

A CLINICAL STUDY ON BRIHAT VARUNADI KASHAYA BASTI IN THE MANAGEMENT OF JARAJA VATASHTEELA WITH SPECIAL REFERENCE TO BENIGN PROSTATE HYPERPLASIA

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ABSTRACT

Jara chikitsa is a branch of *Astanga ayurveda* which deals with diseases and treatment of old age, one among those troublesome disease is *vatashteela* which described by Acharya Sushruta and is very much similar to benign prostate hyperplasia. Benign prostate hyperplasia is a disease of elderly males which involve hyperplasia of prostatic stromal and epithelial cells resulting in formation of largely, fairly discrete nodules in the periurethral region of prostate. No doubt that it is a disease which is difficult to cure and many a times requires surgical intervention. All the other treatment modalities in modern science are very costly with adverse effects. Hence the above said topic was taken for the study i.e, 15 patients with BPH aged between 60-75yrs was given *Brihat varunadi kashaya basti* in *yoga basti* schedule with followup on 24th day. Subjective parameters out of 15 patients 7 showed good response, 4 showed moderate response, 4 showed poor response and 0 showed no response. Objective parameters out of 15 patients showed good response, 0 showed moderate response, 8 showed poor response, 6 showed no response. By this statistical analysis we can tackle *vatashteela* and give good relief to patients from symptoms with *brihat varunadi kashaya basti*.

Keywords: *Astanga ayurveda*, *Brihat varunadi kashaya basti*, *Jara chikitsa*, periurethral

INTRODUCTION

Jarachikitsa being an integral part of *Ashtanga Ayurveda* is *Anadhi*^{3a}. In aged *vata dosha* is physiologically in a dominant state and *rasadi dhatus* are in a deficient state^{3b}. This potent combination results in various degenerative changes and process of decay in the body. In present scenario due to improper dietary habits, defective life style, excessive stress and lack of exercise, the process of ageing starts very

earlier which causes both metabolic and life style disorders.

Ageing is an inevitable biological phenomenon which is a multidimensional process of physical, physiological and psychological degenerative changes⁴.

Benign prostate hyperplasia is a disease of elderly males which involve hyperplasia of prostatic stromal and epithelial cells resulting in formation of largely,

fairly discrete nodules in the periurethral region of prostate. When sufficiently large nodules compress the urethra it causes partial or complete obstruction of urethra which interfere the normal flow of urine and causes symptoms like urinary resistance, frequent micturation, increase risk of urinary tract infection, urinary retention⁵.

Vatashteela has similarity with BPH. According to *Acharya Sushruta*, vitiated *Vata* and *Kapha* produces hard gland in between Anus and Urinary Bladder which causes obstruction of urine and stool^{2a}.

In *Ayurvedic* text, treatment of *Vatashteela* is not specified, but indicated to treat on the basis of *Mootraghata*. Even in the 21st century we are unable to provide a single specific drug or medicine for BPH. In treatment of BPH watchful waiting is advised along with medicinal therapy like alpha blocker and 5 alpha reductase but it can be associated with side effect like Headache, Dizziness, Fatigue, Ejaculatory Dysfunction. In surgical therapy BPH patient may suffer from complication such as Retrograde Ejaculation, Erectile Impotence, Infection, Stricture, and Haemorrhage. So It is high time for us to act upon managing this condition and the present study was done in 15 patients of BPH and was intervened by *Brihat Varunadi Kashaya Niruha Basti* and *Brihat Varunadi Ghrita Anuvasana Basti* in *Yoga Basti* pattern.

STUDY DESIGN:

A total of 15 patients were selected randomly and was subjected to *Brihat Varunadi Kashaya Niruha Basti* and *Brihat Varunadi Ghrita Anuvasana Basti* in *Yoga Basti* pattern.

	Group A
PURVAKARMA	<ul style="list-style-type: none"> ➤ Previous day of <i>basti</i> 30ml of <i>Eranda taila</i> with <i>ushna jala</i> was given for <i>koshta shodhana</i> in morning on empty stomach between 8am to 9am. Next Day : ➤ ANUVASANA • <i>Sarvanga Abhyanga</i> with <i>moorchita tila taila</i> followed by <i>ushna jala snana</i>.
PRADHANA KARMA	<ul style="list-style-type: none"> ➤ ANUVASANA • <i>Brihat Varunadi Gritha</i> was given by using 100ml glycerine syringe. • Dose-100ml

OBJECTIVE:

To evaluate the efficacy of *Brihat Varunadi Niruha Basti* in *yoga basti* pattern in *jaraja vatasteela* with special reference to benign prostrate hyperplasia.

MATERIALS AND METHOD:

Source of the data: Patients attending OPD & IPD at SJIIM&H, Bengaluru.

Method of selection of data: 15 Patients who fulfill the inclusion criteria is selected randomly.

Inclusive criteria: Patients between age group of 60-75 years.

- Patients with clinical features of *Vatashteela* (BPH).
- Patients fulfilling the criteria for International Prostate Symptom Scoring (IPSS) and Ultrasonography (USG).
- Patients fit for *Basti Karma*.
- Clinical grading of BPH <2

Exclusive criteria: Patients with diabetes mellitus, Prostatitis, Urinary sepsis, Bladder neck stenosis.

- Patients with acute or chronic renal failure.
- Patients with Ca of prostate, Urinary bladder and Neurogenic bladder.
- Patients with USG findings suggestive of Hydro-uretero-nephritis and Stricture Urethra.

Diagnostic Criteria:

Subjective criteria-Classical Clinical features of *Vatashteela* (BPH)

Objective criteria –Abdomen and Pelvic USG (Ultrasonography)

	<ul style="list-style-type: none"> • Time- In between 11:30am to 12:30pm ➤ NIRUHA • <i>Brihat Varunadi Kashaya basti</i> was given with plastic enema bag (<i>putaka</i>) tied with plastic nozzle (<i>netra</i>). • Dose-486ml • Time- In between 9am to 12pm
PASCHAT KARMA	<ul style="list-style-type: none"> ➤ ANUVASANA • <i>Hasta, Pada and Sphik tadana by panitala</i>. • Lifted both legs together 3times and asked to lie down in supine position for 30mins. ➤ NIRUHA • After <i>basti dravya pratyagamana ksheeranna</i> was advised.

Assessment criteria:

Assessed by the American Urology Association - Symptom Index (AUA - SI).

- Incomplete emptying
- Frequency
- Intermittency
- Urgency
- Weak stream
- Straining

- Nocturia

Objective Parameters

- Abdominal and Pelvic Ultrasonography
- Post Voidal Urine Volume
- Weight of the Prostate gland

Subjective parameters gradation:

Subjective parameters were considered according to international prostrate symptoms scores this would be as per international prostrate system score

Table 1: Subjective Parameters and Gradation.

	Not at all	Less than 1 time	Less than ½ time	About ½ the time	More than ½ time	Almost always
	0	1	2	3	4	5
Incomplete emptying	0	1	2	3	4	5
Frequency	0	1	2	3	4	5
Intermittency	0	1	2	3	4	5
Urgency	0	1	2	3	4	5
Weak streaming	0	1	2	3	4	5
Straining	0	1	2	3	4	5
Nocturia	0	1	2	3	4	5

Table 2: Criteria According to reduction in IPSS score.

IPSS SCORE	Criteria
1-10	Mild
11-20	Moderate
21-30	Severe

Follow up: 24th day (ie, *dwiparihara kala*)

Observations and results: Data Related to Subjective and Objective Parameters Before And After Treatment.

Table 3: Showing Subjective parameters before and after treatment as per AUA (I-PSS) symptom score index

Sl.No.	BT							Total	AT							Total
	1	2	3	4	5	6	7		1	2	3	4	5	6	7	
01	4	3	2	2	0	0	1	12	2	1	1	0	0	0	0	04
02	5	5	4	5	2	3	3	27	2	2	1	2	1	1	1	10
03	5	4	2	3	2	3	2	21	2	2	1	2	0	1	0	08
04	5	5	2	5	3	3	3	26	2	2	0	1	0	0	1	06
05	4	4	0	1	0	0	2	12	1	2	0	0	0	0	1	03
06	5	5	2	2	2	2	3	21	2	2	0	1	1	1	1	08
07	4	5	5	5	3	1	2	25	2	3	2	2	2	1	2	14
08	4	3	4	0	0	1	2	14	1	1	2	0	1	1	1	09
09	5	3	0	2	2	2	1	15	2	1	0	2	1	1	1	06
10	5	4	4	2	2	1	1	19	2	1	1	1	1	0	1	07
11	3	4	1	0	0	0	1	16	1	2	0	1	0	1	1	6
12	4	3	1	0	0	0	1	09	1	2	1	0	0	0	1	5
13	3	4	0	3	1	1	1	13	1	2	0	2	1	1	1	8
14	5	3	3	2	2	2	2	19	2	2	1	2	1	1	2	11
15	5	4	4	3	3	2	2	24	2	2	1	1	1	2	2	11
Total	66	59	32	38	24	23	28		25	27	11	17	10	11	16	

Note: 1-incomplete Emptying, 2-Increased Frequency, 3-Intermittency, 4-Urgency, 5-Weak stream 6-Straining 7-Nocturia.

OBJECTIVE CRITERIA OBSERVATIONS:

Table 4: Showing the change in weight of the Prostate

Sl. No.	Group – A			Group – A		
	B.T. (Gms)	A.T. (Gms)		B.T. (Gms)	A.T. (Gms)	
01	33	34	09	27	21	
02	36	21	10	25	19	
03	22	18.6	11	23	25	
04	28	28	12	36	28	
05	35	27	13	30	26	
06	24	23	14	40	29	
07	28	23	15	35	28	
08	26	22				

Table 5: Showing Residual Urine values.(Ultrasonography)

Sl. No.	Group – A		Sl. No.	Group – A	
	B.T (cc)	A.T (cc)		B.T (cc)	A.T (cc)
01	130	20	09	77	30
02	55	20	10	50	10
03	55	05	11	00	00
04	90	60	12	199	130
05	69	125	13	90	70
06	42	00	14	88	66
07	170	90	15	160	150
08	06	04			

OVERALL RESULTS

The overall assessment is based on cumulative values. Above 60% of the cumulative score is considered as good response. Above 40% of the cumulative

score is considered as moderate response. Above 20% of the cumulative score is considered as poor response. Below 20% of the cumulative score is considered as not responded.

Table 6: Showing overall results of Subjective and Objective parameters

Response	Subjective Parameter	%	Objective parameters	%
Good	07	46.66	01	6.66
Moderate	04	26.66	00	00
Poor	04	26.66	08	53.33
Not response	00	00	06	40

Subjective parameters out of 15 patients, Good-7 (38.88%), Moderate-4 (22.22%), Poor-4 (22.22%), Not responded-0.

Objective parameters out of 15 patients showed good response, 0 showed moderate response, 8 showed poor response, 6 showed no response.

STATISTICAL ANALYSIS AND ASSESSMENT OF RESULTS

Table 7: Statistical analysis of the Clinical and Functional Parameters

S.no	PARAMETER (Df=14)				%	S.D	S.E	t value	P value	remarks
		BT	AT	M.d						
1	Incomplete Emptying	4.40	1.67	2.73	62	0.49	0.13	23.1271	< 0.0001	HS
2	Increased Frequency	3.93	1.80	2.13	54	0.56	0.14	12.9111	< 0.0001	HS
3	Intermittency	2.27	0.73	1.54	67	0.70	0.18	5.0020	< 0.0002	HS
4	Urgency	2.33	1.13	1.2	51	0.83	0.22	3.3845	< 0.0044	HS
5	Week stream	1.47	0.67	0.8	54	0.62	0.16	3.0551	< 0.0086	HS
6	Straining	1.40	0.73	0.67	47	0.59	0.15	2.4672	< 0.0271	HS
7	Nocturia	1.80	1.07	0.73	40	0.59	0.15	3.2139	< 0.0062	HS

Table 8: Showing the individual study of (Weight of Prostate, Residual Urine)

Parameters	Mean	S.D.	S.E.	t value	p value	Remarks
Weight of prostate	24.840	4.264	1.101	4.2735	< 0.0008	HS
Residual urine	52.00	51.59	13.32	3.3520	< 0.0047	HS

DISCUSSION

The maximum symptoms were present in the age group of 60-65 yr. Approximately the incidence of BPH is more in sixth decade of men's life, showing the importance of age factor.

Statistically both subjective and objective data are highly significant.

Mode of action of basti: The main principle of management of vatashteela i.e. Margashodhana and Vatanulomana in order to restore the normal func-

tioning of Apanavata.

- *Brihat varunadi kashaya* has been indicated in *mutrakruhra* and *mutraagahata* in the textbook of *Bhaishajya Ratnavali*.
- *Kashaya dravya* contains *Varuna, Gokshura, Shunti, Kullatha, Musali* and *Trina Panchamoola (Kusha, Kasha, Nala, Darbha, Ikshu)* which has properties like *Madhura, Tikta, Kashaya Rasa, Laghu-Snigdha Guna, vata kapha shamaka, Bhedana, Mutrala, Vrushya*¹.

- *Gokshura* is having the 5- α -reductase inhibitory, α -adrenergic, antagonistic activity and reduction in the weight of the testosterone induced prostate. It is also noticed that it inhibits the stromal proliferation and controls the epithelial height. (Sundaram. R, and Co; R&D Centre; the Himalaya Drug Co. Bangalore, 1999).
- *Yava kshara* has *laghu-snigdha guna*, *kaphavata shamak*, has *lekhana*, *mutrala* property and it is beneficial in *mutrakrichra*.
- *Basti* mainly acts on *Pakvashaya* the *Mula sthana* of *Vata*^{3c}, it subsides vitiated *Vata*.
- By means of *Katu vipaka*, *Ushna veerya brihath varunadi kashaya basti* reduces the size and volume of the prostate there by decreases the obstruction to flow of urine.
- *Basti dravya* possess *Basti vishodhana* drugs^{2b}, it improves the stability and also compliance of detrusor muscle of the bladder. When *Basti dravya* reaches in general circulation it may act on androgens (testosterone) directly or through pituitary there by controlling leutenising hormone to stimulate Leydig's cells present in testes and may reduce the more production or more conversion of testosterone into DHT by inhibiting 5-alpha reductase enzyme.

CONCLUSION

BPH has many etiological factors but they are no specific aetiology except age and hormonal changes, hormonal changes are also majorly impacted by age where levels of testosterone is reduced and increase of estrogen, conversion to DTH is mostly likely triggered. The present study gave us significant results w.r.t. both subjective and objective data, where *niruha basti* does *lekhana* and *srotoshodana*, along with *anuvashana* it does *vatanulomana* and hence *samprapti vighatana*.

This study is a stepping stone towards treatment of BPH.

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