6].

AIM & OBJECTIVE:

To evaluate the efficacy of Ayurvedic management in Neurogenic bladder.

CASE-HISTORY:

A 76 years old male diabetic patient diagnosed as case of neurogenic bladder by Urologist visited me with inserted foley's catheter.

History of Presenting Illness:

Patient was a known case of diabetes and hypertension since 10 years and was taking regular medicines. 2-months back he underwent surgery for sebaceous cyst in Para sacral region and post-surgery complained of loss of sense of passing urine, dribbling micturition and bladder distension. He was thoroughly investigated and was diagnosed as neurogenic bladder by Urologist. The foley's catheter was inserted and patient was told that whole life he has to learn to live with the catheter and there is no treatment for the condition. Post catheterization patient suffered with UTI twice and was put on antibiotics. The case was referred to me by the Surgeon, who had past experiences of many challenging cases being treated successfully through Ayurveda.

Family History:

Mother was diabetic and father had Parkinson's disease.

Personal History:

- Pulse – 80/min
- BP - 160/100 mm of Hg

- Weight – 67 kg
- Appetite – poor
- Allergy – Nil
- Addiction – Nil
- Bowl – constipation
- Bladder – foley's catheter inserted, urine output > 2 litres
- Diet – mixed diet
- Exercise – very less
- Sleep – less

Systemic Examinations:

- CVS – normal
- CNS – normal
- RS – normal

Local Examination:

- Inspection- foley's catheter inserted
- Palpation – bladder mildly distended
- Auscultation – normal bowel sound

Investigations:

- ✓ Hb. – 8.9, RBC – 3.3, ESR – 92, FBS – 75, PPBS – 204, S. Creatinine – 1.3, BUN – 26.6, LFT – WNL
- ✓ Urine – 8-10 pus cells/hpf, 4-5 RBC/hpf, protein – trace
- ✓ X-ray Chest – normal
- ✓ USG abdomen – Bilateral chronic renal disease and moderate prostatomegally
- ✓ Urodynamic test – Neurogenic bladder

METHODOLOGY / TREATMENT GIVEN:

Along with oral hypoglycemic and antihypertensive medicines following treatment was given on OPD basis.

Plan of treatment

S N	Drug / Therapy	Dosag e	Duratio n
1.	<i>Chandraprabha Vati</i>	250 mg BD	4 wks
2.	<i>Murchhita Til Taila Matra Basti</i>	60 ml OD	18-days

OBSERVATION:

After 7-days of above treatment catheter was clamped every 6-hourly for half an hour to assess the improvement in the condition. On 9th day patient reported that he felt the sensation to pass urine after clamping of catheter. From 10th day the clamping was prolonged for 1 hour every 6 hourly and urine output before and after clamping was measured. On 14th day in consultation with the Surgeon, the catheter was removed. As patient complained of urgency to pass urine, he was advised to use diaper. After three days diaper usage was also stopped as urgency subsided. *Matra Basti* was given continuously for 18 days. The retention time of *Basti* was found to be two hours on 1st day and gradually increased upto 15 hours. On 19th day patient developed mild anorexia and body ache, so *Basti* treatment was stopped. *Chandraprabha Vati* was continued till 4-wks.

RESULT:

After 13 days of Ayurvedic management the sensation to pass urine was regained completely and patient was able to pass urine normally with complete evacuation of bladder. Thus Neurogenic bladder was treated successfully by Ayurvedic

management. No relapses of symptoms or complications were reported with given treatment.

DISCUSSION:

Ayurveda is the science based on the concept of functional understanding. *Vata Dosha* has an important role in the expulsion of *Mutra* (urine). For all the urinary problems, *Basti* and *Uttar Basti* is the best treatment. Also it is stated that *Basti* is the best therapy and *Taila* is the best drug for vitiated *Vata Dosha*. Hence *Murchhita Til Taila Basti* was planned in this patient. The choice of *Matra Basti* was made because of its qualities like, it can be given at any time, can be recommended for daily use and very less complication^[7]. *Chandraprabha Vati* is a classical formulation, useful in all types of *Mutrakruchra*. It also has *Tridoshaghna*, *Deepana*, *Balya*, *Rasayana* and *Pramehaghna* properties. Hence *Chandraprabha Vati* was selected.

CONCLUSION:

This case-study established that such a challenging case of neurogenic bladder can be successfully treated by targeting the root pathology through Ayurvedic principles of management. No side-effects were noticed during treatment.

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