



CLINICAL STUDY ON THE EFFECT OF BASTI THERAPY AND AYURVEDIC COMPOUND FORMULATION IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA GRADE II.

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<https://doi.org/10.46607/iamj10p6052022>

(Published Online: July 2022)

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Article Received: 01/06/2022 - Peer Reviewed: 16/07/2022 - Accepted for Publication: 03/08/2022



ABSTRACT

BPH is a Generalised Disease of the prostate due to hormonal derangement in the body that leads to enlargement of the gland which is managed conservatively or surgically. In Ayurveda, *Vatastheela*(BPH) is a condition in which the normal flow of urine is obstructed. *Acharya Sushruta* described *vatastheela* as one of the *Mutraavarodhjanyavydhi*(obstructive uropathy). Other classics like Charaka Samhita, Madhav Nidan have also described *Vatastheela* with its management vividly. In *Vatastheela*, there is growth in between the rectum and urethra which leads to symptoms of obstruction to urine flow. Hence this condition can be closely correlated to BPH. Surgical removal of the prostate gland in BPH is associated with many complications such as urethral stricture, UTI, haemorrhage, etc. Therefore concerning about the above fact, 10 cases with Grade ii prostatomegally were selected and Basti therapy and compound Ayurvedic formulation were advised regularly for 30 days. *Basti therapy* was administered using *Dashamoola kwath* and *Narayan taila* alternatively followed up accordingly and satisfactory results were found.

Key words: Prostatomegally, Sushruta Samhita, *Vatastheela*, Basti Therapy.

INTRODUCTION

Ayurveda is one of the ancient scientific healthcare systems getting worldwide recognition through its various principles and research. The recent advancements in the field of research in Ayurveda made science more popular and useful in the healthcare system. The Ayurvedic system of medical science gives equal importance to preventive measures and also the complete cure of the disease with minimum chances of recurrence. Sushruta Samhita mentioned *Shalyatantra* as the top branch among the eight branches of Ayurveda. Among 12 types of *Mutraghata*; *Vatastheela* is one of the rising health issues has been described by Sushruta Samhita, Charak Samhita, and Madhav Nidan. The sign and symptoms of *vatastheela* are closely resemble Benign Prostatic Hyperplasia (BPH). BPH is a Generalised disease of the prostate due to hormonal disbalance which leads to enlargement of the gland. BPH is a common age-related disorder in male. It is the most common neoplastic abnormality in men. BPH can be found in more than 40% of the men in their fifties histologically. The clinical sign and symptoms of BPH many a time compel one for surgical intervention, which is associated with various dangerous complications. Classics of Ayurveda had described various *mutra vaha srota* diseases and their management. *Vatastheela* and *MutrAGRanThi* resemble obstructive uropathy due to enlarged prostate on the basis of symptomatology. The abnormally increased *Apanvayu vata dosa* is accumulated in the narrow space of the neck of the urinary bladder and around the anal canal. This *sthanasamsraya* in the vicinity results formation of a thick lump-like firm swelling which is hard in consistency and obstructs urinary outflow. Considering the above etiopathogenesis of *vatastheela*; the line of treatment is produced as *Vata Hara*, *Sophahara*, *Basti Sodhan*, *Lekhan*, *Mutral*. In the present study, 10 patients were treated with *Basti therapy* along with compound Ayurvedic herbo mineral drugs orally and followed up according to the guideline of the Ayurvedic treatment principles and the results were highly encouraging.

MATERIALS AND METHODS

Materials required for the study were as follows-

- 1 Rubber catheter no10
- Disposable syringe 50ml
- Surgical glove
- Sterile Cotton gauze
- Sterile pad
- Mahanarayan Taila
- Dashamoola Kwath
- Lignocaine jelly 2%
- Other orally administered drugs

METHODOLOGY OF THE STUDY

For the clinical study 10 Patients who were diagnosed to have BPH upto grade ii, registered from shalya OPD, referred patients from other departments, casualty dept of Govt. Ayurvedic College, Guwahati were randomly taken into consideration for the study. After initial management, detailed history were taken. And assessment of the Prostatomegally was done after digital rectal examination and all other required radiological investigations. The whole process was completed as per the guidelines described by treatises of Ayurveda. Drugs for basti therapy were prepared at the Panchakarma therapy ward of Govt Ayurvedic College and Hospital. After taking the consent of the patient; registration was done for the study in a pre-designed proforma by following inclusion and exclusion criteria. Patients were advised for *sthanik Snehana* and *Swedan* therapy with *Mahanarayan Taila* and *Dashamoola Kwath*, simultaneous drugs for *Agnidipan* (digestive stimulator) and also a laxative were advised to continue for the first 3 days and then *Basti therapy* was administered according to the schedule mentioned by the classics of Ayurveda. Patients were advised for oral compound drugs containing *Gokshur* (*Tribulus terrestris*), *Puga* (*Areca catechu*), *Varun* (*Crataeva nurvala*) in tablet form during the time of therapy. At the very beginning, patients were advised *Mridu Virechak* drugs, simultaneously *Snehana* and *Swedan therapy* were given for the whole month prior to administration Basti therapy. From the 5th-day *Basti* therapy was administered accordingly.

The study was carried out after the fulfilment of all the criteria.

Table no1.1 Showing the schedule of different therapies and the medications used with their doses.

Sl no	Duration	Name of therapy with sequence	Medications or ingredients to be used	Dosage
1	1 st , 2 nd , 3 rd day	Mild purgative	Mild purgative Avipattikar churna	Churna 3-6gms
2	From day one upto 1 month.	Sthanik Snehan Followed by sthanik Swedan	Sthanik Snehan with Mahanarayana taila, Sthanik Swedan with Dashamoola Kwath	Quantity sufficient Quantity sufficient
3	3 rd , 5 th , 7 th , 9 th , 11 th , 13 th , 15 th , 17 th , 19 th , 21 st , 23 rd , 25 th	Anuvasan basti	Anuvasan basti with Mahanarayan taila	50 ml
4	1 st , 2 nd , 4 th , 6 th , 8 th , 10 th , 12 th , 14 th , 16 th , 18 th , 20 th , 22 nd , 24 th , 26 th , 27 th , 28 th , 29 th , 30 th	Niruhabasti	Niruhabasti with Dashamoola kwath	200 ml

Administration of oral drugs were-Gokshura - 140 mg, Crataeva nurvala - Varuna - 80 mg, Puga-Areca catechu-100mg in tablet form. All patients were advised to take two tablets twice daily before food.

Inclusion Criteria:

- In this study 10 patients were diagnosed on the basis of LUTs, on D/R/E enlarged prostate, US suggestive of BPH upto grade II.
- Both new cases and referred cases were considered for the study.
- Patients with Age upto 80 years.
- Patient with considerable PSA level.

Exclusion Criteria

- Patient with grade 3.
- Patient with a high range of PSA.
- Patient more than more than 80 years.
- Patients with systemic disorders like uncontrolled Diabetes mellitus, CKD, cardiac illness.

- HIV positive, HbsAg positive, HCV positive cases with other STDs.
- Patients with other causes of LUTS like neurogenic bladder, urethral stricture.
- CA prostate.
- Pinhole meatus.

Criteria For Withdrawal:

- Discontinuation of the treatment during the trial by the patient.
- Development of any complication.
- Aggravation of the disease symptoms.
- Any side effects of the drug.

Criteria For Assessment of The Result

Subjective Parameters:

- Retention of urine (visual analogue method)
- Frequency of urine (visual analogue method)

Objective parameters

- Weight of Prostate(as per USG)
- Post voidal urine. (as per USG)

- Uroflowmetry changes.

LABORATORY INVESTIGATION:

- Blood routine test: Hb%, TC, DLC, ESR, platelet count
- BT, CT, PT.
- Blood sugar: RBS, (HbA1c, Fasting and post prandial if necessary).
- Urine: Routine and microscopic.
- Stool: Routine and microscopic. (Optional)
- HIV, Anti HCV, HbsAg.
- TSH
- Serum electrolyte
- Serum creatinine
- Blood urea
- USG whole abdomen.

- PSA
- Uroflowmetry
- Chest X-ray (PA- view) (optional)
- ECG (optional)
- LFT (optional)

OBSERVATION

In this study, it is observed that the highest no of prostatomegally grade 2 cases belongs to the town area as Govt Ayurvedic College Hospital is under the area of Guwahati Municipal Corporation. In this study among 10 patients; a maximum of no patients were above 50 years of age. Incidence of Benign Prostatic Hyperplasia was found highest in the profession who are involved in a sedentary life style.

RESULT

Sl no	PARAMETERS	MEAN±SD		SE	P Value	t value	REMARKS
		BT	AT				
1	Weight of Prostate	27.9±0.99	25±1.05	0.23	<0.0001	12.42	The result is Highly significant
2	Post voidal urine	67.6±6.06	57.7±5.85	0.433	<0.0001	22.84	The result is Highly significant
3	Frequency of urine	3.7±1.06	0.7±0.48	0.298	<0.0001	10.06	The result is Highly significant
4	Retention of urine	4.7±0.95	1.4±0.52	0.26	< 0.0001	12.67	The result is Highly significant
5	Urgency	4.9±0.88	1.6±0.70	0.21	<0.0001	15.46	The result is Highly significant
Uroflowmetry change							
1.	Maximum flow rate	21.78±0.57	23.23±0.40	0.128	<0.0001	11.28	The result is Highly significant
2.	Acceleration	2.18±0.27	4.7±0.14	0.08	<0.0001	30.04	The result is Highly significant
3.	Time to maximum flow	9.79±1.08	3.85±0.95	0.33	<0.0001	17.8	The result is statistically Highly significant
4.	Flow time	35.64±0.94	58.34±2.46	0.81	<0.0001	27.88	The result is Highly significant
5	Voiding time	36.04±1.5	59.13±1.8	0.61	<0.0001	37.30	The result is Highly significant

DISCUSSION

In the present study, it is observed that the effect of Basti therapy on 10 patients diagnosed as grade ii

prostatomegally was interesting and encouraging. It was observed that after one month of *Karma Basti Therapy* along with Ayurvedic compound medica-

tions there was a significant reduction in mean Prostatic weight from 27.9gm to 25gm. There was a significant decrease in mean Post Voidal Urine Quantity from 67.6 ml to 57.7 ml. It was also observed that the mean frequency reduced from 3.7 to 0.7 after one month of therapy. Statistically, it was observed that there was a significant reduction in mean retention of urine and urgency from 3.7 ± 1.06 to 0.7 ± 0.48 and 4.9 ± 0.88 to 1.4 ± 0.52 respectively. In the study the Uroflowmetric changes before therapy and after therapy were also observed. It was seen that after one month of therapy the mean maximum flow rate and acceleration of urine increased from 21.78 ± 0.57 to 23.23 ± 0.40 and 2.18 ± 0.27 to 4.7 ± 0.14 respectively. It was also observed that the mean time to a maximum flow of urine decreased from 9.79 ± 1.08 to 3.85 ± 0.95 . Hence the study signifies that the treatment modality is effective in reducing Obstructive Pathology. The study showed that the mean flow time and voiding time after treatment significantly increased. For all the proposed parameters p value found was <0.0001 and the statistically correct t value concluded the result of a study that the effect of basti therapy and oral administration of medications were significantly high.

Adverse effect: During the treatment by Basti therapy and oral administration of Varuna, Gokshur, and Puga in tablet form no adverse effects were observed or complained about by the patients.

CONCLUSION

Vatastheela is a condition in which the normal flow of urine is obstructed which is described by Sushruta Samhita, Madhav Nidan, Yogratnakar, and Charaka Samhita vividly with its management. In the present medical era, the condition can be correlated with Benign Prostatic Hypertrophy. For which conservative and surgical treatment is indicated. Surgical treatment of BPH is associated with many complications. So there is enough space to develop alternative modalities of safe and non-surgical treatment of Benign Prostatic Hypertrophy. In the present study, 10 patients were selected to whom Karma Basti Therapy and oral administration of drugs were advised accord-

ing to the guidelines and protocols described by the treatises of Ayurveda. There was significant reduction in the prostatic weight, post voidal urine, urgency, frequency, and also inspiring changes in the parameters of uroflowmetry after the completion of karma Basti Therapy. Clinical and experimental research with a large sample size will be recommended in order to establish this treatment regimen as the gold standard in the treatment of BPH.

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Source of Support: Nil
Conflict of Interest: None Declared

How to cite this URL: Satyam Biswas et al: Clinical Study on the Effect of Basti Therapy and Ayurvedic Compound Formulation in the Management of Benign Prostatic Hyperplasia Grade II. *International Ayurvedic Medical Journal* {online} 2022 {cited July 2022} Available from: http://www.iamj.in/posts/images/upload/3588_3593.pdf