

## MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA WITH BALA TAIL MATRA BASTI - A CASE STUDY

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### ABSTRACT

Benign prostatic hyperplasia (BPH) is a well-known obstructive urological disorder seen in aging men. In Ayurveda, *Mutraghata* has been described as obstructive uropathy related to either upper or lower urinary tract and this disorder can be correlated with BPH in modern parlance. The predominant urinary symptoms like intermittency, weak stream, straining, urgency, frequency, incomplete emptying etc. are found in *Mutraghata*. In this case study, a well diagnosed benign enlargement of prostate was treated with *Bala Tail Matra Basti* (instillation of medicated oil through rectum) 60 ml once daily for 21 consecutive days. The patient was assessed on the basis of International Prostate System Score (IPSS) and objective parameter silk weight of the prostate and post voidal residual urine. After completion of the treatment, significant relief was observed in signs and symptoms. This case highlights the fact that, Benign Prostatic Hyperplasia can be managed with simple application of *Bala Tail Matra Basti*.

**Key words:** *Mutraghata*, *Bala Tail*, *Matra Basti*, IPSS, Benign Prostatic Hyperplasia/BPH.

### INTRODUCTION

The description of *Mutraghata* has found in *Sushruta Samhita Uttartantra*. It has been described as group of urinary disorders in which intermittency, weak stream, straining, urgency, frequency, incomplete emptying are found due to deranged function of *VataDosha*, particularly *ApanaVata*. These features are considered as Lower Urinary Tract Symptoms (LUTS) and BPH is one of the most common cause in modern parlance. BPH is non-malignant enlargements of the prostate gland caused by excessive hyperplasia of prostatic tissue seen in aging men and characterised by more urine storage, increase voiding frequency, risk of infection and ultimately hamper the quality of life (QOL). The overall incidence rate of Benign Prostatic Hyperplasia (BPH) is 15 per 1000 men per year. The incidence of BPH is at least 50 %

for all men at the age of 40 years and above. In India, BPH is a common geriatric problem with an incidence of 92.97% (n=185) & 93.3% (n=200).<sup>1</sup>

A wide range of treatment options like medicinal approach, surgical approach, Homeopathy, Yoga etc. are available in current medical practice. But due to limitations of these therapies, till date it is a problematic entity for older people. Phytochemicals,  $\alpha$  blockers, 5- $\alpha$  reductase inhibitors and transurethral resection of prostate (TURP) are considered as standard line of management to improve the quality of life. In hormonal therapy, the complications like loss of libido, impotence, and gynaecomastia etc are found. In advance stage of BPH, surgeries like open prostatectomy or TURP are the option for getting better relief in bladder outlet obstruction but the

problems like morbidity, impotence, retrograde ejaculation etc., are the major drawbacks.<sup>2</sup> Hence everybody wants for a therapy which will be non-invasive, cost effective, well tolerance without any untoward effects. *BastiChikitsa (MatraBasti)* is an authentic treatment option for the management of *Mutraghata*, where no any strict restrictions are required.<sup>3</sup> The drugs having the property of *Vata-Kapha Shamaka* are to be helpful for reducing the size of the prostate and to enhance the urinary bladder tone. So, in this case studies, *Bala Tail* was given as *Matra Basti* for 21 days and after that significant changes were observed.

#### CASE HISTORY

A 65 years old male patient of *Vata-Kaphaja Prakriti*, visited OPD of *Shalya Tantra*, IPGT & RA Hospital, Gujarat Ayurved University, Jamnagar on 11/09/2014 with complaints of incomplete emptying, frequency of micturition, urgency and weak stream. He was having these complaints for last 6 months. Gradually he was feeling more discomfort and his routine life was disturbed. Preliminary clinical examinations and per rectal examination were done to assess the enlargement of prostate. Routine biochemical and haematological investigations were done and the values were within normal limit. The size of the prostate gland was 54cc, post-voidal residual urine was 20cc, IPSS was 10 and average urine flow Rate was 13ml/sec.

#### PROCEDURE OF BALA TAIL MATRA BASTI

The ingredients of *Bala Tail* are *Atibala (Abutilon indicum)*, *Tila Tail* (Oil extracted from the seeds of *Sesamumindicum*). The trial drug *Bala Tail* was prepared in Pharmacy of IPGT & RA, as per the *SnehapakaKalpana*<sup>4</sup> mentioned in the classic.

#### PoorvaKarma (Preoperative measures)

Patients were advised to pass the natural urges at morning and come for *MatraBasti* at 9am. *Basti* materials (*Bala Tail*, rubber catheter, syringe etc.) were kept ready before application, after that patient was asked to lie-down in left lateral position on table.

#### Pradhana Karma (Operative measures)

The lukewarm *Bala Tail* approximately 60 ml was administered slowly into the rectum with help of plastic syringe and rubber catheter daily for 21 days.

#### Pashchata Karma (Post-Operative measures)

After *Basti* patient was advised to lie down in left lateral position for 10 minutes. Thereby patient was shifted to ward for local *Svedana Karma* (fomentation) at lower abdomen with help of warm water bag. Patient was advised to retain the *Basti* material for maximum time as possible. Light diet was allowed after one hour.

#### DISCUSSION

*Mutraghata* can be correlated with Benign Prostatic Hyperplasia (BPH) based on the clinical symptomatology. *Mutraghata*, itself is broad term which can be considered as a syndrome, because it covers most of the pathological entity of the urinary system. The concept of nodular hyperplasia in pathology of BPH has well accepted phenomena but its exact cause is still not known. In fact, the development of BPH is multi-factorial phenomenon as there is no strong evidence for risk factors like smoking, vasectomy, obesity or high alcohol intake for developing clinical features of BPH.<sup>5</sup> The only true factors related to the development of the disease are old age and hormonal status. In old age, there is imbalance between dihydrotestosterone (DHT) and local peptide growth factors due to decrease serum testosterone level and steroid secreted by the adrenal cortex. Hence the

risk of BPH is found more in ageing man<sup>6</sup> keeping in consideration of involvement of *DoshaBasti* is said to be considered as the most appropriate treatment for *Vata* predominant diseases. *Mutraghata* is as such type entity in which mainly *VataDosha* is vitiated along with involvement of *KaphaDosha*. *MatraBasti* is one kind of *AnuvasanaBasti* in which the dose of *Sneha Dravya* is used in less quantity (maximum 60 ml). The beauty of *Matra-Basti* has been defined in such a way that it improves the general body health (*Balya*), nourishes as whole (*Brihaniya*), normalizes the function of *Vata* and regularise the natural urges like urination, defecation in diseased conditions. Hence in this study *BalaTail MatraBasti* was given in a well diagnosed case of BPH. Before treatment IPSS score was 10 and after completion of the treatment IPSS score was reduced to one i.e. patient was asymptomatic with good quality of life. The size of prostate before treatment was 54cc in USG findings and after treatment it was 40cc. Thus it can be said that *BalaTail* has so much effective to control the growth of prostate gland. In USG findings Post Voidal Residual Urine Volume (PVRU) was 20cc before treatment which was reduced to nil, so it can be said that the function of detrusor muscle was improved by *Matra Basti* due to *Balya* and *Brihaniya* effect. The Average Urine Flow Rate was measured manually and it was observed 13ml/sec before treatment. In routine a healthy person, the normal Average Urine Flow Rate (AUFR) is 15ml/sec or above, which is reduced in case of BPH. In selected patient AUFR was 13ml/sec and after completion of treatment it was 16ml/sec, which is considered as normal. It might be possible due to decreased mechanical obstruction and pressure produced by enlargement of prostate.

The selected *Bala Tail* contains *Atibala*, which is having *Madhura, Snigdha, Sita, Rasayana, Balya, Vatahara* properties which are helpful to normalize of *Vata-Dosha*. Hence deranged function of *ApanaVata* might have corrected. Bark and leaves of *Atibala* is used as diuretics, whereas seeds are used in chronic cystitis. The plant also possesses the qualities like anti-inflammatory and antioxidant actions. Because of these properties, *BalaTila* might be controlled the hyperplasia of prostate gland. Leaves of *Tila* are used in urinary disorders. It has *Rasayana* and *Mootrajanana* (Diuretic) property. <sup>7</sup>*Tila Tail*(Oil extracted from the seeds of *Sesamumindicum* is an ingredient of *Bala Tail* having linoleic acid and oleic acid as chemical component.<sup>8</sup> These are inhibitors of both 5- $\alpha$  reductase and  $\alpha$  blockers activity.<sup>9,10</sup>The inhibition of 5- $\alpha$  reductase controls the conversion of testosterone to Dihydrotestosterone (DHT). So regularisation DHT is ultimately controls the further growth of prostate gland and provided the relief in the sign & symptoms of BPH. Due to properties of *Madhura Rasa, MadhuraVipaka, Balya, Rasayana, Vata-KaphaShamaka*,<sup>11</sup> it nourishes and strengthens all the *Dhatus* and pacifies the vitiated *Vata* and regularise the function of *ApanaVata*. Hence all these properties of the trial drugs and the action of *Basti* would have helped to control the benign growth of prostate gland.

## CONCLUSION

This case study highlighted that *BalaTail MatraBasti* is a simple and effective treatment modality for Benign Prostatic Hyperplasia without any adverse effects.

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