



EFFECT OF INDIGENOUS DRUG IN THE MANAGEMENT OF VATASHTHILA W.S.R. TO BPH

Sarvesh Dubey¹, Jyoti Dubey², Lata Arya³

¹Associate Professor, Department of Shalya Tantra, Motherhood Ayurvedic Medical College, Roorkee, Uttarakhand Ayurved University, PhD Scholar, Gurukul Campus, Haridwar, Uttarakhand Ayurved University

²Senior Medical Officer, M.S Shalya, Uttarakhand Government

³Assistant Professor, Department of Kayachikitsa, Motherhood Ayurvedic Medical College, Roorkee, Uttarakhand Ayurved University

Corresponding Author: aryagunjanlata@gmail.com

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a common age-related disorder affecting millions of men worldwide. The conventional management of BPH involves pharmaceutical and surgical interventions, which have their own set of complications and limitations. In this context, the present study aimed to explore the efficacy of indigenous Ayurvedic drugs in managing *Vatashthila* (BPH). The study highlights the importance of considering the natural ageing process as a predisposing factor for BPH, as the classical Ayurvedic texts described. The Ayurvedic concept of *Vatashthila*, characterised by the predominance of *Vata dosha* and *Dhatu Kshaya*, is linked to the pathophysiology of BPH. The study also discusses the potential adverse effects of modern medicines and surgical procedures used to manage BPH. The present study suggests that indigenous Ayurvedic drugs may offer a safer and more effective approach to managing BPH, thereby reducing the risk of complications and promoting overall well-being.

Keywords: Benign Prostatic Hyperplasia, Ayurveda, *Vatashthila*, *Dhatu Kshaya*, *Vata dosha*.

INTRODUCTION

Old age (*Jara*) itself has been described as a natural disease in the classics of Ayurveda. Ageing is “immobility, incontinence, instability and intellectual deterioration”, causing many physiological changes in the body, including an important one, Benign Prostate Hyperplasia in males. The benign growth of the prostate is explained as *Vatasthila* in Ayurveda. As the man grows older, *vata dosha* becomes prominent in the body and *dhatu kshaya* takes place due to ageing. It creates a lot of structural and functional changes. In this age group, patients may also suffer from diseases like Diabetes mellitus, Hypertension, Cardiac diseases, respiratory diseases, etc. Patients with the above-associated diseases are sometimes not fit for surgery. Also, recurrence and complications are not avoidable. The symptoms of BPH include frequent urination, nocturia, and urinary retention, which can significantly impact a man's quality of life. While modern medicine has made significant progress in managing BPH, the problem and the shortcomings of the drugs and surgical procedures in managing BPH have promoted us to look back to the ancient Ayurvedic Samhitas for safer and more effective management.

In this context, this study aims to explore the efficacy of Indigenous Ayurvedic drugs in managing Vatasthila (BPH). This condition is deeply rooted in the natural ageing process and the predominance of Vata dosha and Dhatu Kshaya in the body. By examining the ancient Ayurvedic texts and contemporary research on BPH, this study aims to provide a comprehensive understanding of the role of Ayurvedic medicine in managing this condition.

Materials And Methods

Method of Data Collection:

The diagnosed cases of BPH (*vatasthila*) were randomly selected and subjected to a clinical trial. After the completion of treatment, the assessment was done

using the same criteria as before the treatment, and scoring was done using the same pattern. The different tables of scores obtained before treatment and after treatment were prepared for comparison, and statistical analysis was done.

Statistical Analysis

The Wilcoxon Signed Rank Test and the Mann-Whitney Rank Sum test were used to compare subjective criteria before and after treatment.

Study Design –

Study setting: Study patients were randomly selected from the OPD and IPD of Rishikul Ayurvedic College & Hospital, Haridwar.

Sample size - 30

Diagnostic Criteria:

IPSS—International Prostate Symptom Score (based on the guidelines of the American Urological Association) Sheet is used to assess the patient's subjective complaints before, during, and after therapy.

Maximum Urine Flow Rate Measurement.

Ultrasonographic findings of the Prostate Gland & PVRU

Inclusion Criteria

- Diagnosed cases of BPH along with lower urinary tract symptoms.
- Age group between 50-80 years age.

Exclusion Criteria

- Diabetes mellitus
- BPH with Complications
- Stricture urethra
- Prostatic carcinoma.
- Idiopathic bladder neck obstruction
- Bladder neck stenosis.
- Bladder neck hypertrophy
- Prostatic calculi.
- Neurogenic bladder.
- Renal failure

Criteria For Assessment-

Subjective criteria - International prostate symptoms score(IPSS), frequency, urgency, intermittency, incomplete emptying, weak stream, Straining, Nocturia

Objective criteria- Maximum Flow Rate

Table no.1: Subjective Parameters

Sno.	Parameters	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1.	International Prostate Symptoms Score (IPSS)	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always
2.	frequency	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always
3.	Urgency	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always
4.	Intermittency	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always
5.	incomplete emptying	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always
6.	Weak Stream	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always
7.	Straining	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always
8.	Nocturia	Not at all	One time in 5 micturition	Less than half the time	About half the time	More than half the time	Almost always

Table No.2: Objective Criteria

Sr no	Parameters	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
1.	Maximum Flow Rate	>15 ml/s	13 to 15 ml/s	10 to 12ml/s	07 to 09 ml/s	< 07 ml/s

Investigations-

• **Hematological investigations:-** Hb (gm%), TLC, DLC, ESR, B.Urea, S.Creatinine, B.Sugar (R), S.Acid phosphatase, P.S.A, HIV, HBsAg

• **Urine Analysis:-**

Routine: - Colour, Odour, Transparency, Blood, Specific gravity, Sugar, Protein, Acetone.

Microscopic: RBC, WBC, Epithelial cells, Casts, Crystals. Culture and sensitivity

• **Uroflowmetry**

• **Radiological investigation:** X-ray Abdomen KUB

• **USG-** Abdomen and pelvis: Intra-abdominal findings, prostate size, prostate volume, prostate weight, and post-voidal residual volume of urine.

Method of Treatment:

• **Selected Drug:** Varunshigru ghan vati

• **Form Of Medicine:** vati

• **Dose of Medicine** 500 mg

• **Route of administration-** Orally

• **Anupaan:** Ushna Jal

• **Follow-Up:** Assessment of the patient was carried out at an interval of 15 days for three months after commencement of treatment, i.e. six follow-ups were recorded

• **Procedure:** The medicine was given in three divided doses along with water

Observations & Results

A total of 30 patients were registered

Table No. 3 Symptom Wise Distribution

Symptom	No. of patients	% of patients
Incomplete emptying	27	90
Frequency	30	100
Intermittency	25	83.33
Urgency	27	90
Weak stream	30	100
Straining	26	86.67
Nocturia	29	96.67

Table No.4: Effect of Therapy on Subjective Criteria

Symptoms	Mean		X	% Relief	SD	SE	t-value	p-value	Significance
	B.t	A.t							
Incomplete emptying	2.9	0.6	2.3	79.5	1.26	0.23	10.07	<0.001	HS
Frequency	4.2	1.3	2.9	69.5	0.92	0.16	17.51	<0.001	HS
Intermittency	2.2	0.46	1.7	78.7	1.11	0.20	8.53	<0.001	HS
Urgency	2.8	0.93	1.9	67.4	1.08	0.19	9.79	<0.001	HS
Weak Stream	3.8	0.36	3.4	90.4	0.93	0.17	20.26	<0.001	HS
Straining	2.1	0.63	2.3	78.8	0.76	0.13	16.94	<0.001	HS
Nocturia	3.3	1.13	2.2	66	1.09	0.2	11	<0.001	HS

Table No.5: Effect of Therapy on Objective Criteria

Parameter	Mean		X	%relief	SD	SE	t-value	p-value	Significance
	B.t	A.t.							
Qmax	3	0.63	2.36	78.8	0.764	0.139	16.94	<0.001	HS

Table No. 6 Overall Effect of Therapy(Ipss)-

Result on effect of therapy	Effect over IPSS	
	No .of Pt.	%
Complete cured	00	00
Marked Improvement	18	60
Moderate Improvement	08	26.67
Mild Improvement	04	13.33
Unchanged	00	00

The above table shows the overall effect of the trial drug on IPSS. Out of 30 patients, 18 patients, i.e. 60%, revealed marked improvement, eight patients. i.e. 26.67% showed moderate performance, and four patients, i.e. 13.33%, showed mild improvement after completing the course and the follow-up period.

Table No. 7 Overall Effect of Therapy (Qmax)

Result on effect of therapy	Effect over Qmax	
	No. of Pt.	%
Complete cured	00	00
Marked Improvement	13	43.33

Moderate Improvement	14	46.67
Mild Improvement	03	10
Unchanged	00	00

The above table shows the overall effect of the trial drug on Qmax. Out of 30 patients, 14, i.e. 46.67%, revealed moderate improvement, 13, i.e. 43.33%, showed marked improvement, and three patients, i.e. 10%, showed mild improvement after the course and follow-up period.

DISCUSSION

The ingredients in this formulation are ushna veerya, kashaaya, madhura & tikta rasa, ruksha, ushna & teekshna guna, and katu vipaaka. With these properties, Varunshigru ghan Vatee exerted pharmacological actions like deepana, aama pachana, mootrala lekshana, shothahara, vilayana, and srotoshodhana. Further, due to these actions, Sanga is removed in mootravaha srotasa, particularly at basti shira, leading to a reduction in the size of the enlarged prostate and, simultaneously, correction of agni dushti take place. As mootravaha srotasa becomes free from avarodha (in the form of aghata) or avarana caused by vitiated kapha, the vitiated vata comes to normal state. Thus, it normalised the physiology of apana vayu, resulting in the proper evacuation of mootra through increased urine flow rate and decreased post-void residual urine volume. Because of improvement in jatharagni due to the deepana-pachana effect of drugs, dhatvaagnies also had come down to normal state. The function of basti snayu might have been improved due to the correction of mamsadhatvaagni. Finally, mamsa and medo vriddhi had been returned to normal state due to the normalization of dhatvagni and ultimately led to a reduction in enlarged prostate size because of aama pachan, lekshana and sophahara action of ingredients. The pharmacological studies on Varun and Shigru have shown potent diuretic effects and anti-inflammatory, antimicrobial, CNS stimulant, smooth muscle relaxant, 5- α Reductase inhibitor, and juvenile hormonal activity.

CONCLUSION

The clinical contrive consisted of a broad distribution of 30 patients according to their age, addiction, habitat, nature of work, dietary habits, dashvidha pareeksha, chronicity of the disease, complaints, etc.

The treatment was instituted for 90 days. All 30 patients completed the therapy as well as the follow-up period. Both percentagewise and statistically, the results are satisfactory. This is an effective therapy without any adverse effects and also helps to avoid the surgical procedure as already described the problem of surgery in this age group with surgical complications itself.

After the treatment, it was observed that 60.00% of patients had shown marked improvement and 26.67% of patients had shown moderate improvement, 13.33% of patients had shown mild improvement, and no patient was wholly cured in IPSS after completion of the course & follow-up period. Qmax: Overall, 43.33% of patients showed marked improvement, 46.67% of patients had demonstrated moderate improvement, 10.00% of patients had shown mild improvement and no patient was wholly cured in objective parameter (Qmax) after completion of the course & follow-up period. These results are probably due to the combined effect of the trial drug i.e. Varunshigru ghan Vatee has got potent Vata Kapha shamaka properties due to its pachana, bastishodhana, mootrala, grahee, premature and vata-kapha shamaka pharmacological actions which played a vital role in breaching samprapti of Vatashtihila. An increase in maximum urine flow rate was observed due to the normalisation of the functions of the apana kshetra produced by the mootrala, premature, pachaneeya, bastishodhana, and vata shamaka effects of the drug.

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