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Case Report

Management of Neurogenic Bladder with *Dhanwantaram Taila Uttara Basti* as an Adjunct to Oral Medication: A Case Report

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Abstract

Background: Neurogenic bladder is a bladder dysfunction from damage to the nervous system involved in the physiological control of micturition. In Ayurveda, it can be correlated to *Vatakundalika in Mutraghata*. *Uttar Basti* is considered a prime treatment modality for such disorders. Objective : To evaluate the efficacy of *Dhanwantaram Taila Uttar Basti* with oral medications in the management of Neurogenic Bladder . Methods : A 72-year-old male presented with complaints of increased urinary frequency, urgency, hesitancy, interrupted stream, and sensation of incomplete voiding for the past 11 years. He had been diagnosed with neurogenic bladder based on urodynamic study and was advised clean intermittent self-catheterization (CISC) which he declined. He was also under treatment for benign prostatic hyperplasia for 13 years. The patient underwent two sittings of *Uttar Basti,* each lasting ten days, using 20 ml of *Dhanwantaram Taila* per session with 15-day interval between the two sittings. He was concurrently administered *Ashtavargam Kashaya* (45 ml twice daily before food) and *Khanjanikari Rasa* (two tablets, twice daily before food). Upon discharge, the patient was prescribed *Ashtavargam Kashaya* (45 ml twice daily before food) and *Dhanwantaram* 101 *Avarthi* (five drops mixed with the *Kashaya* once daily). He was also advised *Matra Basti* with 60 ml *Dhanwantaram Mezhupakam* oil daily for 15 days. Results : The patient showed improved urinary flow, reduced frequency and urgency, and resolved hesitancy, indicating better bladder function and quality of life. Conclusion : *Uttar Basti* with internal medicines, effectively regulated *Vata* and managed neurogenic bladder, demonstrating promising results in this chronic condition.
Keywords: Neurogenic bladder, *Uttar Basti, Dhanwantaram Taila, Vatakundalika, Mutraghata.*

1 . Introduction

Neurogenic bladder is a dysfunction of the urinary bladder due to any disease or injury of the central or peripheral nervous system involved in the control of micturition. It results in storage, voiding, or mixed disturbances and may lead to urinary incontinence, retention, and risk of renal damage if not managed appropriate[1]. Neurogenic bladder can be closely correlated with *Vatakundalika*[2], a subtype of *Mutraghata* (obstructive or difficult micturition) described in Sushrutha Samhitha. The clinical presentation of obstructed, interrupted, or incomplete urination aligns with the features of *Vatakundalika. Uttar Basti* is a specialized Panchakarma procedure indicated primarily for the disorders of genito-urinary system. *Acharya* Sushruta emphasizes its efficacy in conditions such as *Mutraghata* (urinary obstruction), *Mutradosha* (urinary disorders) etc. and describes it as highly effective in relieving pain, dysuria, and complications arising from obstructed or vitiated urine flow. According to Sushruta Samhita, this therapy is capable of alleviating a wide spectrum of *Basti* (urinary bladder) and *Vamshaja* (genitourinary) disorders[3].

2. Case Report

2.1 Patient Information

A 72-year-old retired school teacher with no known comorbidities presented with complaints of increased nocturnal frequency of micturition (eight to ten times), hesitancy, and decreased urinary flow, characterized by a weak, interrupted stream for the past 11 years. He was diagnosed with Benign Prostatic Hyperplasia (BPH) 13 years ago and has been on Tamsulosin 0.4 mg(one tablet at night) for sympto - matic relief. Despite treatment, his symptoms worsened three months ago, particularly at night. He was advised Clean intermittent self-catheterization (CISC), but declined. There was no history of haematuria, diabetes, hypertension, fever, trauma, or recent infection. Past medical history includes treated pulmonary tuberculosis 40 years ago, right inguinal

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hernioplasty and right wrist fracture fixation ten years ago, and left eye cataract surgery 13 years ago. Family history revealed paternal BPH. The patient had a 15-year history of gutka chewing (five packets/day) and had quit smoking 40 years ago.

2.2 Clinical Findings

Systemic and local examination and Radiological and Urodynamic investigations have been given in Table 1 and 2 respectively. Haematological and biochemical urine routine investigations were within normal limits and serology reports were negative.

2.3 Timeline of the study: The timeline of the study has been given in Table 3.

2.4 **Assessment Tools**: To evaluate the patient's urinary symptoms and quality of life, the following validated tools were used before and after treatment:

- ICIQ-UI SF (International Consultation on Incontinence Questionnaire – Urinary Incontinence Short Form): Assesses the severity and impact of urinary incontinence[4].
- SF-Qualiveen Questionnaire: Evaluates the specific impact of urinary symptoms on quality of life in patients with neurological disorders[5].
- IPSS (International Prostate Symptom Score): Measures the severity of lower urinary tract symptoms associated with BPH[6].

Result: Comparative assessment of urinary symptoms and quality of life scores before and after treatment is given in Table 4.

3. Discussion

In this case, the probable *Nidana* for neurogenic bladder includes chronic vitiation of *Apana Vata* due to age-related *Vata vriddhi* (*Vardhakya Avastha* – old age), prolonged straining from obstructive voiding secondary to BPH, past pelvic surgery (Hernioplasty), and long-term gutka use, contributing to neuromuscular fatigue and bladder dysfunction.

According to *Sushruta Samhita*, *Vata* is predominantly responsible for the pathogenesis of all types of *Mutraghata* .*Charaka Samhita* clearly states that all forms of *Mutraghata* are treatable with *Vata*-pacifying therapies[7]. In the context of neurogenic bladder, this corresponds to the derangement of *Apana*

Table 1: Systemic and local examination

Systemic/Local Parameter	Findings
Respiratory system	Bilateral airways clear
Cardio-vascular system	S1, S2 heard, Normal
Nervous system	Conscious and oriented to time, place and person
Inguinal Region	Post-operative scar mark of right-sided inguinal hernioplasty noted
Urethral Meatus	Normal in appearance and centrally positioned
Testes	Bilaterally normal
Suprapubic Region	No suprapubic distension noted
Digital Rectal Examination	Prostate palpable

Table 2: Radiological and Urodynamic investigations

Investigation	Date	Findings
Pressure Flow Study and Electromyogram (EMG)	10/01/2025	Acontractile detrusor Cough stress test: Negative Poor proprioception
Ultrasound Abdomen	05/03/2025	Mild prostatic enlargement Full bladder volume: 274 cc Post -void residual urine (PVR): 28 cc
MRI Brain	17/03/2025	Few discrete chronic small vessel ischemic changes involving bilateral fronto-parietal lobar white matter Cerebral and cerebellar atrophic changes - No evidence of acute infarct on DWI
MRI Lumbar Spine with Whole Spine Screening	17/03/2025	Lumbar spondylosis at L5 level without spondylolisthesis Mild posterior disc herniation with annular tear at L5-S1 without significant nerve root compression Posterior disc bulge with ligamentum flavum thickening at L4-L5 causing lateral recess narrowing and indentation over bilateral traversing nerve roots
Uroflowmetry	Not performed	Could not be done due to insufficient urinary pressure

Vata, which governs the elimination of urine and neurological regulation of the bladder and urethral sphincters. Sushruta Samhita elaborates on the use of *Uttar Basti* as a highly effective treatment for *Mutraghata*[8]. The rationale behind selecting *Uttar Basti* lies in its site-specific action, wherein medicated oil is administered directly into the bladder, pacifying *Vata*, nourishing local tissues, rejuvenating neural functions, and restoring the proper functioning of *Apana Vata*. *Uttar Basti* mitigates *Mutraghata* (urinary retention), *Mutradoshas*(urinary disorders), colicky pain in loin & groin region and *Ghora mutra rogas*(dreadful diseases of bladder).

Uttar Basti acts on the neurogenic bladder by first-pass metabolism. Drug introduced through *Uttar Basti* directly acts on internal mucous membrane of bladder and prostate & helps in reducing inflammation. Due to the *Sukshma guna* (subtleness) of *Taila*, it enters microchannels, attaches to the urothelium soon after instillation and its *Snigdha guna* (unctuous) results in *Vatasamana(Vata* pacification*)*.

Table 3: Timeline of the study

Date	Procedure	Oral medicines	Outcome
04-04-2025 to 14-04-2025 (In patient)	*Uttar Basti* with 20 ml *Dhanwantaram Taila*	*Ashtavargam Kashaya*: 15 ml with 45 ml lukewarm water, twice daily before meals *Khanjanikari Rasa*: 2 tablets, twice daily after food	Reduced nocturnal frequency (three to four times) minimal complaints of hesitancy
15-04-2025 to 04-05-2025 (Discharge medicine)	*Matra Basti* with 60 ml *Dhanwantaram Mezhupakam*	*Ashtavargam Kashaya*: 15 ml with 45 ml lukewarm water, twice daily before meals *Dhanwantaram 101 Avarthi*: 5 drops with *Kashaya* in the morning	Occasional complaints of nocturnal frequency (two to three times) and hesitancy
05-05-2025 to 15-05-2025 (In patient)	*Uttar Basti* with 20 ml *Dhanwantaram Taila*	*Ashtavargam Kashaya*: 15 ml with 45 ml lukewarm water, twice daily before meals *Khanjanikari Rasa*: 2 tablets, twice daily after food	No nocturnal frequency No complaints of hesitancy
16-05-2025 to 03-06-2025 (Discharge medicine)	*Matra Basti* with 60 ml *Dhanwantaram Mezhupakam*	*Ashtavargam Kashaya*: 15 ml with 45 ml lukewarm water, twice daily before meals *Dhanwantaram 101 Avarthi*: 5 drops with *Kashaya* in the morning	No nocturnal frequency No complaints of hesitancy

The main ingredients of *Dhanwantara taila* are *Tila taila (Sesamum indicum* L.*)*, *Ksheera* (Cow milk) and *Balamoola* (*Sida cordifolia* L.). The overall action of *Dhanwantara taila* is achieved by *Rasayana* (rejuvenating) and *Ojaskara*(immunity promoting) properties of *Ksheera*; *Tridoshahara (Vata, Pitta, Kapha mitigating)*, *Balya(Strengthening)* and *Vatahara (Vata mitigating)* properties of *Tila taila* along with *Tridoshahara*, *Balya, Brumhaniya* (Nourishing) and *Rasayana* (Rejuvenative) properties of *Bala* (*Sida cordifolia* L.)[9]. Ephedrine, pseudoep - hedrine, sterculic acid, malvalic acid are the main bioactive chemical constituents of *Bala* (*Sida cordifolia* L.) which can act as a stimulant on the cardiovascular and central nervous system. It is a nervine tonic. It has been said to be "*Sangrahik Balya Vataharanam*"[10]. Root is considered to possess astringent, diuretic and tonic properties. Its infusion is given in urinary diseases and gonorrhoea, also used in cystitis, strangury and haematuria. The root bark is powdered and administered with milk and sugar to relieve frequent micturition and leucorrhoea[11].

Ashtavargam Kashayam mainly consists of *Vata* mitigating drugs mainly on waist and lower extremities[12].The bioactive ingredients in this pacifies the *Vata dosha* and *Kapha dosha*. *Sookshma* (subtle)and *Teekshna(penetrating) Gunas* of *Eranda (Ricinus communis* Linn.*)* and *Kantakari (Solanum xanthocarpum* Schrad. & Wendl.*)* helps in transport of medicinal properties to minute channels of circulation. *Sunthi* (Zingiber officinale Roscoe.) in *Ashtavarga Kashaya* is capable of enhancing bioavailabilty of the intervention[13].

Dhanwantaram 101 *Avarthi* is used in the treatment of neuromuscular and skeletal diseases stemming from a *Vata* imbalance[14]. *Khanjanikari rasa* is a stimulant and nervine tonic indicated in facial paralysis and neuralgic affections. It can manage urinary tract problems and aid in the control of excessive urination and may alleviate pain while urinating[15]. *Matra basti* with *Dhanwantaram Mezhupakam* is effective in treating *Vatavyadhis* by balancing *Vata* and nourishing *Dhatus* by virtue of its *Vatashamana (Vata* pacifying*)* and *Rasayana* (Rejuvenating*)* properties. The rectal route allows systemic absorption, influencing the nervous and gastrointestinal systems and enhancing enzyme or neurotransmitter activity[16].

4. Conclusion

This case study demonstrates the potential effectiveness of *Uttar Basti* in the management of

Table 4: Outcome Measures Based on Standardized Scoring Tools Pre- and Post-Treatment

Assessment Tool	Parameter	Before Treatment	After Treatment	Interpretation
ICIQ-UI SF	Frequency	8	4	
	Amount of leakage	NIL	NIL	
	Overall impact of urinary incontinence	NIL	NIL	
	Total Score	**8**	**4**	**Moderate to Slight**
IPSS	Incomplete emptying	4	1	
	Frequency	4	1	
	Intermittency	4	4	
	Intermittency	4	4	
	Urgency	0	0	
	Weak stream	4	2	
	Straining	4	2	
	Nocturia	4	0	
	Total IPSS Score	**24**	**10**	**Severe to Moderate**
SF-Qualiveen	Limitation due to urinary problem	3	1	
	Difficulty participating in activities	1	0	
	Fear of leakage in public	0	0	
	Fear of smell or embarrassment	0	0	
	Feeling low due to bladder issues	3	1	
	Feeling dependent or restricted	3	1	
	Interference with daily activities	4	2	
	Feeling bad due to problem	4	2	
	Total SF-Qualiveen Score	**18**	**7**	**Marked quality of life improvement**

Neurogenic bladder. The patient showed significant symptomatic relief, and noticeable improvement in quality of life. Remarkably, this Ayurvedic intervention provided benefit in a condition where lifelong catheterization had been previously advised. While the initial outcomes are promising, the patient remains under follow-up, and long-term sustainability of the results is yet to be established. Nonetheless, this case suggests that *Uttar Basti* may serve as a valuable therapeutic approach in such challenging conditions, warranting further clinical investigation.

Declaration of patient consent: Authors certify that the case management was initiated after taking written informed consent from the patient for the therapeutic procedure as well as publication purpose.

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