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A BIRD EYE VIEW ON VATASTHEELA WITH SPECIAL REFERENCE TO BPH

Dr. Rahul Gupta*[1] and Dr. Shilpa Gupta[2]

[1]Assistant Professor PG Dept. of Shalya Tantra, Jammu Institute of Ayurveda and Research, Jammu.

[2]PG Scholar Dept. of Samhita & Siddhant, Rajiv Gandhi Govt. PG Ayurvedic College and Hospital, Paprola.

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***Corresponding Author**
Dr. Rahul Gupta
Assistant Professor PG Dept. of Shalya Tantra, Jammu Institute of Ayurveda and Research, Jammu.

ABSTRACT

Benign Prostatic Hyperplasia (BPH) is the fourth most commonly diagnosed disease in elderly males aged ≥50 years with histological prevalence figures that vary in age groups. 10-30% for men between in the age group of 50-60 years, increases upto 25-45% in the age group of 70-80 years in India. Benign Prostatic Hyperplasia (BPH) is a slow progressive disease. It is associated with lower urinary tract symptoms divided in two categories i.e obstructive symptoms (hesitancy, a weak and interrupted urinary stream, straining, a sensation of incomplete bladder emptying) and irritative symptoms (urgency, frequency, nocturia) depending on the pathology. *Vatastheela* is a disease of *Mutravaha srotas. Vatastheela* is one of the thirteen types of *Mutarghata*. *Vata* produces a glandular firm swelling like an *Astheela* which enlarges upward (all around) and obstruct the external orifice (prostatic urethra). The condition is known as *Vatastheela. Vatastheela* closely resembles Benign Prostatic Hyperplasia of modern medicine in its signs and symptoms. Treatment for BPH in modern medicine provides only symptomatic relief. Surgical cure is excision of prostate through TURP. Treatment in *Ayurveda* may prove more effective with less complication for conservative management of *Vatasthila.*

KEYWORDS: *Vatastheela* is a disease of *Mutravaha srotas.*

INTRODUCTION

Benign Prostatic Hyperplasia is senile disorder. It is a non-malignant enlargement of prostate gland and which causes increased frequency especially at night and difficulty in micturition like weak stream, dribbling urine. It causes a lot of structural and functional changes. Patients have more frequent urination at night. Patient cannot not have sound sleep at night. The hampers the whole routine. Conservative management like hormone therapy, alpha blockers etc. has side effects like decreased libido, insomnia, gynaecomastia, headache etc. Surgical treatment like Prostatectomy (TURP) is associated with many complications like post operative impotence, abnormal ejaculation, Stricture of bladder neck, perforation of bladder etc.

Acharya Susruta has mentioned *Vatastheela* as one of the thirteen types of *Mutaraghata. Vatastheela* closely resembles to signs and symptom of Benign Prostatic Hyperplasia.

Acharya Susruta has described its pathology. *Apana Vata* produces a glandular firm swelling like an *Astheela* which enlarges upward (all around) and obstruct the external orifice (prostatic urethra). This glandular firm swelling produces retention of faeces, urine and flatus leading to Distension and excruciating pain in bladder.

Acharya Sushruta has described about treatment of *Mutraghata* with *Kasaya*, *Kalka*, *Ghrita*, etc. *Ayurveda* provides a treatment that is natural and free from any adverse effects.

DEFINITION

अष्ठीला उत्तरापथे दीर्घवर्तुलपाषाणविशेषः" इत्येके,

"चर्मकाराणां वर्तुलदीर्घा लौही भाण्डिः" इत्यपरे|

घनः संहतावयवः|

आयतो दीर्घः|

Long circular hard dense swelling mass increasing progressively in size similar to ashtheela. Benign Prostatic Hyperplasia – It is a non-malignant enlargement of prostate gland. It is also called Senile Enlargement of Prostate, Adenomyoma, Benign Prostatic Hyperplasia, Benign Prostatic Hypertrophy, Nodular Hyperplasia of Prostate, Clinical BPH.

Nidana(Cause)

- *Ativyayama* (excessive physical exertion)
- *Teekshna aushadha* (intake of irritant drugs)
- *Rukshamadhy* (rough food and wine)
- *Prasanga*(over indulgence in sexual activity)
- *Nityadrata prishtayanat* (riding on a fast-moving vehicle)
- *Anupamatsya* (overeating meat of marshy animals and fish)
- *Ajerna* (indigestion)

Incidence

Histologically prevalence figures vary from about 10-30% for men between 50-60 years of age to 25-45% in the age group of 70-80 years in India.

Samprapti(Pathology)

Acharya Charak explained that when *amavisha* gets localized in the urine (*mutra marga),* which leads to various *Mutra Rogas.* (Ch.Chi.15/49)

Acharya Susruta explained that when the vitiated *Vata* gets lodged between the bladder and rectum. It produced the stony firm swelling i.e enlargement of prostate nodules.

Nidana Sevana (*Vatavardhak, mithya aahra vihar/aghata/vega dharana)*

⇩

Apana vata vitiates

⇩

Accumulates in between the *guda* (Rectum) and *basti* (bladder)

⇩

Astheelavat Ghana granthi forms

⇩

Vatastheela

Samprapti Ghatak

Dosha: *Apana Vata(Tridshas)*

Dushya*: Rasa, Rakta, Kleda, Sveda, Mutra* (Depends upon the different clinical entities)

Agni: *Jatharagni, Mandhya*

Udbhava Sthana: *Koshta*

Adhisthana: *Basti*

Srotas: *Mutravaha*

Srotasdusti: *Sanga, Vimarga-Gamana, Sira-Granthi*

Roga Marga: *Madhyma*

Vyakthi sthana: *Mutra pravarti*

Sadhyasadhyata: *Krichasandhya*

The prostate gland increases in volume by 2.4 cm^3 / year on average from 40 years of age. The process begins in the periurethral (transitional) zone and involves both glandular and stromal tissue to a variable degree. The cause is unknown, although BPH does not occur in patients with hypogonadism, suggesting that hormonal factors may be important.

Clinical features

- Increased frequency of micturition- cystitis, urethritis, urethral mucosa introverted into bladder.
- Urgency- unstoppable urge to void urine.
- Hesitancy- difficulty in beginning the flow of urine.
- Nocturia- wake at night for voiding.
- Overflow and terminal dribbling.
- Dysuria- weak stream, due to increased urethral resistance & derangement of internal urethral opening.
- Suprapubic pain and loin pain -due to secondary changes caused by BPH like cystitis and hydronephrosis.
- Acute or Chronic retention of urine.
- Haematuria.
- Renal failure.
- Suprapubic tenderness with palpable enlarged bladder due to chronic retention. Hydronephrotic kidney may be palpable.

Secondary Effects of Benign Prostatic Enlargement (BPH)

On Ureters	Gradual dilation of the ureters
On Kidneys	Acute or chronic pyelonephritis
On sexual organs	In early stage, increased libido In later stage, impotence is the rule.

ASSESSMENT OF THE PATIENT

History taking - Symptom score sheets such as the International Prostate Symptom Score (IPSS)

Abdominal examination- Abdominal distension is usually normal.

Chronic retention- distended bladder (On palpation and on percussion) and sometimes on inspection with loss of the transverse suprapubic skin crease.

General physical examination may demonstrate signs of chronic renal impairment with anaemia and dehydration. The external urinary meatus should be examined to exclude stenosis and the epididymides are palpated for signs of inflammation.

Rectal examination

	BPH	**Ca prostate**
Surface	Smooth	Irreegular (nodular)
Consistency	Firm (rubbery)	Hard
Median Sulcus	Usually present	Absent (obliterated)
Induration	Absent	Present
Overlying Rectal Mucosa	Mobile	Fixed
Distortion	Absent	Present

Differential Diagnosis

- Stricture urethra.
- Ca prostate.
- Bladder tumor.
- Retention of urine – neurological causes like DM etc.
- Bladder neck stenosis.
- Bladder neck hypertrophy.

Investigations

1. Blood Examination: Routine haemogram to evaluate general examination of blood, Blood urea, Serum creatitine to evaluate renal function, Serum acid phosphates, Serum alkaline phosphates and Serum prostate specific antigen (PSA) to exclude the carcinoma of Prostate.
2. Urine Examination.
3. Imaging investigation:

- Plain X-ray of K.U.B.
- Ultrasonography (USG) of abdomen and pelvis (pre and post void).

Management

Decoction, pastes, medicated ghee, snacks, confections, medicated milks, alkalis, wines, fermented infusions, sudations, urethral douche to the bladder and treatments with destroys urinary calculus. Medicinal formulae indicated for *udavarta* caused by urine, can be use specially.

It should be treated with diurectics, enema and urethral douche, according to the predominance of *dosha*.

Abhyanga, Sneha, Niruha Basti, Snehapana, UttaraBasti, Seka, Pradeha, Virechana, Kshara, Ushna – Tikshna Aushadha and *Annapana, Takra, Tikta Aushadhasiddha Taila* are advised for the individual *Doshas* respectively [Ch.Ci. 26/45, 49, 59]

PATHYA* AND *APATHYA

***PATHYA*:** *Purana Shali, Yava, Madya, Takra, Dugdha, Mashayusha, Kushmanda Phala, Patola, Talaphala* etc. are all *Pathya* to the patients of *Mutraghata.* (Bh.R.35/50-52)

***APATHYA*:** *Mutravegavarodha, Viruddhahara, Ativyayama, Ruksha–Vidahi Annapana Ativyavaya, Vamana* etc.(Bh.R.35/53)

These are different preparation told by different *Acharyas* in context to *Mutraghata-*

Swarasa	*Nidigdhikadi* (B.P; Su), *Amalaka swarasa* (Su), *Elayukta dhatri swarasa* (A.S;Su), *Nilotpaladi* (Ch), *Kantakari* (A.S,A.hr), *Duralabha*(A.S;B.P) etc.
Kalka	*Ervaru* (Su & AS), *Mustadi* (Su), *Abhayadi* (su), *Draksha* (Su & AS), *Baladi* (Su), *Shigrumula* (Ch), *Trapushadi* (AS), *Simhyadi* (A.S), *Murvadi* (A.S), *Sasaindhava triphala* (A.S), *Pasanabedhadi* (A.hr), *Kukuma* (B.P.)etc.
Kwatha	*Devadarvyadi* (A.hr), *Shatavaryadi* (Ch), *Haritakyadi* (A.S & Shar), *Kamalotpala* (Ch), *Shrngastaka* (Ch, & A.S), *Trinapanchamuladi* (A.S & B.P), *Kandekshurakamula* (A.S), *Dhavadi* (A.S), *Pashanabhedhadi* (A.S), *Gokshura* (Shar & B.P), *Naladi* (B.P & Y.R) *Vasa* (B.P) etc.
Churna	*Vyoshadi, Ela, Pravala, Pashanabhedhadi* etc (Ch), *Pippali, Surasa, Bibhitak* etc (A.S), *Hinguadichurna* (Shar), *Asdabhadradi Churna* (B.P); *Chandana churna* (B.P), *Ushiradi churna* (Y.R).
Vati/ Gutika	*Chandraprabha vati, Gokshuradi Guggulu* (Shar).
Kshirapaka	*Kakolyadi, Naladi, Mutradosahara* (Su), *Trikantakadi* (BP&YR).
Sneha Kalpana	*Mutrarakta yonidoshahara ghrita, Bala ghrita, Mahabala ghrita,* (Su), *Punarnavadi Mishraka sneha, Pashanabhedadi ghrita, Svadanstra ghrita, Sthiradi ghrita, Katakadi ghrita* (Ch), *Dashamuladi ghrita, Tilvaka ghrita* (AS), *Changari ghrita, Dhaturadi taila, Tilvaka ghrita* (Shar), *Vidari ghirta, Bhadravaha ghrita* (BP).
Kshara	*Patala, Patalyadi dsharodaka* (Su, BP, AS, A. Hr).

Avaleha	*Swaguptadi* (BP)
Panayoga	*Punarnavadi* (Ch)
Sandhana Kalpana	*Sura* (Su), *Nigada Madya, Madhukasava* (Ch), *Tilaadi kshara yuktasura* (AS).
Upanaha	*Punarnavadi* (Ch)
Yavagu	*Saptacchadadi* (Ch), *Gokshurakantakari Siddha* (AS)
Basti	*Dashamuladi taila, Biwadi, Shatavaryadi* (AS).*Vasottara* (Su)

Conservative management

Watchful waiting & Counseling of patients.

- Regular prostatic massage.
- Intake of alcohol should be forbidden due to diuretic effect.
- The patient should void as soon as he feels the urge of micturition.
- Fluid intake should be limited in the evening.

Medical Therapy

- Prostate < 30 g: α-adrenoceptor blockers
- Prostate > 30 g: 5α-reductase inhibitors ± α-adrenoceptor blockers

Alpha Blockers, Androgen Suppression

Alpha 1 adrenergic blocking agents- inhibit smooth muscle contraction of muscles and reduce bladder neck resistance.

- **TAMSULOSIN 0.2 to 0.4 mg o.d. for 12 weeks**

5-alpha reductase inhibitor- inhibits conversion of testosterone into dihydrotestosterone.

- **FINASTERIDE 5mg daily**

Surgical management

Indication for surgery

- Prostatism
- Acute retention
- Chronic retention
- Hydroureter
- Hydronephrosis
- Stone formation
- Recurrent infection

Minimal Invasive Treatment

- Laser Therapy- ablation or enucleation
- Trans-urethral Balloon Dilation of Prostate

Major Surgeries

- Trans-urethral Resection of Prostate/ Trans-urethral Prostatectomy
- Suprapubic Prostatectomy- through lower abdomen and bladder
- Retropubic Prostatectomy- through lower abdomen and behind pubic bone
- Perineal Prostatectomy- incision between rectum and scrotum
- Robotic Assisted Prostatectomy (US)

Complication of surgery

- Impotence
- Abnormal ejaculation
- Stricture of bladder neck
- Perforation of bladder
- UTI recurrent
- Hematuria post operative

In this review article a brief look is made upon BPH. Taking conservative medicine into consideration both modern and ayurved system of medicine with their effects and side effects are given. This is a theoretical step to start the research on patients suffering from BPH and findout upto what extent medicine mentioned by various *acharyas* is successful and free from the side effects.

REFERENCES

1. Sushruta Samhita, *Uttar Tantra*, 58/3-4. Reprint. Vaidya Yadavaji Trikamji Aacharya., editor. Varanasi: Chaukhamba Surbharati Prakashana; 2008. p. 787.
2. International Ayurvedic Medical Journal (December, 2016- January, 2017); 1(2): 208-211.
3. Shastri Ambika Dutta, *Sushrut Samhita*, *Purvardha*, Edition: Reprint 2010, Chaukhambha publication, *Nidana Sthana (1/90-91).*
4. Concise Text Book of surgery by Somen Das, S.Das Publication Calcutta, 8th Edition 2014 chapter 57 page 1274.

5. Charaka, Vidyotini Hindi commentary by Pt. Kashinath Sharma and Dr. G. N. Chaturvedi, Chaukhambha Sanskrit Sansthan, Varanasi (1975). Sidhi 9th chapter, 36th sholaka.
6. SRB‟s, Manual of Surgery, 3rd edition 2010, p 986.
7. Baily & Love`s, Short Practice of Surgery, 24th edition 2004 p 1370.
8. Text book of Pathology by Harshamohan, Fifth edition, p 748.
9. Bhaishjya Ratnavali – Shri Govinda Das, Motilal Banarasidas Publishers New Delhi, Reprint 2005, 35/50-52.