



## CASE REPORT

# Role of *Avapeedaka Snehapana* in Lower Urinary Tract Obstruction: A Case Study

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## Abstract

Lower urinary tract obstruction is defined by residual urine in the bladder after micturition or in more extreme forms by urinary retention with inability to empty the bladder at all. It presents with symptoms like frequency, nocturia, poor stream, hesitancy, terminal dribbling, incomplete evacuation, burning sensation and weak flow. In *Ayurveda* this is dealt under *mutraghata vikaras* and the symptoms satisfy more with *vatavasti*. *Avapeedaka snehapana* comes under *samana snehapana* and is classically suggested in *uthama matra*. In this case study, a patient with symptoms of lower urinary tract obstruction is treated by method of *avapeedaka snehapana* with *vasthyamayantha ka ghritham* for a total of ten days. After completion of treatment, significant relief of signs and symptoms were observed.

## Introduction

Urinary tract obstruction syndrome may conveniently be divided into lower and upper tract obstruction. Lower urinary tract obstruction is defined by residual urine in the bladder after micturition or in more extreme forms by urinary retention with inability to empty the bladder at all<sup>[1]</sup>. The most common cause relates to prostatic hypertrophy and a characteristic array of symptoms like frequency, nocturia, poor stream, hesitancy, terminal dribbling and incomplete evacuation<sup>[2]</sup>. All of these are a consequence of low functional bladder capacity, an inability to empty the bladder completely and impairment of urinary flow rate. Symptoms are subjective indicator of a disease and are usually qualitative. In general, lower urinary tract symptoms cannot be used to make a definitive diagnosis. Lower urinary tract symptoms can also indicate pathologies other than Lower urinary tract dysfunction such as urinary infection<sup>[3]</sup>. In ayurvedic view, these symptoms are satisfying *lakshanas* of *vatavasti mutraghata*<sup>[4]</sup>. Here *nidana* being *vatakpopa* due to suppression of *mootravega* results in obstruction of *vasthimukha* (mouth of urinary bladder). Then presents with the symptoms like *mootra sanga* (blockage of urine), *ruja* (pain), *daha* (burning sensation), *spandana* (thrombing), *binduscha mootrapravrutti* (urine comes out in drops) and distension of *vasthi* upwards resembling *garbha*.

*Avapeedaka Snehapana* [5] is *samana snehapana* indicated in *mootravegarodhajanya vikaras, raktha arsas* [6] and *adhonabhighata vata vikaras* [7]. Classically, *avapeedaka snehapana* is administered twice in divided dose. In first method, a small dose of *sneha (hraswa matra)* is given as *prak bhaktha* (just before food) and after the digestion of both *sneha* and food, *uttama matra sneha* is given. In the second method, first the *sneha* which digests in 1 *yama* (3hrs)/ 2 *yama*(6hrs)/ 3 *yama*(9hrs) is given as *prak bhakta* and after its digestion, the next dose which is capable of digesting within remaining *yama* is given (1 day= 8 *yama*= 24 hrs). *Vasthyamayanthaka ghruta* [8] is chosen for the study because of having special action on *vasthi*.

### Case history

A 38years aged male patient, native of Odisha who suffered with urological problems for about 2 years got admitted in IPD of Department of Kayachikitsa, Govt. Ayurveda College, Tripunithura on 16/10/19. Patient complains of increased frequency of micturition associated with incomplete evacuation of bladder and post dribbling of urine from the past 2 years from the time of admission. Gradually he noticed a week urine flow and straining while micturition. After Allopathic consultation, only mild relief attained. Patient also experienced burning sensation while micturition along with pain in lower abdomen from 2 months before time of admission. As these urological symptoms persisted, he got admitted in Department of Kayachikitsa, Govt. Ayurveda College, Tripunithura for a symptomatic relief.

### Ayurveda parameters

The patient was of *Vata Pitta prakruti*, with *madhyama bala* (medium strength), *madhyama satwa* (medium mental strength), *madhyama samhanana* (medium body built), *katu amla rasa satmya* (habituation to pungent and sour taste), *madhyama vyayama sakthi* (medium capability to do physical activities), *madhyama abhyavaharana sakthi* and *jarana sakthi* (medium food intake and digestive power).

### Methods

*Avapeedaka snehapana* was done with *vasthyamayanthaka ghrutha* for a total of 10 days. A test dose of 30 ml was given for one day and based on *agnibala*, dose is fixed. After proper digestion of previously taken food, 20 ml of *sukhoshna vasthyamayanthaka ghrutha* was given and advised to take *sukhoshna jala*. After proper digestion, 50 ml of *ghrutha* was given to the patient. *Pathya apathya* mentioned in *snehavidhi* was followed. Changes in subjective criteria were recorded before and after treatment.

**Table 1:** Time schedule for Avapeedaka snehapana

Day	Time of 1 <sup>st</sup> dose	Time of appetite after 1 <sup>st</sup> dose / Time of 2 <sup>nd</sup> dose	Remarks
1	8.20 am	1 pm	Feels no discomfort with administration  1. Frequency of urination: 5-6 times/ day; 2 times / night 2. Hesitancy ++ 3. Post-dribbling +++ 4. Burning sensation while micturition +++ 5. Weak urine flow +++ 6. Incomplete urine evacuation +++
2	8.45 am	1.15 pm	
3	8.45 am	12.45 pm	Urinate without straining
4	8.50 am	1 pm	Dribbling ++
5	9 am	1 pm	Hesitancy +
6	9 am	1.30 pm	Burning sensation ++ Dribbling ++
7	8.30 am	1 pm	Frequency: 3 times/ day Pain in lower abdomen + Incomplete evacuation ++
8	9 am	1 pm	Burning sensation + Frequency: 3 times/day; 1 time/night
9	9 am	1 pm	Dribbling: nil Incomplete evacuation +
10	9 am	1 pm	Burning sensation: nil Dribbling: nil Incomplete evacuation + Pain in lower abdomen: nil Hesitancy: nil

### Results

Within ten days of administration of *avapeedaka sneha*, significant relief of signs and symptoms were noticed. Frequency of urination reduced by 50%. Symptoms like burning sensation, terminal dribbling and straining got complete relief.

**Table 2:** Assessment chart

Parameters	Before treatment	After treatment
Frequency	5-6 times/day ;2 times/night	3 times/day ;1 time/night
Burning sensation	+++	–
Terminal dribbling	+++	–
Lower abdominal pain	++	–
Hesitancy	++	–
Incomplete evacuation	+++	+

## Discussion

The word *avapeedaka* means that which causes *peedana* of *anna*. It can be considered as a treatment having action on *apana vaigunya* thereby curing *vikrutha pravruthi* or *apravruthi* of *apana* in *rogasthana*. The importance of *prakhaktha sneha prayoga* is that it cures *adhasamsraya vyadhi* and also cures vitiated *apana*. The *peedana* of *anna* is based on *oushadha matra*. So naturally a question arises, what is the role of *hraswamatra prakbhaktha snehaprayoga* in *peedana*. This may be the reason for not mentioning *prakhaktha snehaprayoga* by *chakrapani*. According to him, *uttama matra jeernanthika sneha* itself is *avapeedaka snehapana*. *Oushadha matra* calculation should be based on *dehabala, agnibala, satwam, vaya, kalam* etc. While going through the classical reference, *prak bhaktam sasyathe ghrutam* can be understood as *hraswa matra* (small dose) *snehapana* immediately followed by food in that *matra* which digests easily. After the digestion of this *ghruta* and *ahara*, again *ghruta* should be taken in *uttama matra* without food<sup>[9]</sup>. According to *Charaka*, *uttama matra snehapana* is meant for *samana*. So, a doubt that whether it cause *utklesa* doesn't arise. Even though some practitioners opt to do *mrudu sweda* followed by *virechana* after this *snehapana*, to avoid further complications. Some opine that it will be good to perform *avagaha sweda* and *vasthi* after *avapeedaka snehapana* in curing *apana vaigunya*. It is to be noted that *avapeedaka snehapana* using *taila* is not appropriate because of its *badha sakruth*<sup>[10]</sup> and *alpa mootra* property which interferes with *anulomana karma* of *vata*. In *mootrasaya rogas, pittahara chikitsa* have a great role. So *ghruta* having property of *srushta vit mootra* is most appropriate *sneha* for performing *avapeedaka snehapana*. In addition to *pittaharatwam, apana anulomana*, it cures *samana vayu vikruti*. So *avapeedaka snehapana* might be having action in *amlapitta* and *parinama soola*. Also, we should check its effect in *adhovata* and *sakruth vegarodhajanya vikaras*. Rationale behind choosing *avapeedaka snehapana* in this study is that it brings *kledana* to *mootravaha srotas* and *anulomana* of *apana vata*. Due to *vegadharana*, there is strong possibility of dysfunction of *apana* and *vyana*. *Oushadha kala* of *apana* is before food and *vyana* is after breakfast. So, *avapeedaka* have a role in correcting the pathophysiology of deranged *apana* and *vyana*. *Vasthyamantaka ghrutha* having action on *vasthi*, is also indicated in *mootrakruchra, sarkara, asmari* and *prameha*. Among 56 drugs, *pashanabheda, bruhathi, gokshura, nalikerodakam, punarnava, silajathu* are some of the potent drugs, which suggest its direct action on *vasthipradesa*.

## Conclusion

Now a days issues related with suppression of natural urges are in increase. *Avapeedaka snehapana* can be practised in conditions where *apana vayu vaigunya* is seen considering *agnibala* of patient. Thus, treatment principle mentioned for *mootravegarodhajanya vikara* can be utilized for *mootravaha srotovikara*. *Avapeedaka snehapana* is relatively untouched and requires further discussions to understand its wide range of utility.

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