

## PALASHUDUMBARADITAIL BLADDER BASTI IN STRESS INCONTINENCE

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### ABSTRACT

Stress urinary incontinence is an involuntary escape of urine from the external urinary meatus due to sudden rise in intra-abdominal pressure. Women can't have any natural control on it. Due to its, escape of urine while sneezing, coughing or laughing occurs. It is common condition affecting 25-40% of women. The conservative and surgical methods are available for its management. But due to some drawbacks we need to explore and use Ayurvedic treatments in *Samhitas*. *Palashudumbaraditail bladder basti* will be used in stress incontinence.

**KEYWORDS:** Stress incontinence, *bladder basti*, *Palashudumbaradi tail*, *mutrashayagata uttarbasti*, *uttarbasti*.

### INTRODUCTION

During different stages of life, women may suffer from various diseases and condition that affect her physical and emotional well-being which in turn alters her quality of life. Stress incontinence is of the gynecological conditions mostly in reproductive as well as post-menopausal age group. It adversely affects physiological as well as psychological health of women and even interfere with the professional life. Most of feel inconvenience specially in their day to day activities either due to frequent vulval pad they need to use or frequent changing of undergarments. So, it is a major problem in front of women and ultimately gynecologists.

Ayurvedic texts have described *Uttarbasti* in detail. Bladder basti is one of the classification of *uttarbasti*, When it is given per urethra as indicated in texts, may help in certain diseases

related to *Apan kshetra*. Ayurvedic classics have description of *mutrashyagata uttarbasti* in *Samhitas*. *uttarbasti* (bladder *basti*) can be performed effectively with *yukti praman*. Tail has properties of *vatanashana*, *balvardhan*, *sthairyak* and strengthen the muscle.

The site of administration of *basti* medicine is *mutrashaya* (urinary bladder) and the *basti* is given through the *mutramarga* or urethra. This helps in curing the diseases related to urinary system and genital system.

## AIMS AND OBJECTIVES

**Aim:-** To use and study *palashudumbaraditail bladder basti* in the management of stress incontinence.

**Objectives:-** To avoid embarrassing movements in women and surgical interference in patients of stress incontinence.

To carry out comprehensive literary study of *mutrashyagata bladder basti*.

## MATERIALS AND METHODS

Drug	Latin name	Family
Palash	Ficus glomerate	Moraceae
Udumbar	Butea monospermia	Fabaceae
Til tail	Sesamum indicum	Pediaceae

### Case presentation

40 years of female patient, residing in nanded visited Prasutitanta and Streerog(OBGY) OPD with complaints of passage of few drops of urine while sneezing, laughing and coughing since last 1 year and no satisfactory in micturition.

N/H/O – DM/HTN/ASTHMA/TB or any other major illness.

N/H/O – Surgical history

M/S - 12 Yrs

PMH – Regular, mod, painless

O/H – G4P4L4A0D0 All home deliveries

O/E BP -120/80 mmhg

P – 78/min

On inspection of vulva, urine loss through urethral meatus while straining was demonstrable in supine as well as erect position.

P/S – Cervix NAD

Minimal white discharge.

P/V – Uterus A/V, Normal size

### PRE – OPERATIVE PROCEDURES

- 1 Prepare parts.
- 2 All routine investigation and serological investigations (HBsAg, HIV, VDRL).
- 3 Instruments and drugs required feeding tube no 8, 5ml syringe and *palashpushpa*, *udumbar* and *til tail*.
- 4 Written informed consent.
- 5 Prepare the *tail* from the above drug as explained in *tailsiddha* method *Sharangdhar Samhita*.

### PROCEDURES

- 1) Under all aseptic precautions patient taken in major OT in lithotomy position.
- 2) No anaesthesia required for this procedure.
- 3) Abdomen, thigh, vaginal betadine painting done.
- 4) On day first 10 ml of autoclaved *Palashudumbaraditail* inserted into urethra with the help of feeding tube and of syringe, from next day onwards increase the tail amount by 10ml everyday upto 10<sup>th</sup> day i.e 100ml on 10<sup>th</sup> day.
- 5) *Yonipichu*(tampoon) kept of same *palashudumbaraditaila* per vaginally.
- 6) Patient taken in ward in good condition.

### POST-OPERATIVE CARE

- 1) Head low position.
- 2) Check the vitals.
- 3) Remove *yonipichu*(tampoon) after 3 hours.

### MERITS

1. Anaesthesia is not required for this procedure.
2. Non-invasive.
3. Simple and safe para surgical procedure.
4. Minimal recurrence rate.
5. Cost effective.
6. Drugs are easily available and tail preparation is also easy.
7. Useful in unfit patient for major surgery.

## DISCUSSION

1. This *tail* preparation will be given for 10 days for 3 consecutive cycle 15 days apart, 10 ml of tail will be given on 1<sup>st</sup> day and quantity will be increased on each day by 10 ml upto 10<sup>th</sup> day.
2. As explained in *bhaisjyaratnawali palash* and *udumbar* are explained as *yonigadikaram* means giving strength and tone to the detrusor muscle, this drug contains astringent which maintains the tonic contraction of detrusor muscle.
3. *Til tail (sesamum indicum)* containing alkaloids acts on CNS with filling and storage phase of micturition by contraction and relaxation of detrusor muscle. In *charak Samhita* had explained *til tail* has the action on MEDHA(CNS).
4. *Til tail* has the property of strengthening action on muscles and decreases the elasticity of muscles also explain in *charak Samhita til* as a *balya* (strength), *snigdha guna* (quality) increases the property of detrusor muscle like its contractility, cellular signaling, membrane properties and cellular receptors.
5. *Tail* has the property of strengthening the muscle and acts on the CNS voluntary and involuntary process of the cholinergic system responsible for detrusor contraction from the spinal center.

## RESULT

1. Dribbling of urine was reduced to extreme extent while coughing, sneezing, and laughing.
2. Satisfactory after voiding, no residual urine feeling.

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