

Case Report

Acute urinary retention and gastroparesis due to self-medication in an elderly male

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ABSTRACT

An eighty-five years old man complained of difficulty in swallowing for relatively dry food items and water with occasional episodes of vomiting. He was a diabetic and hypertensive patient on treatment for long, suddenly reported pain and discomfort in the abdomen with inability to pass urine. All the parameters were within normal limits except prostate being 70 ml enlarged. He was catheterized with diagnosis of BPH with chronic urinary retention. TURP was advised but the case did not consent for it. On close scrutiny of detailed history, it was observed that the patient was on self-medication of homeopathic drugs which were causing smooth muscle relaxation of bladder and GIT, causing difficulty in deglutition and constipation. On discontinuation of drugs, these effects disappeared and the case did not need any further catheterization, concluding that the acute urinary retention was caused by self-medication induced constipation. It is hence inferred that self-medication with homeopathic medicines should be avoided specially by elderly as aging effects and co-morbid condition often coexist.

Keywords: Constipation, Elderly, Gastroparesis, Self-medication, Urinary retention

INTRODUCTION

Self-medication is quite common among people and especially in elderly of developing countries. Homeopathic drugs are frequently used as benign medications for minor and major complaints. Herein we report a case of self-treatment with homeopathic medicines for complaints and conveniences. Although long standing diabetes causes autonomic neuropathy causing bladder and bowel disorders and dysphagia may be seen with aging this case seems to have temporal relation of presentation and remission of symptoms with homeopathic medication.¹⁻³

CASE REPORT

This patient an eighty-five years old male was an old case of diabetes mellitus and hypertension for over 25 years.

He had been complaining of difficulty in swallowing since a few months. Difficulty was more with relatively dry food items and water and was more often seen with breakfast. It was sometimes accompanied with episodes of vomiting. He also had complaints of severe constipation since 6 to 7 months. Otherwise he had good general health, was independently ambulatory and had always had good blood sugar control. Although the complains could be attributed to sluggish gastrointestinal movements, old age, diabetes and relative sedentary lifestyle, an endoscopic examination was advised to rule out any obstructive pathology in upper gastrointestinal tract. But endoscopy was not undertaken by the patient due to apprehension.

One morning he reported of pain and discomfort in the abdomen. He complained of inability to pass urine since last evening, with passage of only few drops. He was

admitted to a hospital and on per abdomen examination the bladder was full and was reaching up-to the epigastrium. There was no previous history of acute urinary retention. Blood sugar, serum creatinine, blood urea and liver function test were done and were within normal limits. Ultrasonography showed normal sized kidneys and ureters. The prostate was 70 ml enlarged. The patient was on oral hypoglycemic and antihypertensive allopathic drugs ever since his diagnoses. The patient was also taking homeopathic medicines for diabetes. He was also taking homeopathic medicines to avoid getting up at night for urination. It was a combination of Hydrangea, Sabal Serrulata and Equisetum.

The patient was immediately catheterized and about 1800 ml of urine was evacuated from the bladder. According to the nephrologist, it was case of benign prostatic hypertrophy (BPH) with chronic urine retention as the bladder was reaching enormous size. The acute retention was probably due to constipation. The patient was catheterized using Foley's catheter. Flushing was done. He was given antibiotic cover of nitrofurantoin and norfloxacin. Tablet clopidogrel which he had been taking regularly was withheld for fear of bleeding from bladder. All homeopathic medicines were stopped. Isabgol and cremaffin were given to relieve and prevent constipation. Tablet silodal and dutasteride were given for shrinkage of prostate. Transurethral resection of prostate (TURP) was not done looking at the age of the patient and he was discharged next morning with Foley's catheter in place. It was decided to allow the effect of silodal and dutasteride and remove the catheter after 15 days and to report immediately if retention recurs. Special care was advised to prevent constipation and to restrict fluids after 7 pm. All homeopathic medicines were immediately stopped.

Catheter was removed after 20 days to observe the passage of urine. There was no problem in urination except little pain. He was discharged with the advice to report back in case of urine retention. After 3 months of follow-up, there was no complaint of urine retention. Also, there was no complaint for difficulty of deglutition and vomiting thereafter.

DISCUSSION

The homeopathic drugs Hydrangea, Sabal Serrulata and Equisetum were used in combination at night and as reported by the patient were taken to avoid getting up at night for urination to avoid disturbance in sleep and probably for incontinence and the knowledge that all men suffer from BPH in old age. Although latter was not reported but was revealed from conversations with him.

Lack of dietary fiber in food is identified as a cause of constipation resulting in urinary retention, but the authors have not come across any study mentioning the drug induced constipation being the prime cause of acute urinary retention in elderly.⁴ Although decreased physical

activities, overweight, low water and fiber intake is observed to be associated with constipation among elderly, there is no definitive published research evidence that the constipation due to use of self-medication leads to acute urinary retention.⁵ Elderly patients are generally hesitant or sometimes forget to tell treating physicians about their self-medication practices and hence the differential diagnosis becomes compromised.⁶

Hydrangea is used for overactive bladder, inflamed and enlarged prostate, urinary tract infection and calculi. It is used as antispasmodic, antiseptic and relaxes bladder muscle. Sabal Serrulata is indicated for irritability of genitourinary organs, general and sexual debility, prostate enlargement and urinary difficulties. Equisetum is indicated for urinary tract inflammation, kidney stones and to alleviate incontinence. It is also recommended for Benign prostatic hypertrophy. Equisetum has vasorelaxant effects and antagonizes the effects of acetylcholine on intestinal smooth muscle in rat.⁷ It is inferred that homeopathic drugs were causing smooth muscle relaxation resulting in bladder hypotonia hence controlling incontinence and frequency of urination. They were effective not only on the bladder but also on gastrointestinal smooth muscles causing difficulty in deglutition and constipation. The prostate was enlarged but unless its median lobe presses on the urethra urinary symptoms do not occur. Hence the probable cause of acute urinary retention was bladder hypotonia caused by long standing diabetes mellitus, aggravated by homeopathic medication and precipitated by constipation. All the symptoms abated after the homeopathic drugs were withheld.

CONCLUSION

The homeopathic drugs are powerful and effective therapeutic agents. However, use of homeopathic drugs with incomplete knowledge should be avoided without advice of subject expert since self-medication may present as medical emergency as has been reported here as acute urinary retention caused by drug induced constipation in an elderly.

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