

AYURVEDIC APPROACH OF GERIATRIC DISEASE BPH (BENIGN PROSTATIC HYPERPLASIA) - A SINGLE CASE REPORT**Dr. Bhagirath Sankaliya¹ and Dr. T. S. Dudhamal*²**

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ABSTRACT

A patient suffering from nocturia, frequency of urine, urgency, weak stream since last 3 years known case of benign enlargement of prostate(BPH) was treated by *Ushiradya Taila Matra Basti* 60 ml and *Kanchanar Guggulu* orally 1000mg TDS for 21 days. USG prostate and uroflowmetry was done before and after treatment. Assessment of the patient was done on the basis of subjective parameters i.e. International Prostate System Score(IPSS) and objective parameters prostate size, post voidal residue urine and average urine flow rate. After completion of treatment prostate size was reduce and urine flow rate was increase and also moderate improvement was seen in all symptoms. So on the basis of this case we treat the case of benign

enlargement of prostate(BPH) with *Kanchanar Guggulu* orally and *Ushiradya Taila Matra Basti*.

KEYWORDS: BPH, *Kanchanar Guggulu*, *Mootraghata*, *Ushiradya Taila*.

INTRODUCTION

You can do a lot to take care of yourself and give your body what it needs. Still, as you get older, your body changes in ways you can't always control. For most men, one of those changes is that the prostate gets enlarged. It's a natural part of aging, but at some point, it can lead to a condition called BPH or Benign prostatic hyperplasia. BPH is the senile disorder as cataract and Atherosclerosis. When hair becomes grey and thin, when there forms of white

zone around the cornea, at the same time ordinarily, I dare to say invariably, the prostate increases in volume.^[1] It constitutes an increase in the number of cell in an organ or tissue.^[2] Its symptoms may include frequent urination, weak stream, inability to urinate, or loss of bladder control. Similarly in Ayurveda BPH is related with *Mootraghata* and various treatment are given by *Acharyas* like *Uttar Basti*, *Matra Basti*.^[3] etc.

The word *Mootraghata* includes two different words i.e. “ *Mootral* ” and “ *Aghata* ”, which stands for low urine output due to obstruction in the urinary passage.^[4] *Acharya Vagbhata* has classically divided the *Rogas* of *Mootra* in to two categories viz. *Mootra Atipravrittija* and *Mootra Apravrittija Rogas*.^[5] *Acharya Sushruta* has mentioned relation between the *Basti* & *Vata Dosha* to produce different types of urinary disorders.^[6] Because, the *Vata Dosha* is the main culprit to produce the BPH/*Mootraghata* hence in this study the line of treatment is instituted as *Vatashamaka*, *Vatanulomaka*, *Shothahara*, *Lekhana* & *Mootrala* in the form of *Basti* which is best treatment of vata.

CASE HISTORY

A 67 Year old male patient visited in *Shalyatantra* OPD with complaints of increased frequency of urination(6-7 times/day), nocturia (6-7 times), urgency since last 3 years and also weak steam occasionally. He had history of HTN for last 16 Years and he took Tab. Amlodipine 5 mg 1 OD therefore for better management the patient was admitted in *Shalyatantra* male ward. On digital examination (P/R) after soap water enema finding noted with mild enlargement of both lateral lobe, ovale shape, smooth surface, upper border was reached, median groove palpable, fixed mobility, free rectal mucosa, soft consistency and tenderness was absent.

Matra Basti Procedure

Poorva Karma (Preoperative measures)

Patients were advised to pass the natural urges particularly stool and urine before procedure. All patients were advised for NBM before the administration of *Basti*. Required *Basti* materials like Sterilized rubber catheter no. 12, 60 ml syringe, gloves and gauze pieces etc. were kept ready before administration of *Matra Basti*.

Pradhana Karma (Operative measures)

Patient was kept in left lateral position for *Matra Basti*. The selected *Ushiradya taila* was warmed up to room temperature. A lubricated (with 2% LOX Jelly) rubber catheter was

inserted in to the rectum and approximately 60 ml of *Ushiradya tail* was slowly administered with help of a plastic syringe. During administration of basti, patient was advised to inhale and exhale deeply and keep himself relaxed. *Basti* was given continuous for 21 days once daily before breakfast.

***Pashchata Karma* (Post-Operative measures)**

After *Ushiradya taila Basti* patient was advised to lie down in left lateral position for 10 minutes after that patient was shifted to ward and hot water bag was provided for local *Swedana* at lower abdomen. Patient was advised to retain the *Basti* material for maximum time as possible. The *Pratyagamana kala* (retention time) of *Basti* was noted daily. Light diet was allowed after half hours.

Investigation

All Routine blood investigations were done and was within normal limit, the urine routine and microscopy investigation were also found to be normal, Serum creatinine was 1.3mg/dl, Blood urea -29mg/dl, PSA Test -2.531 mg/ml . In USG- prostate size was found to be 70cc and 42×58×55 mm. and Urine flow rate (manually) was 5.6ml/sec.

After treatment with *Ushiradya Taila Matra Basti* 60 ml and *Kanchanar Guggulu* orally 1000 mg TDS for 21 days, he was advised to underwent USG in which his prostate size was reduced at 40 cc and 36×48×44 mm. Patients felt significant improvement in all symptoms. Serum creatinine came to be 1.3mg/dl, Blood urea -26mg/dl, PSA Test -2.420 mg/ml and Urine flow rate (manually) was increase 6.6ml/sec. No complications were reported after the procedure.

RESULTS AND DISCUSSION

Patients was treated with *Ushiradya Taila*^[7] – 60 ml(given in form of *Matra Basti* in IPD) and *Kanchanar Guggulu*^[8] tablets 1000 mg TDS with lukewarm water before meal for 21 days and was observed for improvement at regular interval. On the first day of consultation the prognosis of prostate size was explained to the patient. In *Ayurveda* it is revealed that the *Matra Basti* is the best procedure to control *Vata Dosha* in general & *Apana Vata* in particular.^[9] There is no need of specific regimen after *Matra Basti* & can be given daily.

Ushiradya Taila was used as *Matra Basti* (rectal route). It is Polyherbal formulations contents Tannins and Saponins.^[10] Similarly *Tila Taila* contents stericacid, *palmitic acid*, *linoleic acid*

and oleic acid.^[11] In addition to that it possesses *Vata-Kapha Shamaka, Balya, Rasayana* etc. properties.^[12] After absorption of drugs through the mucosal layers of rectum, it enters into systemic circulation.^[13] Tannins elevates TSH, LH and Serum testosterone level. The increased testosterone level inhibits the further growth of prostate gland. Saponin act as an anti-inflammatory so that it might be helped in the inflammatory process.^[14] Steric acid and *Palmitic acid* has the protective *effect* against *prostate* cell growth. So that it also helps to reduce the growth of the prostate. Linoleic acid and oleic acid as a major chemical components, also inhibits 5- α reductase and α blockers activity. Hence, it is also directly control the growth of prostate.^[15]

Kanchanar Guggulu has properties like *Kaphamedohara, Lekhana, Granthihara, Mootrakrichchhrahara, Shothahara*, and it is considered for better result in *Mootraghata*. *Kanchanar* contains flavonoids and fatty oils. The levels of dihydrotestosterone (DHT) increases, binding of DHT to receptors in the prostate cell is increase which leads to increase in prostate cell. *Kanchanar* inhibits enzyme that controls conversions of testosterone to DHT & also blocks the binding of DHT to the prostate cells, thereby preventing constriction of the urethra and ultimately reduces the urinary disturbances. *Kanchanar's* constituents have positive impact on prostate gland structure by clearing impurities from blood, muscle and fat. *Guggulu* has been tested against human prostate cancer; it has shown moderate anti-proliferative effects on human prostate cancer cell as well as inhibits the expression of androgen receptors.^[16] Due to its *Vatakaphahara, Shothahara, Lekhana and Mootrala*^[17] effect and these are considered for better result in *Mootraghata* and termed it as *Kanchanar Guggulu*. It is diuretic in action, chiefly acting on the glomerulus of the kidneys and the heart, increasing the beats and strength and raising the peripheral blood pressure ultimately. It has little or no action on the cells of tubules.

CONCLUSION

This single case study concluded that the cardinal symptoms of prostatic enlargement like increased frequency, nocturia, weak stream, intermittency, straining, incomplete voiding were relieved symptomatically in this patient. Significant changes were observed in size of prostate and significant reduction of post voidal residual urine volume in this patient. So this treatment can be used in more and more number of patient so that this can be used as a treatment modality for BPH patients and to prevent the complications of surgery and allopathic medicine.

Annexure

Gujarat Ayurved University, Jamnagar.
X-Ray / Sonography Requisition form

THE SONOLOGIST/THE RADIOLOGIST, X-Ray Requisition Date: 5/9/19
I.P.G.T. & R.A. Hospital. OPD / IPD Regd. No.: 43482 Dt. 5/9/19

Sir,
Please arrange for the following examination of the patient as per details given below:-
Name: Shivdada Laljibhai Age: 67
Sex: Male/Female OPD/IPD (Ward) Bed
X-Ray / Sonography: Abdomen & Prostate size & PVR
Short History:

Hos. Suptd. / Director Head
Dept. of: Shalya Senior Physician

REPORT

Liver-AB - (C)
Spleen & Pancreas - (C)
Spine & Kidney - (C) No clc stone seen.
UBI - Full - (C)
Prostate - 42x58x35mm
Volar - 70cc
PVR - Nil.

2018-7-
Hon. Radiologist

Gujarat Ayurved University, Jamnagar.
X-Ray / Sonography Requisition form

THE SONOLOGIST/THE RADIOLOGIST, X-Ray Requisition Date: 28/9/19
I.P.G.T. & R.A. Hospital. OPD / IPD Regd. No.: 43482 Dt. 28/9/19

Sir,
Please arrange for the following examination of the patient as per details given below:-
Name: Shivdada Laljibhai Age: 67 M
Sex: Male/Female OPD/IPD (Ward) Bed
X-Ray / Sonography: USG - Abdo. Pelvic & Prostate size & PVR
Short History: Spinalist

Hos. Suptd. / Director Head
Dept. of: Shalya Senior Physician

REPORT

Liver-AB - (C)
Spleen & Pancreas - (C)
Both - (C)
Kidney - (C) No clc stone seen.
UBI - Full - (C)
Prostate - 36x48x44 mm size
Volar - 40 cc
PVR - Nil.

2018-7-
Hon. Radiologist

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