



AN OPD BASED TREATMENT MODALITY OF VATASHTHEELA BY MATRA BASTI THERAPY: A CASE REPORT

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ABSTRACT

Acharya Sushruta in his heritage wonder writing clearly defines the old age disease Benign Prostatic Hyperplasia as *Vatashtheela* which is one of the 13 types of *Mutraghata*. The vitiation of *Vata* is the major factor which causes difficulty in passing *Mutra(urine)*, *Shakrit(faeces)* and *Vata* due to the presence of swelling in the urinary tract. This is a major problem which brings troubling symptoms like nocturia, intermittent, dribbling, hesitancy, and straining in old age patients. Surgical interventions like TURP are the last resort but it holds the risk of hemorrhage, stricture, retrograde ejaculation and recurrence producing a major burden on the health care system. In order to dispose of this clinical condition *Matra Basti* was planned in a patient aged 60 years for 15 days with *Shilodbhidadi taila* and significant improvement was noted in both subjective and objective parameters of the patient. This case report underscores the importance of developing a treatment approach specifically tailored for elderly patients that is outpatient-based, minimally invasive, and carries a low risk of complications, unlike the existing treatment options.

Keywords: *Vatashtheela*, *Matra Basti*, *Shilodbhidadi taila*.

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is most commonly found in individuals aged 50 and above. It is characterized by the enlargement of the prostate gland due to excessive growth of prostatic tissue. This enlargement leads to lower urinary tract symptoms (LUTS) such as increased urine frequency, dribbling, sudden urges to urinate, and a weaker urine flow. Because the disease progresses gradually, some patients might become accustomed to its symptoms and not report any issues. They may not experience LUTS and, in some cases, could instead experience sudden acute urinary retention. Alternatively, they may less frequently be diagnosed with chronic retention, which can lead to kidney dysfunction. *Mutraghata* refers to a syndrome of obstructive urinary issues caused by an imbalance in the *Vata Dosha*. Acharya Sushruta has recommended a treatment regimen for this condition, which includes the use of *Kashaya* (herbal decoctions), *Kalka* (medicinal pastes), *Ghrita* (medicated ghee), *Kshara* (alkalizing agents), and *Basti* to address and manage the condition. *Shilodbhidadi taila* is one such formulation with promising ingredients like *Pashanabheda* (*Bergenia ciliate*), *Eranda* (*Ricinus communis*), *Shalaparni* (*Desmodium gangeticum*), *Punarnava* (*Boerhaavia diffusa*) and *Shatavari* (*Asparagus recemosus*) which showed significant relief in symptoms of patient. Also, *Vata dosha* increases in old age and more or less every patient above the age of 50 develops symptoms related to urinary difficulties.

Patient Information:

A 60-year-old patient teacher by profession presented in *Shalya Tantra Mutra Roga* OPD with chief complaints of increased frequency of micturition 8-10 times during daytime and 2-3 times during night since

Timeline: Table 1

Date	Clinical event/ Intervention
8 October 2022	Initial assessment and diagnosis
10 October-24 October 2022 (15 days)	<i>Matra basti</i> with 70ml of <i>Shilodbhidadi taila</i> (1 st sitting)
25 October 2022 to 8 November 2022	Break
9 November 2022 to 23 November 2022 (15 days)	<i>Matra basti</i> with 70ml of <i>Shilodbhidadi taila</i> (2 nd sitting)
10 December 2022	Final assessment and evaluation

Diagnostic assessment:

- International Prostate Symptom Score (IPSS- based on the guidelines of American Urological Association)
- Digital Rectal Examination

last 5 months He complained sudden urge to pass urine, weak stream and delay in micturition when rushes to bathroom.

Clinical findings:

- On digital rectal examination, prostate was found to be increased in size, firm in consistency with smooth surface and rectal mucosa was freely movable.
- His international prostate symptom score (IPSS) was calculated as 21.
- He had no history of surgery, hematuria and previous catheterization.
- No complaints of co-existing conditions like diabetes, hypertension, or tuberculosis were given by the patient.
- In Ultrasonography, prostate size was 83g and PVRU was 135ml.
- In Uroflowmetry study, the maximum urine flow rate was 7.4ml/sec and average urine flow rate was 3.5ml/sec.
- The routine and microscopic study along with culture and sensitivity analysis of urine was found to be normal.
- The serum PSA value of the patient was 1.1ng/ml.
- Based on involvement of doshas, *Matra basti* therapy was planned.

Therapeutic Intervention:

Matra Basti with 70ml¹ of lukewarm autoclaved *Shilodbhidadi taila*² was administered after *Snehana* (oleation) with *Narayan taila* and *Swedana* (*hot fo-mentation*) with *Dashamoola kwatha* once in a day for 15 days in two sittings after a gap of 15 days.

- Ultrasonography in consideration with prostate size and post void residual urine (PVRU)
- Uroflowmetry considering Max urine flow rate and average urine flow rate.

Follow up:

Patient was followed up after 1 month and 2 months.

Outcome:

- Decrease in size of prostate from 83g on day 0 to 79g on day 60.
- Improvement in IPSS score from 21 on day 0 to 9 on day 60.
- Reduction in PVRU from 135 ml to 50ml on day 0 and day 60 respectively.
- Improvement in Max. urine flow rate from 7.4ml/s to 15.4 ml/s on day 0 and day 60 respectively.
- Improvement in Avg urine flow rate from 3.5ml/s to 4.2 ml/s on day 0 and day 60 respectively.

Table 2:

PARAMETERS OF IPSS SCORE	Day 0	Day 30	Day 60
Incomplete emptying	3	1	1
Frequency	4	2	1
Intermittency	3	2	1
Urgency	1	2	1
Weak stream	4	2	2
Straining	3	2	1
Nocturia	3	2	2
Total	21	14	9

Table 3:

PARAMETER	DAY 1	DAY 60
IPSS SCORE	21	09
MAX. URINE FLOW RATE (ml/sec)	7.4	15.4
AVG URINE FLOW RATE (ml/sec)	3.5	4.2
PROSTATE SIZE (gm)	83	79
PVRU (ml)	135	50

DISCUSSION

The amalgam of *Matra basti* therapy with *Shilodbhidadi taila* for the management of *Vatashtheela* can bring out revolutionary change in the clinical symptoms of patients like intermittency, urgency, nocturia and straining. Also, the novel drug chosen from the classical text of *Acharya Sushruta* poses potential to bring significant decrease in investigations like Prostate size and PVRU.

Patient perspective: The patient experienced mild relief in symptoms like straining and urgency after 1 week of administration of *Matra Basti*. After 2 sittings of therapy his frequency of micturition decreased to 5-6/day and 0-1/night. Also, he could normally perform his day-to-day activities with significant reduction in urgency. Improved urine storage symptoms and improved urinary stream was also noted after the treatment.

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