

EVALUATION OF KANCHNAR GUGGLU ALONG WITH MATRA BASTI OF BALA TAIL IN VATASTHEELA(BPH)

Preeti Kaushik

PG Scholar of Dept. of Shalya Tantra, Patanjali Bhartiya Ayurvigyan Avum Anusandhan Sansthan, Haridwar

Corresponding Author: drpreetikaushik28@gmail.com

<https://doi.org/10.46607/iamj0711082023>

(Published Online: August 2023)

Open Access

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Article Received: 03/07/2023 - Peer Reviewed: 25/07/2023 - Accepted for Publication: 10/08/2023.



ABSTRACT

Vatastheela is a disease of *Mutravaha Srotasa* (urinary system) described in Ayurveda, closely resembles with benign prostatic hyperplasia (BPH) of the modern medicine. *Mutraghata* has been defined as a syndrome of obstructive urinary pathology due to dearranged function of Vata Dosha, particularly Apana Vata. It occurs in advancing age mainly after 4th,5th decades of life, which develops gradually and then becomes severe to affect the life of patient causing symptoms related to obstruction in urine flow. Conservative management with hormonal therapy, open prostatectomy and TURP are the options available in modern medicine. In Ayurveda, the drugs having *Vata Kaph* pacifying action, *Shothahara* (anti-inflammatory) and *Mutrala* (diuretic) are recommended for its management.

Keywords: *None*

INTRODUCTION

Vatastheela has been described as a type of *Mutraghata* in classical text. It is a senile and non – malignant disorder often accompanied with retention of urine, incomplete voiding, dribbling, hesitancy and incontinence of urine; these features probably reflect

lower urinary tract symptoms. Based on these features, *Mutraghata* bears a close resemblance to BPH (Benign Prostatic hyperplasia). Pharmacological therapy may provide significant improvement in BPH symptomatology. For the patient with mild and mod-

erate symptoms and for those who are significantly by either obstructive or irritative symptoms. The management is either through a surgical approach (e.g. open prostatectomy, transurethral resection of the prostate, cryotherapy etc.) or by conservative treatment using drugs (e.g. hormonal therapy) in the modern medicine. But, this mode of management has complications such as loss of libido, impotence and gynecomastia are unwanted effects encountered in clinical practice. In a surgical procedure, prostatectomy is a choice, but it also has many complications like post-operative morbidity, impotence, retrograde ejaculation etc. The other procedure is Transurethral Resection of the Prostate (TURP), which is also not free from complications and recurrence rate is around 15% in 5–8 years after TURP³.

In Ayurveda, sushruta has given regimen consisting of kashaya (decoction), Kalka (paste), Ghrita (medicated ghee), Kshara (alkalizers) etc⁴, to combat this condition.

DEFINITION

Aggravated Vata produces a glandular firm swelling like an Astheela which enlarges upward.

(All around) and obstruct the external orifice (prostatic urethra). The condition is known vatastheela.

NIDANA(Cause)

There are no specific nidana for Vatastheela or Mutraghata, but those factors which are responsible for Mutrakriccha and Mutraghata can be taken into account for Vatastheela also.

Due to excessive physical exertion, intake of irritant drugs, rough food and wine, riding on a fast-moving vehicle, overeating meat of marshy animals and fish and indigestion, eight types of Mutrakriccha (dysuria) arise.

I. Cause not completely understood.

II. Disease of old age.

III. Change in hormonal milieu with alterations in the testosterone/estrogen balance

IV. Increased stem cells/decreased stromal cell death.

V. Accumulation of dihydroxy-testosterone, stimulation by estrogen and prostatic growth hormone actions.

SAMPRAPTI (PATHOLOGY)

Vayu, located in the region between rectum and urinary bladder produces dense, fixed and raised stone like glandular swelling which, in turn, causes retention of faeces, urine and flatus, leading to distension and excruciating pain in urinary bladder. The condition is known as Vatastheela.

CLINICAL FEATURES

The features of prostatism reflect which are classified in two groups as mentioned below:

Obstructive:

I. Difficulty starting to urinate despite pushing and straining.

II. A weak stream of urine; several interruptions in the stream.

III. Dribbling at the end of urination.

Irritative:

I. Increased frequency with nocturia

II. Urgency

III. Nocturnal incontinence of urine (Enuresis)

IV. Urgency

V. Decrease void volume.

BPH has some secondary effects also like pyelonephritis, gradual dilation of ureters etc.

ASSESSMENT OF THE PATIENT

HISTORY TAKING – As per international prostate symptom score (IPSS)

ABDOMINAL EXAMINATION –

Abdominal distension normal.: On palpation and on percussion bladder is distended often accompanied with loss of the transverse suprapubic skin crease.

RECTAL EXAMINATION –

In BPH the surface is smooth with firm (i.e. rubbery consistency).

Overlying rectal mucosa is mobile.

Induration – absent

DIFFERENTIAL DIAGNOSIS –

- Ca prostate
- Bladder neck stenosis
- Stricture urethra
- Bladder tumor

INVESTIGATIONS–

BLOOD EXAMINATION –

Routine hemogram to evaluate general examination of blood, Blood urea, Serum creatinine to evaluate renal function, Serum acid phosphates, Serum alkaline phosphates and Serum prostate specific antigen (PSA) to exclude the carcinoma of Prostate.

URINE EXAMINATION

IMAGING INVESTIGATION

Ultra-Sonography (USG) of abdomen and pelvis (pre and post void)

Plain X-ray of K.U.B. (if needed)

MANAGEMENT

Intelligent physicians should treat the patient with decoction, pastes, medicated ghee, snacks, confections, medicated milks, alkalis, wines, fermented infusions, sudation's, urethral douche to the bladder and treatments with destroys urinary calculus. Medicinal formulae indicated for udavarta caused by urine, can be used specially.

Looking at the predominance of dosha, it should be treated with diuretics, enema and urethral douche.

PATHYA AND APATHYA

PATHIA: Purana Shali, Yava, Madya, Takra, Dugdha, Masha Yusha, Kushmanda Phala, Patola, Talaphala etc. are all Pathya, the patients of Mutraghata.

APATHIA: Mutraveg avarodha, Viruddhahara, Ativyavaya, Vamana etc.

CONSERVATIVE MANAGEMENT

- It includes waiting and watching along with counselling of patients.
- Swarasa of Nidigdhika, Amalaka, Ela Yukta dhatri Nilotpaladi etc, Chandraprabha vati, Gokshuradi Guggulu, Punarnavadi upanaha, Saptacchada yavagu, Basti od Dashamooladi taila, Biwadi, Shatavaryadi, churna of Vyoshadi., Ela, Pravala, Pashanabhedhadi, mustadi kalk, ewaruk kalk, patala kshara, madhukasava, swaguptadi avaleh , devdariyadi kawath, dhavadi kawath etc can be used in vatastheela as mentioned by different acharyas.
- Alpha-blocker, Androgen-suppression, Combination therapy, Phototherapy can be used and medical therapy.

- Regular prostatic massage and intake of alcohol should be forbidden.
- The patient should void as soon as he feels the urge of micturition. Fluid intake should be limited in the evening.

SURGICAL MANAGEMENT

Indication for surgery

- Prostatism
- Acute retention
- Hydroureter
- Hydronephrosis
- Stone formation
- Recurrent infection

SURGERIES

- (i) Trans-urethra Resection of Prostate
- (ii) Trans-urethral Prostatectomy (TURP) Prostatectomy
- (iii) Heat therapy
- (iv) laser therapy
- (v) Trans – urethral balloon dilation of prostate

Post operative haematuria, perforation of bladder, impotency etc are few complications of surgical procedures.

In this review article a brief look is made upon BPH. Taking conservative medicine into consideration both modern and Ayurveda system of medicine with their effects and side effects are given. This is theoretical step to start the research suffering from BPH and

find out upto what extent medicine mentioned by various acharyas is successful and free from side effects.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Preeti Kaushik: Evaluation of kanchnar gugglu along with matra basti of bala tail in vatastheela(bph). International Ayurvedic Medical Journal {online} 2023 {cited August 2023} Available from: http://www.iamj.in/posts/images/upload/1851_1854.pdf