

REVIEW STUDY ON ROLE OF AYURVED IN MUTRAGHATA W.S.R TO BENIGN PROSTATIC HYPERTROPHY (BPH)

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Published online: January, 2017

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ABSTRACT

Benign Prostatic Hypertrophy (BPH) is a burning senile problem of elderly men and no definitive conservative cure is available. The prevalence figures vary from about 10-30% for men between 50-60 years of age to 25-45% in the age group of 70-80 years. BPH is a progressive disease that is commonly associated with lower urinary tract symptoms such as frequent urination, urgency, nocturia, decreased and intermittent force of stream, and the sensation of incomplete bladder emptying. *Ayurveda* the *Vatashtheela* and *MutrAGRAnthi* which are the types of *MutrAGRhata* may be correlated with BPH on the basis of similarity of symptoms. It is manifested due to deranged function of *ApanaVayu* along with the vitiation of *Kapha and Pitta Dosha*. In modern medicine the management of BPH is either by conservative treatment using hormonal therapy, chemotherapy or through a surgical approach. Hormonal therapy and surgery both are having complications. Management of *MutrAGRhata* given in Ayurvedic literature includes *Abhyanga, NiruhaBasti, Snehapana, Uttara Basti, Seka, Pradeha, Virechana* etc. Aim of this study is to review research studies from 2011-2015. Most of the studies are found on *Matrabasti of Dhanyakgokshurghrita, Balataila, Varunaditaila* and some studies on *Yavkshara, gokshuradivati, Pataladikashaya, Varun shigrughanvati, punarnava* compound and *Dashmool* compound. Ayurvedic treatment proved to be helpful in reducing the size of the prostate and enhancing the tone of urinary bladder. There is further scope of research in it.

Keywords: BPH, *mutrAGRhata, vatashtheela, mutrAGRAnthi*.

INTRODUCTION

The term *MutrAGRhata* stands for low urine output due to obstruction in the passage of urine. It can be considered as a syndrome, because it covers most of the pathological entity of the urinary system into 12 types¹ except urolithiasis and reflect the symptoms of retention of urine, incomplete voiding, dribbling, and hesitancy, increased frequency of micturition, weak stream, and nocturia.

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These features are related to the Lower Urinary Tract Symptoms and Bladder Outflow Obstruction hence, it can be co-related with the disease Benign Prostatic Hypertrophy (BPH) in modern science.

BPH is a senile disorder of the geriatric men with histologically prevalence figures vary from about 10-30% for men between 50-60 years of age to 25-45% in the age group of 70-80 years in India. For this notorious problem there is no concrete conservative measure available until now. BPH involves multi-factorial pathogenesis caused by not only involvement of prostate and bladder,

but also involves the hypothalamus-pituitary-gonads axis.² The scope for medical therapy is still high because of the limitation of surgical approaches due to greater morbidity and failure to consistently achieve a successful outcome. Therefore, to find out solutions through minimal invasive surgical techniques and use of phytotherapeutic treatment as an alternative approach for BPH has been taken as a research problem in this particular field. Deranged function of *Apana Vayu* leads to this condition. The authentic treatment for deranged *Vata* is the *Basti* and among them the *Matra Basti* (MB) is a safe one, which can be adopted without any restriction. *Mutraghata* can be correlated to BPH and is caused due to vitiated *Vata* and *Kapha*. Which involve *Mutravaha Srotodushti*. Present clinical review study was planned as per management principles to evaluate the clinical efficacy of *Matrabasti* of *Dhayakgokshurghrita*³, *Balataial*⁴, *Varunaditaila*⁵ and some studies on *Yavkshara*⁶, *gokshuradivati*⁷, *Pataladikashaya*⁸, *Varun shigrughanvati*⁹, *punarnava compound*¹⁰ and *Dashmool* compound¹¹ in the management of *Mootraghata* with reference to BPH.

Material & Methods:

Research works done on the management of *Mutraghata* were collected manually from the internet and book surfing for various materials with key words. Most of the studies are found on *Matrabasti* of *Dhayakgokshurghrita*, *Balataila*, *Varunaditaila* and some studies on *Yavkshara*, *gokshuradivati*, *Pataladikashaya*, *Varun shigrughanvati*, *punarnava* compound and *Dashmool* compound.

Observation and result:

Joyal Pate et.al. in their case study "Management of *mootraghata* (benign prostatic hypertrophy) with bala taila matra basti" highlighted that *Bala Taila Matra Basti* is safe and effective in symptomatic management of *Mootraghata* (BPH). As this is the single case study it should be tried in more number of patients for its validation.

Arun M. Lakhapati et.al. in their study "Role Of *Varunadya Tail Matrabasti* In The Management Of BPH" concluded that

Varunadya Tail Matrabasti is clinically effective in the management of BPH. This treatment is devoid of any side effects.

Shreyas G Bhalodia et.al. in their study "Gokshuradi Vati And *Dhanyaka-Gokshura Ghrita Matra Basti* In The Management Of Benign Prostatic Hypertrophy" concluded that *Gokshuradi Vati* and *Gokshura-Dhanyaka Ghrita Matra Basti* are proven clinically to be safe and effective therapy in the management of *Vridhastha-Janya Mootraghata* i.e. BPH.

Shukla Durgesh Kumar et.at. in their study "A Clinical Study To Evaluate The Efficacy Of *Varun Shigru Ghana Vati* With Help Of Uroflowmetry In The Management Of *Vatashthila* W.S.R. To BPH" stated that Use of *Varun Shigru Ghana Vati* in BPH is cheap, effective and easily palatable for patients. They concluded that use of *this Vati* in early stage of BPH can prevent the further progressive pathology of disease.

Kanchan M. Borkar et.al. in their study "A Control Study Of *Yavakshara* In The Management Of Benign Prostatic Hypertrophy (Bph) W.S.R. To *Vatashtheela*" concluded that use of *yavakshara* in BPH is effective and easily palatable for patients.

S. S. Sharma et.al. in their study "Role Of *Dashmuladi* Compound In The Management Of Benign Prostatic Hypertrophy (Astheela)" compared Ayurvedic treatments. i.e. *Dashmuladi* compound with placebo group for BPH. They found that *Dashmuladi* compound had better effect on the subjective and objective parameters, whereas *placebo group* showed no effect.

G. S. Prashanth et.al. in their study A clinical comparative study of the management of chronic renal failure with *Punarnavadi* compound "concluded that *Punarnavadi* compound showed promising results in

parameters pertaining to quality of life. On blood and bio-chemical parameters, *Punarnavadi* compound showed marginally better results. They found no any adverse effects of *Punarnavadi* compound and so claimed to be safe for human use. They suggested further long duration studies are needed to observe exact drug action.

DISCUSSION

Mutraghata (BPH) is a most common obstructive urological condition of old age. In pathophysiology of *Mootraghata*, there is involvement of *Mutravaha Srotasa* especially *Basti* (bladder). It may occur due to complex phenomena such as BPH. The symptoms of all types of *Mutraghata* may be classified under three groups for clinical assessment of BPH. Voiding symptoms include *Pravaahato Shanaih Shanaih* (decreased urine flow rate/weak stream of urine), *Pravaahato Punah Punaha* (increased frequency/urgency of micturition), *Mutrasanga* (retention of urine, acute/chronic), *Srijeda Alpaalpam* (scanty micturition/dribbling), *Adhahasrot Nirodhanam* (constipation), *Yobhuyah Srashtumichchhati* (hesitancy), etc., which are resembling with lower urinary tract symptoms and generally exist in *Vatakundalika*, *Mutrasanga*, *Vatashtheela*, and *Mutrasteela* - all are the types of *Mutraghata*.

CONCLUSION

The review of research studies conducted on *Mutraghata* showed that the *Mutraghata* (Benign Prostatic Hypertrophy) can be best treated with *Ayurvedic* formulations as mentioned. The best treatment is the *Matrabasti of Dhanyagokshurghrita*, *Balataila*, *Varunaditaila*. Drugs like *Yavkshara*, *gokshuradivati*, *Pataladikashaya*, *Varun shigrughanvati*, *punarnava compound* and *Dashmool compound* also proved to be effective in *mootraghata*. Research studies showed the better improvement in the BPH with *Ayurvedic* management. In most of the studies better improvements was noted in the symptoms like dysuria, hesitancy, nocturia and reduction of residual urine volume. Mild to moderate

regression in the prostate volume was recorded. *Ayurvedic* treatment proved to be helpful in reducing the size of the prostate and enhancing the tone of urinary bladder. No any adverse effects of any drug were noted. So *Ayurvedic* treatment proved to be effective in *Mutrasteela*.

ACKNOWLEDGEMENTS

My respectively thank to My Guide Dr. Misar and H.O.D. Dr. Vaishali Kuchewar Associate Professor. Department of Kayachikitsa, MGACH & RC Salod (H), Wardha 422004 for Cooperation and encouragement.

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How to cite this URL: *Ambhore Kanchan & Misar Sadhana: Review Study On Role Of Ayurved In Mutraghata W.S.R To Benign Prostatic Hypertrophy (Bph)*. International Ayurvedic Medical Journal {online} 2017 {cited December, 2016- January, 2017} Available from: http://www.iamj.in/posts/images/upload/208_211.pdf