



REVERSING B.P.H. W.S.R. VATASHTHILA THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT

A severe urinary condition called benign prostatic hyperplasia (BPH), a senile illness that affects men over the age of 50, is characterized by urinary incontinence, incomplete voiding, dribbling, and retention of urine. Benign prostatic hyperplasia (BPH) is mentioned in *Ayurvedic* writings as *Vatashthila* (i.e., it is one of the types of *Mutraghata* in which there is decreased urine flow due to obstruction in the urinary passage). It is an extremely serious issue that affects a lot of men in their old age (usually between 60 and 70 years of age). Old age is a challenging stage of life. *Ayurveda* science deals with certain fundamental concepts, as well as sustaining health and curing degenerative illnesses.

Keywords: *Vatashthila*, Benign Prostatic Hyperplasia (BPH), *Ayurveda*, *Mutraghata*

INTRODUCTION

We can think of the *Asthila* that *Acharya Susuruta* mentioned as being comparable to BPH. Inappropriate *Ahara-Vihara* (poor diet and routine exercise), excessive excursion, and other circumstances increase *Vata Dosha*, particularly *Apana Vayu*, and ul-

timately lead to the pathophysiology of the illness. In essence, BPH is an enlarged prostate gland. This growth is not cancerous. Age-related changes, particularly hormonal imbalances from androgens, cause prostate growth. In contemporary medicine, con-

servative therapies and operations include prostatectomy, transurethral prostate resection (TURP), cryotherapy, etc. Unable to empty the bladder, dribbling pee, low pressure, nocturia, urgency, etc. are all lower urinary tract symptoms that cause serious difficulties for the patient. *Asthilavat* (hard consistency), *Vritta Granthi* (ovale or round mass), and *Unnata Granthi* (which is palpable) are symptoms identified in *Vatastheela* that are associated with BPH. In *Ayurveda*, *Shaman Chikitsas* such as *Churna* (powder), *Kalka* (paste), *Kwatha* (decoction), and various *Ghrita* preparations are used. As a result, symptomatic or *Asthilavat* treatment should be used.¹

EPIDEMIOLOGY

Research indicates that histological prevalence is 8%, 50%, and 80% in the fourth, sixth, and ninth decades of life, respectively².

Aims and objectives-

A case study of *Vatastheela* (B.P.H.) managed with *Shaman Chikitsa*.

Material and Methods

Patient's personal history

Name - XYZ

Age- 67

Sex – Male

Occupation – PA in Private Field after Retirement

Chief complaints-

- Increased frequency of urination at night (nocturia): Urine: 3 per night (duration: 5 years)
- Dribbling at the end of urination (from 4-4.5 years)
- Frequent and urgent need to urinate (from 4 years)
- a weak urine stream (from -2 years)

• Vitals

BP- 140/90mmofHg

Pulse Rate - 74/min.

RR- 18/Min

Weight- 82kg

Temp- Afebrile

• History of past illness – NAD

• Family history - No family history present

• Treatment history

A 67-year-old male patient came into the O.P.D. of Govt. *Ayurvedic Hospital Motichoahatta* Udaipur in *Kaya Chikitsa* Dept. with the complaint of increased frequency of urination at night (nocturia) from 5 years, frequent and urgent need to urinate (4 years), a weak urine stream for the last 2 years, and dribbling at the end of urination (4.5 years). The patient has taken modern medicine before, but no relief was found, so he came to us for *Ayurvedic* treatment.

Table no. 1 *Ashtavidha Pariksha*

<i>Nadi</i>	Normal in rate and rhythm, <i>Vata Pradhaan</i>
<i>Mala</i>	<i>Niram</i>
<i>Mutra</i>	Pale yellow, <i>Mutra Gandhi</i>
<i>Jihwa</i>	Uncoated
<i>Shabda</i>	<i>Samanya</i>
<i>Sparsha</i>	<i>Ruksha</i>
<i>Drika</i>	<i>Alap Raktabh</i>
<i>Aakriti</i>	<i>Samanya</i>

Table no.2 *Dashvidha Pariksha*

<i>Prakriti</i>	<i>Vata-Pittaja</i>
<i>Vikriti</i>	<i>Vaatasthila</i>
<i>Sara</i> (purest body tissue)	<i>Mamsa sara</i>
<i>Samhanana</i> (body built)	<i>Madhyam</i>
<i>Pramana</i> (body proportion)	<i>Pravara</i>
<i>Satmya</i> (homologation)	<i>Madhyam</i>

Satva (mental strength)-	Madhyam
Aharshakti(food intake)	Madhyam
Vyayamshakti (to carry on physical activities)	Madhyam
Vaya	Vridha

Table no. 3 Investigation

	Before treatment (20/04/2021)	During treatment (17/03/2022)	After treatment (29/10/2022)
Prostatomegaly Grade	4	3	Moderate
PSA	6.20ng/ml	2.30ng/ml	1.27ng/ml
Calculus	25mm(Lt.) 32mm(Rt.)	5.6 mm	No calculi
Pre voidal Volume	179cc	274cc	Not mentioned
Post voidal volume	170cc	80cc	Not mentioned
Urinary bladder	Cystitis	Cystitis	No Cystitis
Volume of Prostate	82cc	-	30cc

Table no. 4 TREATMENT PROFILE

S.No.	Medicine	Dose	Anupana	Duration
1.	<i>Chandra Prabha Vati</i>	2 BD	Lukewarm water	6 Months
2.	<i>Gokshuradi Guggulu</i>	2 TID	Lukewarm water	6 Months
3.	<i>Varunadi Kwath</i>	10gm(BD)	Lukewarm water	First 2 Months
4.	<i>Trina Panchmoola Kwath</i>	20ml(BD)	Lukewarm water	6 Months
5.	<i>Punarnavasava</i>	20ml(BD)	Lukewarm water	6 Months
6.	<i>Shiva Gutika</i>	500mg	Lukewarm water	6 Months
7.	<i>Shweta Parpati</i>	500mg	Honey	First 2 Months
8.	<i>Triphala Churna</i>	3gm(night)	Lukewarm water	6 Months

DISCUSSION

The prevalence of BPH in the elderly population is a serious health concern. Dribbling or scanty urination, the urgency of urination, hesitation, nocturnal urination, and other symptoms that have an impact on patients' quality of life is comparable to those listed in the *Mutraghata*, such as *Vatakundalika*, *Mutrasanga*, *Vatashthilla*, and *Mutrasteela* [1]. *Mootra-virechaniya* (i.e., diuretics) and *Mutravisodhaniya* (i.e., antiseptics) are also beneficial in BPH, like *Gokshuradi guggulu* and *Punarnavasava*. etc. ^{3,4}

1. **Chandra Prabha Vati**- Assists in treating problems related to the male and female reproductive system⁵ and various urinary tract disorders (UTI), bladder related issues. It also helps to remove kidney

stones by increasing the production of urine due to its diuretic activity. It has *Mutrikricha nashak* and *Mutraghata nashak* properties. It is mentioned as *Rasayana*.

2. **Gokshuradi Guggulu**- helps to control the problems related to an enlarged prostate in males.⁶ *Gokshura* has diuretic properties thus it helps in the easy expulsion of existing stones via urine. It reduces inflammation and edema, so it is beneficial for cystitis.

3. **Varunadi Kwath**- Its action can help maintain the size of the prostate gland. *Varunadi Kwatham* contains ingredients like *asparagus*, *moringa*, and *pongamia* which are helpful for prostate health. This formulation plays a key role in the effective working of Prostate⁷.

4. Trina Panchmoola Kwath⁸- Acharya Charaka describes *Trinapanchmoola* as one of the medications in *Mootra Veerechaniyagana*.

The aggregate of 5 roots of gramineous plants is called *Trinapanchamoola*. They are⁹

1. *Kusha* 2. *Kasha* 3. *Nala (Shara)* 4. *Darbha* 5. *Kandekshu (Ikshu)*

Trinapanchamula¹⁰ is used in this preparation, and it is indicated in *Bastidaha*(burning in the urinary tract), *Atisara* (diarrhea), *Raktapitta*, *Hridroga*(cardiac disorders), *Panduroga*(anemia), *Vishama jvara* (Chronic fever), *Mutraghata*(urinary obstructions), *Kamala*(Jaundice).

Trinapanchamula is used in the preparation of *Naladikwatha*, and it is indicated in obstructive Uropathy¹¹.

5. Punarnavasava- It is used to treat excessive water collection¹². It is used to treat excessive water collection in the body. *Punarnava* plays a key role in preventing and treating urinary distension, calculus, and other urinary problems.

6. Shiva Gutika¹³- It is mentioned in *Rasayan* (rejuvenating) *Rogadhikar*. It is used in treating *Arbuda* (tumour), and *Shotha*(edema). As *Shilajatu* is the main content of *Shiva Gutika*. According to Acharya *Sushruta*, *Shilajatu* is the best medicine for *Basti Gata Roga* (urinary tract disease). *Shiva Gutika* also helps to regulate blood pressure.

7. Shweta Parpati- Due to its special *Mutrala* (diuretic), *Swedajanana* (promotes sweat), *Ashmari* (urinary calculi), *Mutrakriccha* (urinary disorders), *Mutraghata* (urinary obstructions) analgesic, anti-

inflammatory, and urinary supporting properties, *Shweta Parpati* enhances renal blood flow and urine production.

The three components of *Shweta Parpati*, which are mentioned below, each have therapeutic benefits, which *Rasatarangini* has discussed in detail.

Suryakshara¹⁴: *Vidagdhaajeerna* (indigestion), *Ashmari* (urinary calculi), *Mutrakriccha* (urinary diseases), *Agnimandya* (loss of appetite), *Panduroga* (anaemia), *Prameha* (urinary disorders/diabetes mellitus)

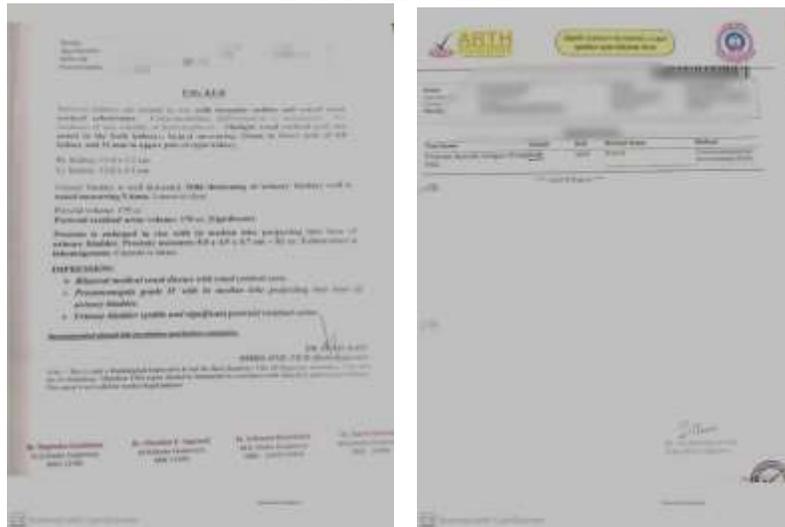
Sphatika¹⁵: *Visarpa* (erysipelas), *Shwittra* (vitiligo), *Vranaropana* (heal the wound), *Netraroga* (eye disorders), *Vishamajwara* (Chronic fever), *Grahani* (Sprue/IBS), *Rudirasravrodhini* (stops bleeding).

Navasada¹⁶: *Gulma* (gaseous tumour of the abdomen), *Adhmana* (fullness of abdomen), *Mukhasosha* (dryness of the mouth), *Vrishchikavishanashaka* (antidote of the poison of scorpion), *Hridroga* (heart disorders), *Netrya* (cures eye ailments), kushta (skin disorders).

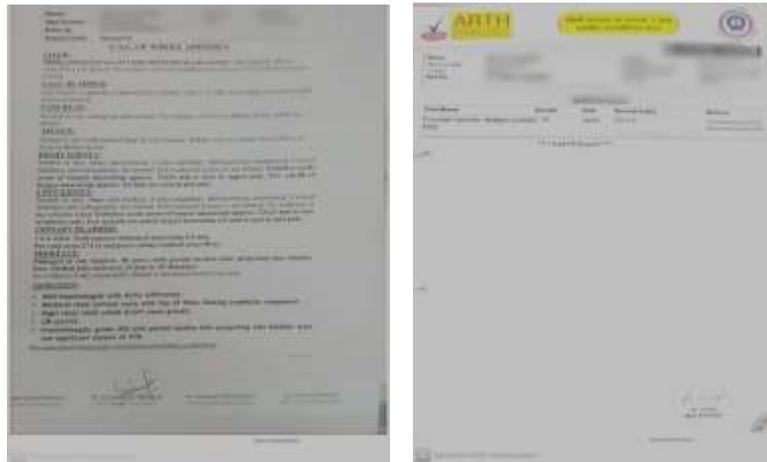
8. Triphala Churna- *Triphala* is considered *Rasayan* in *Ayurveda*. It is *Tridosha Shamak*, *Chakshushya*(beneficial for eyes), *Deepana*(carminative), *Vrishya*(Aphrodisiac), *Prameha*(Diabetes), *Kustha*(used in skin disorders), *Vishamajwarnashaka*(Anti hyperpyrexia), *Medohara^{17, 18}*.

Vibhitaka has the *Chedana* property, which elements the extra growth of the body, and *Haritaki* has the *Anulomaka* property, which excretes the excessively vitiated *Dosha*.

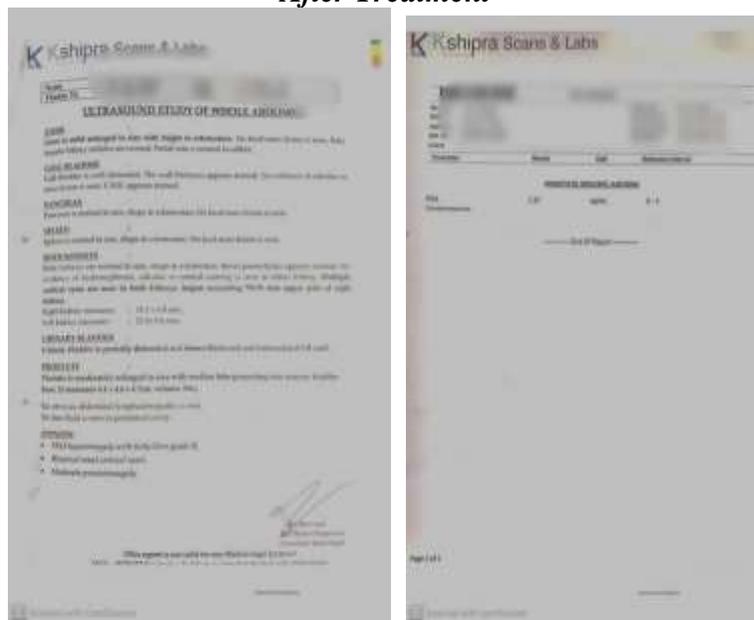
Before Treatment



During Treatment



After Treatment



CONCLUSION

The USG and PSA reports are done on the patient before and during the treatment of *vatastheela* (BPH), and also after the relief of symptoms. The USG shows that the stage of benign prostatic hyperplasia is reduced from grade 4 to moderate and the PSA level is reduced from 6.20 ng/ml to 1.27 ng/ml. Treatment of the patient is continued for further relief. Hence, it shows that *Ayurvedic* treatment is beneficial in treating *Vatasthenia* (BPH). We should use this kind of medicine for the treatment of *Vatastheela* (BPH) in more patients. So, we can make the protocol for

Vatastheela (BPH) patients. There is room for improvement in the treatment.

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