

CLINICAL EVALUATION OF MATRA BASTI OF VARUN TAILA AND KANCHNAR GUGGULU IN VATASTHEELA (BPH)

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ABSTRACT

Background and Objective: BPH is a senile disorder, which leads to urinary symptoms like incomplete emptying, urgency etc. 90 % of the males over 80 years of age have histological evidence of BPH. *Acharya Sushruta* has described *Vatastheela*, as a type of *Mutraghata*. Owing to the various medical and surgical complications while treating the disease, an *Ayurvedic* approach using classical medicines in the management of BPH is required. This study was conducted clinical evaluation of *Matra Basti* of *Varun Taila* and *Kanchnar Guggulu* in *Vatastheela* (BPH). **Aim:** In this clinical study the aim was to evaluate the effects of *Matra Basti* of *Varun Taila* and *Kanchnar Guggulu* in the management of *Vatastheela* (BPH). **Material and Methods:** Random selection of patients was done from OPD of Shalya Tantra Patanjali Ayurved Hospital Haridwar. The study is approved by the ethics and research committee of the same institute vide its latter no **PAC/IEC/2018-19/04** and CTRI Registration

number **CTRI/ 2020/11/029404**. Based on the Inclusion and exclusion criteria a total of 30 patients were selected. *Kanchnar Guggulu* 2 TAB BD for 3 months and *Varun Talia* 72 ml *Matra Basti* for 1week. **Observation:** Assessment was made on subjective and objective parameters. Observations were recorded before and after treatment. The grading of parameters was used for statistical analysis. **Results:** The results showed marked relief in subjective and objective parameters. Moreover, this therapy was well accepted by all patients and did not cause any hindrance in their daily routine work during period of management. **Conclusion:** We can conclude that the effects of *Matra Basti* of *Varun Taila* and *Kanchnar Guggulu* were significant and free from any complication. Since this study was on small size sample further evaluation is needed to be done and study should be repeated with large sample for longer duration for its establishment.

Keywords: *Varun Taila, Kanchnar Guggulu, Vatastheela, BPH.*

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is the 4th most commonly diagnosed disease in elderly males aged ≥ 50 years, after coronary disease, dyslipidaemia, hypertension and type 2 diabetes. BPH is a non-malignant enlargement of the prostate gland surrounding the urethra, resulting in restriction of urine flow. This in turn leads to a spectrum of obstructive symptoms (hesitancy, a weak and interrupted urinary stream, straining, a sensation of incomplete bladder emptying) and irritative symptoms such as urgency, frequency, nocturia collectively known as lower urinary tract symptoms (LUTS). Being a global problem, several scientific efforts for the management of BPH have been made in different parts of the world but any constant, reliable, non-invasive and invasive therapy, without any complication, is not acceptable so far. Though the instruments with advanced technology for prostatectomy have been evolved but the vast majority of patients suffering from BPH are about 60 years old where surgery becomes avoidable due to ageing, general complications, economy and general debility due to many other systemic diseases which make them unfit surgery. In view of the above facts, several efforts are being made to find out the replacement of the above modalities of management of BPH with the *Ayurvedic* therapeutical procedures. In the *Ayurvedic* system of medicine, there is a vivid description of urinary disorders, among them, *Vatastheela*, a type of *Mutraghata*, resembles Benign Prostatic Hyperplasia on the basis of symptoms. According to *Ayurvedic* concepts, this disease is sup-

posed to be a result of vitiation of *Apana Vayu* which produces a glandular firm swelling like an *Astheela*¹, enlarging upward (all around) and obstructing the external orifice (prostatic urethra). The condition is known as *Vatastheela* and the *Basti Chikitsa* is considered as the treatment par excellence for *Vatic* disease. In *Ayurvedic* classics, *Kanchnar Guggulu*² has been used effectively in the management of *Gandamala, Apachi, Arbuda, Granthi*, etc.

AIM & OBJECTIVES

1. To explore literature about the *Vatastheela* in *Ayurvedic* classics and BPH in modern medical Science.
2. To evaluate the effects of *Matra Basti* of *Varun Taila* and *Kanchnar Guggulu* in *Vatastheela* (BPH).
3. To provide non-invasive and cost-effective management of BPH.

MATERIALS AND METHODS

Selection of Patients: The Patients with classical signs and symptoms of *Vatastheela* (BPH) attending the OPD and IPD of P.G. Department of Shalya Tantra Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan Haridwar were randomly selected for this clinical study irrespective of religion, occupation etc.

Inclusion Criteria:

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

Exclusion Criteria: The diagnosed case of Diabetes mellitus, Stricture urethra, Prostate carcinoma, Idio-

pathic bladder neck obstruction, Bladder neck hypertrophy, Renal failure

No. of Patients: A total of 30 patients were registered for present research work.

METHOD OF STUDY

Prior to the commencement of therapy in the selected patients, general information of the patients and the disease were made as below.

- Research Performa – A detailed Performa was prepared for the study incorporating all the relevant points.
- Informed Consent – An informed written consent was obtained from all included subjects.

Criteria for Diagnosis

Diagnostic criteria

- Patients have the signs and symptoms of *Vatastheela* (BPH).
- IPSS – International Prostate Symptom Score (Based on guidelines of the American Urological Association) was used to assess subjective complaints of the patient before and after the therapy.
- USG finding of the prostate gland size volume and Post Voidal Residual Urine Volume (PVRUV) before and after therapy.

Investigations: Blood Examination (S.PSA), Urine Examination, Plain X-ray of K.U.B, Ultrasonography (USG) of abdomen and pelvis (pre and post void)

Intervention:

(a) **Kanchnar Guggulu:** 500 mg (2 tabs), 1 tab = 250 mg, BD for 3 months, with lukewarm water, half an hour after a meal.

(b) **Varun Taila:** 1½ pala (72 ml) OD for 1 week, just after breakfast.

Preparation of drug

Preparation of Kanchnar Guggulu:³

Raw ingredients like *Kanchnar* bark, *Triphala*, *Trikatu*, and *Trijataka* are washed with clear water and kept in a dryer for two days. *Yaukut* and the removal of seeds are done manually. Grinding of all ingredients is done separately into the fine powder. Then fine powder of *Kanchnar* bark, *Triphala*, *Trikatu*, *Varun* is mixed in the required ratio.

The *Guggulu* is crushed into small pieces and tied up in the *Pottly* and dipped in *Triphala kwath* and placed

in the *Dolayantra* for *Swedana* until the *Guggulu* passes into liquid through cotton cloth. The fine powder mixture of all ingredients is mixed with condensed *Guggulu* and is pounded for a full day. The pounded mixture is placed in the *Guggulu* pill making machine. The pills are preserved in airtight containers in a dry place.

Preparation of Varun Taila:⁴

Take 1 kg *Varun Panchnga* and 1 kg *Gokshura* and make coarse powder, boil this coarse powder in 10 Lt. Water and when 5 Lt. remain, pour 15 Lt. *Tila Taila* in this decoction and boil until all moisture evaporated and complete *Tailapak*. Then filtered and Packed plastic container.

Procedure (Matra Basti)

The procedure of administration of *Basti*, in general, can be divided into three stages, as follows:

Purva Karma; - The patients will be instructed to come after a light diet (neither to *Snigdha* nor too *Ruksha*, and not more than three-fourth of their usual diet). They will also be advised to come after the elimination of stools and urine. The patients will mainly be subjected to local *Abhyanga* and *Mridu Swedana* prior to the administration of *Matra Basti*.

Pradhana Karma; - After *Purva Karma*, the patient will be advised to lie down in the left lateral position on the *Basti* (enema) table with the left lower extremity kept straight and the right lower extremity flexed at the knee and hip joints. The patient will ask to keep his left hand below the head. *Varun Taila* will apply to the anus in a small amount. 72 millilitres of lukewarm *Varun Taila* will be taken in an enema syringe and a rubber catheter lubricated with *Varun Taila* was attached to the enema syringe. After expelling the air from the enema syringe, the rubber catheter will be passed through the anus of the patients up to the length of 4 inches. The patient will be asked to take deep breaths and to lie still while the catheter, and the drug, will be introduced. The total amount of *Taila* will not be administered in order to avoid the entrance of *Vayu* into the *Pakwashaya*.

Pashchat Karma; - After the administration of *Basti*, the patient will be advised to lie in a supine position with the arms and legs spread out freely over the ta-

ble. Both legs will be raised for a few minutes so as to raise the waist and gently tapped over the hips. Simultaneously, gentle taps will also give on his soles and over the elbow and palms so that the *Matra Basti* would spread throughout the body and be retained for the required period. After some time, the patient will advise to get up from the table and rest in his bed but to avoid sleeping during the day. *Basti Pratyagamana Kala* was noted in each case.

Assessment Criteria: The assessment will be done on the subjective and objective parameters and scoring will be done before and after the treatment.

1) **Subjective Parameters:** The symptoms of BPH will be recorded on the basis of the International prostate symptom score (IPSS) and analysis will be done on the standard method of statistics.

International prostate symptoms score (IPSS) –

Symptoms	Score / Grade
1. Incomplete emptying	Not at all 0/G0
2. Frequency	1 time in 5 micturition 1/G1
3. Intermittency	Less than half time 2/G2
4. Urgency	About half the time 3/G3
5. Weak stream	More than half the time 4/G4
6. Straining	Almost always 5/G5
7. Nocturia	

Total score:

0-7	Mildly Symptomatic
8-19	Moderately Symptomatic
20-35	Severely Symptomatic

2) Objective Parameters:

A. Prostate Size Volume:

Grade 0	Up to Normal (20 cc)
Grade 1	>20 to 30 cc
Grade 2	>30 to 40 cc
Grade 3	>40 to 50 cc
Grade 4	>50 cc

B. Post Voidal Residual Urine Volume (PVRUV):

Grade 0	Nil (up to 30 cc)
Grade 1	>30 to 60 cc
Grade 2	>60 to 90 cc
Grade 3	>90 to 120 cc
Grade 4	>120 cc

Assessment of the total effect of therapy - The overall assessment was calculated on the basis of average improvement in terms of percentage relief of scores.

1. Complete remission – 100%

2. Marked improvement – 76% - 99%
3. Moderate improvement – 51 % - 75%
4. Mild improvement – 25% - 50%
5. Unchanged – below 25 %

OBSERVATION AND RESULTS

Table 1: IPSS wise distribution of 30 patients of *Vatastheela*

Symptoms	Number of patients	Percentage
Incomplete emptying	25	83.33
Frequency	29	96.66
Intermittency	18	60
Urgency	25	83.33
Weak stream	23	76.66
Straining	24	80
Nocturia	26	86.66

Table 2: Prostate size grade wise distribution of 30 patients of *Vatastheela*

Prostate size volume grade	Number of patients	Percentage %
Grade 0 (Up to Normal 20 cc)	00	00
Grade 1 (>20 to 30 cc)	12	40
Grade 2 (>30 to 40 cc)	07	23.33
Grade 3 (>40 to 50 cc)	05	16.66
Grade 4 (>50 cc)	06	20

Table 3: Post voidal residual urine volume grade wise distribution of 30 patients of *Vatastheela*

Post voidal residual urine volume grade	Number of patients	Percentage %
Grade 0 (Nil up to 30 cc)	17	56.66
Grade 1 (>30 to 60 cc)	06	20
Grade 2 (>60 to 90 cc)	03	10
Grade 3 (>90 to 120 cc)	02	6.66
Grade 4 (>120 cc)	02	6.66

RESULTS

Effect on Subjective parameters

Table 4: Effect on Subjective parameters

	N	Mean		% Effect	W Value	P Value	Result
		BT	AT				
Incomplete Emptying	25	2.4	0.33	77%	-4.521	<0.0001	HS
Frequency	29	3.9	1.23	68%	-4.801	<0.0001	HS
Intermittency	18	1.5	0.33	78%	-3.808	<0.0001	HS
Urgency	25	2.5	0.83	66%	-4.430	<0.0001	HS
Straining	24	2.3	0.76	66%	-4.269	<0.0001	HS
Weak Stream	23	2.4	0.8	66%	-4.348	<0.0001	HS
Nocturia	26	2.5	0.86	62%	-4.524	<0.0001	HS
Total Score	30	17.6	5.43	69%	- 4.795	<0.0001	HS

Effect on objective parameters**Table 5:** Effect on prostate size volume

	N	Mean		% Effect	SD	SE	T Value	P Value	Result
		BT	AT						
PROSTATE SIZE VOL.	30	2.16	0.83	61%	0.69	0.12	9.63	< 0.0001	HS

Table 6: Effect on Post voidal residual urine volume

	N	Mean		% EF-FECT	SD	SE	T Value	P Value	Result
		BT	AT						
PVRUV	13	0.86	0.36	58%	0.71	0.13	3.18	<0.01	S

The overall effect of therapy**Table 7:** Overall effect of therapy

Parameters	Effect on IPSS		Effect on prostate size volume		Effect on PVRUV	
	N	%	N	%	N	%
The overall effect of therapy						
Complete improvement	00	00	10	33.3	05	38.4
Marked improvement	10	33.3	00	00	00	00
Moderate improvement	20	66.6	06	20	00	00
Mild improvement	00	00	12	40	05	38.4
Unchanged	00	00	02	6.66	03	23

DISCUSSION

Matra Basti is the procedure to control *Vata Dosha*, especially *Apana Vata*⁵. All *Acharyas* have recommended *Matra Basti* as a line of management of *Mutraghata* to improve urinary function and to remove the obstruction. *Matra Basti* possesses *Balyakarak* to the *Basti Snayu*. This helped to improve the tone of the bladder and ultimately resulted in *Samprapti Vighatana* of *Vata Vridhi*. There was a significant decrease observed in post-voidal residual urine volume was observed. The effect was significant because of the short duration of therapy and weakness in detrusor muscles generally found in old age.

Mode of action Kanchnar Guggulu

Kanchnar Guggulu possesses the properties of *Vata-Kapha Shamana*, *Pachana*, *Basti Shodhana* and *Mutral*⁶. This property helped to enhance the function of the bladder. It also helped in reducing the size of the prostate gland. Ingredients of *Kanchnar Guggulu* like *Triphala* and *Trikatu* helped to relax the smooth muscles of the prostate and bladder neck. Thus, relieving the pressure and improving urine flow rate.

Mode of action of Varun Taila

Varun Taila have some property like *Kapha*, *Vatahara*, *Bhedana*, *Vatanulomana*, *Mutral*, *Shothahara*, and *Balya* effects. According to *Samprapti* of *Vatastheela* deranged functioning of *Vata* leads to vitiation of other *Doshas*, *Ama* formation & *Srotoavarodha*. Thus, vitiated *Dosha* travel through trough the *Sukshma Siras* and *Dhamani* to get lodged in (*Khavaigunya Sthana*) *Basti* where upon further vitiation of *Vata* leads to *Vimargagaman* and therefore *Mutraghata*. With aided *Mutrala* and *Vatanuloman* effects, the drug helps to expel the accumulated *Mutra* with greater force; thus, it will break the *Doshdushya Sammurchana* of *Mutraghata*.

CONCLUSION

The conservative management of *Vatastheela* and other urological disorders according to *Ayurvedic* guidelines can yield much better results in comparison to modern conservative management as there is no side effect of *Ayurvedic* medicine. Finally, the study can be concluded that the use of *Kanchnar Guggulu* and *Varun Taila* for *Matra Basti* in BPH (*Vatastheela*) is cheap, safe, effective and easily pal-

atable for patients. Use of it in the early stage of BPH (*Vatastheela*) can prevent the further progressive pathology of the disease.

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RECOMMENDATIONS

1. In this study sample size and duration of the treatment was small. So further study should be conducted in large sample size and a large time of treatment is required.
2. In this study, prostate size is measured through abdomen USG, but Trans-Rectal Ultrasound (TRS) can be proved more effective for accurate measurement of prostate size as well as for assessing the effect of the therapy on BPH

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