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A CLINICAL EVALUATION OF DHANWANTARAM TAILA MATRA VASTI AND KANCHANARA GUGGULU IN THE MANAGEMENT OF VATASHTILA (BENIGN PROSTATIC HYPERPLASIA)

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ABSTRACT

Benign prostatic hyperplasia (BPH) is an age-related enlargement of the prostate gland, associated with lower urinary tract symptoms (LUTS). It occurs in men after 50 years of age; by the age of 60 years, 50% of men have histological evidence of Benign Prostatic Hyperplasia. The etiology of BPH is not completely understood, but it seems to be multifactorial and endocrine controlled. Its clinical manifestations include obstructive and irritative urinary tract symptoms. In Ayurveda, Benign Prostatic Hyperplasia may be correlated with *vāṭāṣṭīla.* Since *vāta* is the main entity to produce *vāṭāṣṭīla, vasṭi* is the best treatment. Especially *Mātravasṭi* using *Dhānwanṭaram ṭaila* may produce better results in *vāṭāṣṭīla.* Since Vāṭāṣṭīla is a granthi, *Kānchanāraguggulu* is also a drug of choice.

Materials and methods

A total number of 36 participants with the symptoms of BPH were selected and divided into two groups containing 18 participants each. The trial group was treated with *Mātravasṭi* using *Dhánwantaram ṭaila* with *Kānchanāraguggulu* orally and the control group with Kānchanāraguggulu orally alone. The duration of the treatment was one month. Clinical assessments were done on the 1st, 8th, 15th, and 30th days. The results were analysed statistically.

Result

On statistical analysis, it was found that in all the parameters *Mātravasṫi* using *Dhánwantaram ṫaila* along with *Kānchanāraguggulu* orally was found to be effective when compared with *Kānchanāraguggulu* orally alone.

Conclusion

Mātravasṫi using *Dhánwantaram ṫaila* along with *Kānchanāraguggulu* was found to be effective in reducing all the symptoms of BPH. The volume of the prostate was significantly reduced in the trial group after treatment. Even though changes in post-void residual urine were found to be significant clinically, it becomes statistically insignificant.

Keywords: Benign prostatic hyperplasia, *Vāṭāṣṭīla*, *Mātravasṭi*, *Dhánwantaram ṫaila, Kānchanāraguggulu*

INTRODUCTION

Benign prostatic hyperplasia (BPH) develops as a strictly age-related phenomenon in nearly all men, starting at approximately 50 years of age. BPH has 2nd highest prevalence in geriatric practice other than atherosclerosis[1]. It occurs in men after 50 years of age; by the age of 60 years, 50% of men have histological evidence of BPH[2]. The etiology of BPH is not completely understood, but it seems to be multifactorial and endocrine controlled[3]. Of the dominant hypotheses, the hormonal or dihydrotestosterone (DHT) hypothesis is most often accepted. Though the prostate starts to enlarge in the '40s, patients present symptoms between 50 and 70 years of age. Its clinical manifestations include obstructive and irritative urinary tract symptoms. Obstructive symptoms are weak urinary stream, prolonged voiding, straining, hesitancy, intermittency, incomplete bladder emptying, and post-void dribbling. Irritative symptoms include frequency, nocturia, urgency, and incontinence. It is important to assess the prostate in terms of its shape, symmetry, nodularity, and firmness, because even today some men are found to have prostate cancer, provisionally diagnosed on the basis of digital rectal examination.

Vāṭāṣṭīla is one among the 12 types of *Mūtraghāta* mentioned by *Acharya Suśrutha* and has a close resemblance to BPH in its signs and symptoms. *Vāṭāṣṭīla* is a condition, where the swelling or mass appears in between *śakruth mārga* and *vasthi*, causing obstruction to the passage of urine[4]. As the prostate is the only structure lying between the rectum and urinary bladder and symptoms of *vāṭāṣṭīla* like *vid-mūtra-anila sanga* (retension of feaces, urine, and flatus), *vasṫi ādhmana* (distension of bladder) and *vasṫi vedana*(dysuria) are similar to those of enlarged prostate, *vāṭāṣṭīla* is being considered as enlarged prostate[5]. Here the deranged function of *váta* produces an abnormal enlargement in the prostate, which ultimately causes *srotovarodha*. The vitiated *dośa* travel through *sukshma sroṫas* and finally lodge in *vasṫi*, where further vitiation of *apána váyu* leads to *vāṭāṣṭīla*. So, the drugs which are *váta samana, sroṫoshodaka, and lekhana*, are helpful in reducing the size of the prostate and thereby improving the condition. There are many therapeutic options available in BPH. For those men presenting with mild symptoms and those with moderate symptoms, but limited concern due to their symptoms, watchful waiting and reassurance are appropriate. Among medical therapy, α-adrenergic receptor blockers, 5α-reductase inhibitors, or combination therapies are commonly selected. These drugs though widely used for BPH have many adverse effects like vasodilatory symptoms such as dizziness and orthostatic hypotension, decreased libido, erectile dysfunction, and decreased ejaculation. Surgical management has been accepted as the standard management. Vitiated *vāta* is the main cause of *vāṭāṣṭīla*[4]. Hence the line of treatment in *vāṭāṣṭīla* is *vāta samana*. *Mātravasṭi* is a type of *Snehavasṫi* in which different *snehas* can be used. Among these, *Mātravasṭi* with *ṭaila* is *visheshena vātaṣamana*[6], especially with *Dhānwanṭaram ṭaila* it may produce better results in *vāṭāṣṭīla. Kānchanāraguggulu* is a drug mentioned by Ácharya

Sārngadhara in the treatment of *granthi, gandamāla, apachi*, and *arbuda*[7]. Since *vāṭāṣṭīla* is a *Granthi*, *Kānchanāraguggulu* is a drug useful in the treatment.

MATERIALS AND METHODS

Aim of the study

To explore the scope of *Mātravasṭi* using *Dhānwanṭaram ṭaila* in *vāṭāṣṭīla* (Benign Prostatic Hyperplasia).

Objective: To compare the add-on effect of *Mātravasṭi* using *Dhānwanṭaram ṭaila* against *Kānchanāraguggulu* in *vāṭāṣṭīla* (benign prostatic hyperplasia).

Study design: The study was designed as a comparative clinical trial with 18 participants in each group. Participants were randomly selected using the random number table method and were allocated into two groups using the lottery method.

Inclusion criteria

- Cases that fulfill the diagnostic criteria of BPH.
- Grade I, II, III BPH.
- Age 51-70 years
- PSA <4 ng/ml
- Post void residual urine volume 30-200ml.
- Those willing to provide written consent.

Exclusion criteria

- Participants with uncontrolled diabetes
- Known cases of malignancies.
- Participants who have UTI, urinary calculi, and urethral stricture.
- Participants who have haemorrhoids and fissure-in-ano.
- Participants who have multiple sclerosis, cauda equina syndrome, and spinal cord injuries

Diagnostic criteria

- Based on clinical signs and symptoms: Incomplete voiding, Frequency, Intermittency, Urgency, Weak stream, Straining, and Nocturia
- Post void residual urine volume
- USG
- PSA

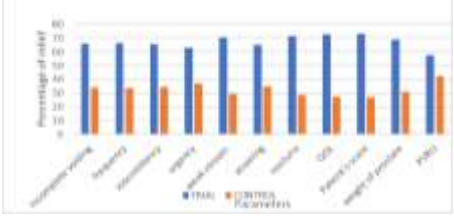
Intervention

	Intervention
Trial group	*Mātravasṭi* with *Dhānwanṭaram taila* (72 *ml*)for seven days along with Kánchanára-guggulu thrice in a day orally for 1 month orally.
Control group	*Kānchanāraguggulu* thrice a day for 1 month orally.

Assessment tools

- Case proforma
- Subjective assessment based on clinical signs and symptoms
- Objective assessment based on per rectal examination, USG, and post-void residual urine volume.
- IPSS Scoring on the 1st, 8th, 15th, and 30th days.
- USG to assess prostate size and post-void residual urine was done before treatment and after the follow-up period.

Outcome



The assessment on the 30th day showed that, in all the parameters *Matra vasti* using *Dhánwantaram taila* along with *Kanchanaraguggulu* orally was found to be effective when compared with Kánchanáraguggulu alone orally.

DISCUSSION

In *Vatashtila* the deranged function of *Vayu*, particularly *Apana vayu* leads to the pathophysiology of the disease. The important treatment of *Vata* is *Vasti*, and among them, *Matra vasti* is safe and can be adopted without much restriction. Here the deranged function of *Vata* - produces an abnormal enlargement in the prostate, which ultimately causes *Srotovarodha*. The vitiated *Dosha* travel through *Sukshma srotas* and finally lodge in *Vasti*, where further vitiation of *Apana vayu* leads to *Vatashteela*. So, the drugs which are *Vata samana*, *Srotoshodaka*, *and Lekana*, are helpful in reducing the size of the prostate and thereby improving the condition.

The effect of the procedure and that of medicine, both are helpful in achieving the result in this study. The gastro intestinal tract has its own nervous system called the enteric nervous system. The sigmoidal, rectal, and anal regions are considerably supplied by parasympathetic fibers, they are mainly stimulatory in action. *Anuvásana* and *Mātravasṭi* have got the property to regulate sympathetic activity. The ENS retains communication with CNS through sympathetic and para sympathetic afferent and efferent neurons. *Vasti* given through the rectum will stimulate parasympathetic nerve supply[8]. A study conducted by Krupa D. Patel reported that *vasti* regulate the hypothalamo pituitary axis. There help to regulate the secretion of LH and LHRH, which ultimately may prevent hyperplasia of the prostate.

As the rectum has a rich blood and lymphatic supply and *taila*-based drugs can cross the rectal mucosa easily like other lipid membrane, *Vasti dravya* may reach the *Mutramarga* without much effort. The absorbed drug reaches the portal and systemic circulation and administration of *taila* in the form of *Vasti* may produce quick action after rapid absorption of the drug. This theory is the same as the theory suggested by *Acharya Susrutha*, *Acharya* defined the systemic effect of the *Vasti*, by saying that, the *Veerya* of *Vast*i reaches the whole body through the *Srotas* as the active principles in the water when poured in the root of a tree reaches the whole plant[9]. In this study, *Swedana* may also influence the results. *Swedana* done prior to *Matravasti* is also helpful in achieving *Anulomana* and thus *Matra Basti* becomes more efficacious.

According to the theory of systems biology, all organs in the body are interconnected at the molecular level. Thus, whatever impact *Vasti* put upon gastro intestinal system will definitely reach other systems. So, the action of *Vasti* will reach *Mutramarga* and help to produce fruitful action. The interactions at the molecular level may be due to the presence of *Srotas* throughout the body, through which metabolites can travel from one place to another place in the body. *Bala mula Kashaya* is One of the major ingredients in *Dhanwantaram taila*.

Bala is *Rasayana* to *Mamsa dhatu* and muscular system (*Mamsavaha srotas).* So *bala* definitely has an action on detrusor muscle, as it is exhausted in the pathology of BPH and causes symptoms in BPH. *Thila thaila* is the oil base used in *Dhanwantaram taila*. it nourishes and strengthens all the *dhatus***.** Due to its *ushna*, *guna*, and usna *veerya*, it alleviates *Vata*; the *vikasi* property helps to reduce spasms - *vishada* prevents stickiness of the channels and thus helps in the normal flow of urine. So *thila thaila* also helps to control deranged *apana vata* and there by helps the normal flow of urine. *Dasamūlas* are *vātaslesmahara, rasayana* in its *karma.* removes *Srotorodha* doing *Pachana* (digestion), and *Anulomana* of *Malabhaga Doshas. Silajathu* is one of the ingredients in *Dhanwantaram thaila* – it is *katu, tikta, kasha rasa, Usna virya*, and *Katu Vipaka*, which helps to alleviate *Vata*. Due to its *Yogavah*i property, *Shilajathu* increases the bioavailability and enhances the absorption of other drugs. *Kulatha, Yava Saidava,* and *Silajathu,* also exhibit *Lekhana* property. *Lekhana* property enables the scrapping action

and helps to remove *Srotorodha* leading to *Samprapthi vigattana*.

Kānchanāra Guggulu is a drug mentioned by *Ácharya Sārngadhara* in the treatment of *Granthi, Gandamāla, Apachi, and Arbuda*[10]. Most of the drugs present in *Kanchanara Guggulu* have *katu rasa, ruksha* and *laghu guna, usna virya, madura vipaka* and the property of *kapha vata hara*. The properties like rasayana, vayasthapana, lekana, and vata kapha shamana are helpful to make various changes in BPH.

CONCLUSION

The following conclusions were evolved after conceptual compilation, critical review, clinical observations, and discussion.

1. As the prostate is the only structure lying between the rectum and urinary bladder and symptoms of *vāṭāṣṭīla like vid-mūtra-anila sanga* (retension of feaces, urine, and flatus), *vasti ādhmana* (distension of bladder) and *vasti vedana* (dysuria) are similar to those of enlarged prostate, *vāṭāṣṭīla* is being considered as enlarged prostate.
2. The symptoms of BPH like nocturia, incomplete voiding, weak stream, urgency, and straining were relieved in most all participants in the trial group. The intervention in the trial group also helped to improve the quality of life of the participants.
3. In case of symptoms like increased frequency of urination and intermittency, even though complete relief is not obtained, symptom severity is reduced to a significant level after the intervention in the trial group.
4. The volume of the prostate was significantly reduced in the trial group after treatment. Even though changes in post-void residual urine were found to be significant clinically, it was statistically insignificant.
5. The following percentage of relief is noted in the trial group – incomplete voiding (66%), frequency (66%), intermittency (65%), urgency (62%), weak stream (70%), straining (65%), nocturia (71%), and QOL (72%).
6. The following percentage of relief are noted in control group – incomplete voiding (34%), frequency (33.7%), intermittency (34.6%), urgency (37%), weak stream (29%), straining (34.7%), nocturia (28.6%), and QOL (27%).
7. The overall effectiveness of the trial procedure was found to be statistically significant.

REFERENCES

1. Levi A Deters, Edward David Kim; Benign Prostatic Hyperplasia [Internet] byWebMD LLC; [updated: January 15, 2019]. Available from http;/ www. Medscape.com
2. Norman S. Williams, P. Ronan O' Connell, Andrew W. McCaskie, editor. Bailey & Love's short practice of surgery. 27th edition. Boca Raton, FL: CRC Press; 2017.p 1458
3. Emil A.Tanagho, Jack W. McAninch; Smith's General Urology, 16th edition. International Edition 2004. p 367.
4. Srikantha murthy K.R. Illustrated Suśrutha Samhita: Vol 3. Varanasi: Chaukhambha orientalia; 2012. p 379.
5. Srikantha murthy K.R. Illustrated Suśrutha Samhita: Vol 3. Varanasi: Chaukhambha orientalia; 2012. p 380.
6. Sreekumar T. Ashtanga Hrdaya sutrastana: With English Translation and Commentary; 3rd updated edition. Mannuthy p.o, Thrissur Dist: Harisree Hospital; 2011. p 56.
7. Anekkleelil Gopala Pilla S. SARANGADARASAṀHITA: Madyamakanda; 7th Reprint. Kodungallur: Devi Graphics; 2008. p 203.
8. Kajal Jha, Khushboo Jha, Sonu Varma. A case report on effective management of Arthavadushti with vandyatwa by Ayurveda regimen. THE HEALER. 2008; p 162-167.
9. Srikantha murthy K.R. Illustrated Suśrutha Samhita: Vol 2. Varanasi: Chaukhambha orientalia; 2012. p 335.
10. Anekkleelil Gopala Pilla S. SARANGADARASAṀHITA: Madyamakanda; 7th Reprint. Kodungallur: Devi Graphics; 2008. p 203.

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