

A LITERARY REVIEW OF VAATASTHEELA MOOTRAGHATA AND ITS MANAGEMENT W.S.R BPH

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ABSTRACT

Acharya Sushruta, known as the father of ancient surgery, has given immense contribution in the field of surgery. One of the biggest contributions by *Acharya Sushruta* comes in the form of urological disorders mentioned by him in his classical text, *Sushruta Samhita*. He has contributed separate chapters describing the ailments of urinary system. These are mentioned under the chapters related to *Mootrakricha* (dysuria), *Mootraghata* (urinary retention) and *Ashmari* (Renal stone). The description of urinary retention-based symptoms is dealt in the chapter of *Mootraghata*. The diseases *Mootraghata* and *Mootrakricha* both are related to *Mootravaha Srotas* (channels of urinary system) but in *Mootraghata*, there is obstruction/retention of urine while in *Mootrakricha* there is excessive pain during urination. Both of these diseases are mentioned in *Uttar Tantra* in *Sushruta Samhita*. *Mootraghata* can be compared with group of obstructive urinary disorders. It includes twelve subtypes, among them is *Vaatastheela*. Due to the anatomical mal-alignment and physiological disturbances it causes, it seems quite similar to BPH. BPH is a non-malignant enlargement of the prostate gland in elderly males. It is commonly found in age group above 50. About half of the men in their fifties and about 90% men above the age of 80 suffer from this disease. Peak incidence is 60-70 age group. BPH has a multi-factorial pathogenesis caused by involvement of prostate and bladder as well as disturbance in Hypothalamus-pituitary-gonad Axis.

Keywords: Mootraghata, Vaatastheela, BPH

INTRODUCTION

Mootraghata is defined as “*Mootraghate Mootravarodh*”¹ (obstruction to flow of urine). General symptom of *Mootraghata* is *Mootraghatae Tu Vibandhaubalaban Kricchatwamlpamiti*². (condition where retention of urine is the cardinal feature). The word *Mootraghata* comprises of 2 words “*Mootra*” and “*Aghata*” which stands for low urine output due to obstruction in the passage of urine. *Acharya Charaka* has mentioned 13 types of *Mootraghata* while *Acharya Sushruta* has mentioned 12 types of *Mootraghata* only. *Vaatastheela* (BPH), one of the types of *mutraghata* is found to have close resemblance to BPH in modern parlance based on its sign and symptoms.

Acharya Sushruta has described *Vaatstheela* (BPH) as a condition which occurs due to vitiation of *Apaan Vaayu* and this vitiated *Vaata* occupies the space in between the *Shakrith Marga* (rectum) and *Basti Pradesha* (urinary bladder) leading to the formation of *Ashteelavat Ghana Granthi* (stone like, dense and firm glandular growth) which is *Achala* (movable) and *Unnata* (elevated)³. This growth causes *Vin, Mutra and Anila Sanga* (obstruction to the flow of urine, faeces and flatus) and also *Adhyamana* and *Vedana* at *Basti Pradesha* (distension of bladder and pain in the bladder). BPH correlates with *Vaatstheela*, having similarities in symptoms and surgical anatomy. As the nature of pathology in both the conditions is similar i.e. obstruction to the outflow of urine. In *Vaatstheela* it is due to *Astheela Vat Granthi*” reason being vitiated *Vaata Dosha* and in BPH is due to an enlarged firm prostate gland. It is mentioned by *Acharya Sushruta* that the vitiated *Vaata Dosha* resides in between *Shakrith Marga* and *Basti Pradesha* and it is also seen that Prostate is the only structure lying between lower part of urinary bladder and rectum in male. Also *Acharya Dalhana* had mentioned the structure and locations of *Paurusha Granthi* (prostate gland) in the body i.e. in *Bastimoola Pradesha*⁴. The *Vaatstheela Mootraghata* reflects the symptoms of lower urinary tract as retention of urine, incomplete

voiding, dribbling, dysuria. So, on the basis of these similarities, *Vaatstheela* can be co-related with BPH in modern view. *Acharya Charaka* has given the name “*Astheela*” for the same disease.

Materials and Methods

For the present study, various *Samhitas* like *Sushruta Samhita*, *Charak Samhita*, research articles were reviewed

Nidana⁵ –

There is no mention of any specific etiological factors of *Vaatstheela* or *Mootraghata* so in general the etiological factors for *Mootrakrichha* can be considered for the same which are as follows:

Ativyayama (Excessive exercise), *Teekshna aushadha* (drugs having strong potency) *Rukshamadya prasanga* (Excessive consumption of dry alcohol), *Nityadruta prishyanat* (Regularly riding on the back of fast moving animals), *Adhyashana* (eating before digestion of previous meal), *Ajeernat* (Indigestion). All of these factors are *Vaata Prakopaka* and thus should be avoided.

Samprapti⁶

Acharya Sushruta states the importance of *Pratilo-ma Vayu* in the *Basti Rogas* (disorders of urinary system) while *Acharya Dalhana* quotes that *Vata* is the main factor in the pathogenesis of *Mootraghata*. The opinion of *Acharya Charaka* is that when *Amavisha* (Toxins) gets localized in the urine, leads to *Mootra Rogas*.

Samprapti Ghataka: The main *Doshas* involved are all the three *doshas* predominantly *Vaata Dosha*. The *Dushyav are Rasa* (fluid), *Rakta* (blood). *Kleda* (slogh), *Sved* (sweat), *Mootra* (urine) (Depends on different clinical entities). The *Jatharagni* (digestive fire) is *Mandhya* (diminished) in the disease. *Roga Marga is Madhyma*. The disease is: *Kriccha- Sadhya* (hard to treat).

Lakshana

Acharya Sushruta has explained the following features of *Vaatstheela*:

Ashteelavat Ghana Granthi (stone like, dense and

firm glandular growth) which is *Achala* (movable) and *Unnata* (elevated). This growth causes *Vin*, *Mutra* and *Anila Sanga* (obstruction to the flow of urine, faeces and flatus) and also *Adhyamana* (Distension of urinary bladder) and *Vedana Ch Prabustou* (extreme Pain)

Acharya Charaka has explained vitiated *Vaayu* obstructing the *Basti Mukha* and *Guda* leads to prominent mobile extremely painful stone like mass which in turn causes obstruction to the passage of urine and faeces⁷.

Chikitsa

Acharya Sushruta has mentioned under *Mootraghata chikitsa* the use of various *Kashaya* (decoction), *Kalka* (pastes), *Ghritha* (medicated ghee), *Bhakshya* (edibles), *Lehya*, *paya* (milk recopies), *Kshara* (alkalies), *Madya* (wine), *Sweda* (sudation) therapies and *Uttarbasti* should be advised; In addition, *Ashmari nashaka* and for *Udavartahar Yogas* should also be advised for alleviation of *Mootraghata*⁸

Pathya- Apathya⁹

Pathya- Abhyanga (Oil massage), **Snehana** (Medicated ghritha and oil internally), **Virechana** (Oily purgatives), **Basti** (Retention and evacuation enema) **Uttarbasti** (Retention bladder wash), **Swedana** (Induction of sweating) **Avagaahana** (Tub bath) These all activities are advisable.

Beneficial Diet-Sura, Aasava, Arishta, Udad, Moong, Masoor, Talphala, milk and its products are advisable.

Apathya - Virudha (Incompatible diet), Exercise, Dry and fermented food items, Constipated food item, **Vyavaya** (overindulged in sexual act and suppression of urination). Restriction of these activities is advised to the diseased.

Upadrava/Arishta: If the pain of *Astheela* moves upwards towards heart causing pain and anorexia, it all indicates death beyond doubt.

MODERN REVIEW OF BPH

“He was very often, both in the day and the night, forced to make water, seldom in any quantity, because he could not retain it long enough” - Edward Hyde (First earl of Clarendon), 1759.

The male urinary system consists of various organs which are – kidney, ureter, prostate, urinary bladder

and urethra. The prostate derived from Greek word “**prostates**”- which means “**one who stands before** “, “**protector** “or, “**guardian**”. Prostate is an accessory gland of male reproductive system¹⁰ It can be defined as non -malignant enlargement of the prostate gland, due to the excessive growth. It is a condition in which there is increase in size of prostate inside its capsule which exerts pressure on the urethra leading to the obstruction to the flow of urine. This disorder leads to urinary symptoms in elderly males, 90% of the males over 80 years of age have histological evidence of BPH (Fang-Liu, 1993)¹¹. In India BPH is a common pathological condition with an incidence of 95.97 and 95.3% of prostatic nodules but its cause is not known definitely. Various theories are given to explain its occurrence like:

THE HORMONE THEORY¹² - An imbalance between the androgen and oestrogen might be the cause for this hyperplasia. It might be that the androgen diminishes as age increases and in comparison, to that the quantity of estrogen does not decrease equally. So, the prostate may have enlarged due to relative predominance of estrogenic hormone.

THE NEOPLASTIC THEORY- Acc. to this theory, benign enlargement of prostate is considered as neoplasm i.e. adenoma or adenomyoma of the gland. As there may be considerable fibrous tissue involved in such neoplasm, it may also be fibro-myo-adenoma.

Pathophysiology of BPH:

BPH usually involves median and lateral lobes or one of them. It involves adenoma zones of prostate, i.e. sub mucosal gland. Median lobe enlarges into the bladder while the Lateral ones narrow the urethra causing obstruction. Urethra gets elongated and narrowed. Enlarged prostate compresses the prostatic venous plexus causing congestion, called as vesicle piles leading to Haematuria. Back pressure causes hydro-ureter and hydro -nephrosis. Secondary ascending infection can cause acute or chronic pyelo nephritis. Often severe obstruction can lead to obstruction with renal failure.

Clinical Features of BPH¹³:

There is no direct relation between the degree of enlargement and the severity of symptoms. **Frequency**,

Urgency, Hesitancy, Dysuria, Nocturia and Pain are seen. **Prostatism** (Group of symptoms of disturbed voiding) in aging individuals. The basic problem is bladder outflow obstruction.

Complications of BPH

Retention of urine (Acute and chronic), Recurrent urinary tract infections (UTI), Bladder Calculi (Stones), Secondary bladder instability, Renal impairment (Insufficiency), Hematuria

Diagnosis of BPH –

Assessment of IPSS (International prostate symptom score)

DRE - Digital Rectal Examination

Investigations:

Urine - analysis (Routine and microscopic examination, Hb%, ESR, blood urea , serum creatinine, Blood NPN estimation), PSA (prostatic specific antigen, Prostatic acid phosphates (PAP) (Normal range 1-3 KA units), USG (abdomen and pelvis), Post void residual (PVR) estimation, Uroflowmetry (Urinary Flow rate) and Urodynamic-pressure- Flow studies can be done.

Differential diagnosis

The disease is differentiated with the following diseases:

Stricture urethra, A prostate, Bladder tumor, Bladder neck stenosis, bladder neck hypertrophy, Idiopathic detrusor activity, Neurological causes of retention of urine like diabetes, Parkinson `s disease

Management

(Conservative)

Regular prostatic massages might be useful in overcoming prostatic congestion. The patient should be advised to not intake a large amount of fluid in a short duration of time. On feeling the patient should void as soon as he feels to do so as to prevent the over distension of the bladder. Cold weather and immobility may increase the risk of urine retention, thus keeping warm and exercising may be useful. Avoiding alcohol, coffee, tea and other liquids, after the evening are helpful.

(Medical)

Alpha- blocking agents (Terazosin, Prazosin), Testosterone sparing agents like 5 alpha-reductase and Tes-

tosterone ablation agents (Diethyl stilbestrol, Flutamide, progesterone derivatives) These are the most common and useful medical drugs available at this time for treatment.

(Surgical)

The prostate can be approached- Trans urethral, suprapubic, perineal and retro pubic. Following are the conventional surgical methods used for surgical management of prostate.

Transurethral Resection of Prostate (TURP), Suprapubic transvesical prostatectomy, Simple retro pubic prostatectomy, Perineal prostatectomy

Bladder neck incision that is done for small size prostate (size under 20 gm)

Open prostatectomy for large sized gland size around 80-100 gm)

Minimally invasive treatment methods include.

Transurethral laser- induced prostatectomy (TULIP), Transurethral electro vaporization of the prostate, Microwave Hyperthermia treatment with temperature (40- 45), Transurethral needle ablation of the prostate (TUNA), Intraurethral stents placement at prostatic urethra, Transurethral balloon dilation of the prostate

Post Operative Complication of Prostatectomy:

Hemorrhage, Infection, Epididymitis, Renal failure, Cardiac and respiratory complications, Bladder neck stricture, Retrograde ejaculation and impotency, Urethral stricture,

DISCUSSION

From the above discussion we can conclude that urological disorders are form an integral part of medical science and were important in the past too. Our ancient texts have also described various pathologies prevalent in the ancient times related to the urinary system and analyzing the above study, we come to know the urinary disorders mention in the ancient times bear resemblance to the present ones. We can see that *Vaatastheela Vyadhi* mentioned in ancient textbooks bear much resemblance to symptoms of BPH. *Acharya Sushruta* has given a proper line of treatment of *Vaatastheela*. BPH as we see is a very complicated process and disease and management seems very typical as due to the age group of the pa-

tient as well as the multi factorial pathogenesis seen its origin. Its management is through operative way, but this method too has very side effects. So, a new approach regarding the treatment is sincerely required. And as we can see as mentioned in many of our textbooks that there is a wide range of treatment prescribed in our old ancient literature which need to be researched upon. Ayurveda has a big store which needs to gone through. It can be concluded that the disease is quite a complex one and requires a proper *Ayurvedic* approach for its better management. The anatomical and symptomatic similarities between the enlarged prostate and the *Vaatastheela* are quite visible and thus an approach to find deeper connection between the two and managing the condition with ayurvedic concepts is what is required.

On the basis of similarities, it can be said that the *Vaatastheela Vyadhi* reassembles to that of enlarged prostate gland. And thus, *Ayurvedic* management suggested by the *Acharya* can be used to treat the disease by eliminating its root cause as the principle of *Ayurveda* is based upon these to eliminate the disease from its root. Research in the field of *Ayurveda* regarding the management of BPH is very much wanted at this time.

CONCLUSION

As it is seen that there are various complications of surgery for BPH so there is a wide scope of research in this field related to *Ayurvedic* aspect in medical management of the disease, so that we can avoid surgery and its complications in the diseased people. Various drugs are being researched in relation to BPH and *Ayurvedic* management of *Vaatstheela* can be further researched to find a better, convenient and simpler way to deal with the problem.

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