

## KARKATIBEEJADI CHURNA AND DHANYAKA-GOKSHURA GHRITA MATRA BASTI IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA- CASE STUDY

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### ABSTRACT

Benign Prostatic Hyperplasia (BPH) is major senile disorder of obstructive uropathy, described in *Ayurveda* classic as one type of *Mutraghata* (urinary disorders). Twelve types of *Mutraghata* reflect the symptoms of retention, incomplete voiding, dribbling, hesitancy, incontinence of urine, etc. These are basically presented the features related to the Lower Urinary Tract Symptoms (LUTS)<sup>(1)</sup> and Bladder Outflow Obstruction (BOO)<sup>(2)</sup> and can be correlated with Benign Prostatic Hyperplasia (BPH) in modern parlance. BPH is a non-malignant enlargement of the prostate gland, caused by the excessive growth of prostatic nodules<sup>(3)</sup>. The overall incidence rate of BPH is about 15 per 1000 men per year. The conservative treatments have been mentioned to relieve the obstructive uropathy by reducing prostate size and enhancing the tone of urinary bladder musculature in contemporary medical science. Similarly in *Ayurveda* also, various researches are going on to find out a suitable treatment option to manage *Mutraghata*. In the *Sushruta Samhita* the choice of treatment for *Mutraghata* is *Basti* as *Shodhan Chikitsa*<sup>(4)</sup>. Therefore in present article the reassessment of *Karkatibeejadi churna* and *Dhanyaka-Gokshura Ghrita Matra Basti* in the management of Benign Prostatic Hyperplasia.

**Keywords:** Ayurveda, Benign prostatic hyperplasia, Matra Basti, Mutraghata

### INTRODUCTION

Various references are available in Ayurvedic classics about "*Vatashtila*" which is one of the 12 types of *Mutraghata*. *Mutraghata* means *mutravrodha*<sup>(5)</sup> When *dushita* vata gets localized in between *Basti* and *Guda*, produces a dense fixed firm glandular swelling known as *Vatashtila* leading to *Vinmutrasanga* with *Adhamana* and *ruja* in *Basti pradesha*<sup>(6)</sup>. This condition can be correlated to Benign Prostatic Hypertrophy, BPH can be managed by conservative and surgical treatment which includes Anti-androgen therapy, Alpha Blockers, Aromatase inhibitors,

Prostatectomy, Laser therapy, Microwave Treatment.

Success rate of surgery is about 90% in case of acute and chronic retention whereas in patients with mild symptoms only benefited with 65% by surgical management. Prostatectomy leads to impotence in 5% of cases, retrograde ejaculation 50%, severe sepsis 5%. As the patients are fairly old these complications are liable to occur in early post-operative days. Even conservative therapy has disadvantages like administering Anti-androgen therapy causes impotence, Aromatase inhibitors which are widely used have led to certain

side effects like lassitude, depression, gynaecomastia.

In this situation, it is possible that Ayurveda will be able to provide a treatment that is natural and free from any adverse effects. Acharya Sushruta has mentioned successful treatment of *raghat* with *Kasaya*, *Kalka*, *Ghrita*, *Kshara*, etc. preparations of different drugs<sup>(7)</sup> This research work was carried out with the ultimate aim of finding the best treatment available in Ayurveda for BPH.

Considering the drawbacks of the treatments available, there is a need of easy and effective treatment in the management of BPH Present case study was planned as per management principles to evaluate the clinical efficacy of *karkatibeejadi churna* (KBC) orally and *Dhanyaka-Gokshura Ghrita* (DGG) *Matra Basti* in the management of *Mootraghata* with reference to BPH.

#### AIMS AND OBJECTIVES:

To evaluate the efficacy of *Karkatibeejadi churna* and *Dhanyaka-Gokshura Ghrita Matra Basti* in the management of Benign Prostatic Hyperplasia

#### MATERIAL AND METHODS:

- **Source of the data** : Study is carried out in “IPD of Shalyatantra, Y.M.T. Ayurvedic medical college and hospital, kharghar , navi Mumbai
- **Type of study**: Single case study.

#### DIAGNOSTIC CRITERIA:

##### 1) Subjective Parameters:

Diagnosis was based on the clinical signs and symptoms of the disease, which on International Prostate Symptoms Score (I-PSS).<sup>(8)</sup>

##### 2) Objective Parameters:

- USG (pelvis)
- PSA
- Urine(R&M)

#### INCLUSION CRITERIA:

- 1) Age group in between 40-70 years.
- 2) Patients with signs and symptoms of BPH.
- 3) PR examination s/o enlarges prostate.
- 4) Post residual urine volume less than 200cc & prostate wt. less than 50gms in USG pelvis.

#### EXCLUSION CRITERIA:

- Patient with prostatitis, urinary sepsis, stricture of urethra, bladder neck stenosis
- Patient with acute and chronic renal failure. Hydronephrosis, hydroureter Renal calculi, Bladder calculi, Ureteric calculi.
- Patient with carcinoma of prostate, urinary bladder, urinary tract.
- Retention of urine and those requiring catheterization.
- Post residual urine volume more than 200cc & prostate wt. more than 50gms.

#### CASE REPORT-

A male patient of age 48 years working as a sales executive in a reputed company, he was complaining of-

- Dribbling micturition
- Incomplete emptying of bladder since 6-7 month
- Nocturia 4-5 times
- Urgency of micturition

No H/O – DM / HTN/ KOCH’S / Bronchial Asthama

No H/O – Any drug allergy.

P/M/H – NIL

P/S/H- Haemorrhoidectomy before 3 years

O/E – G.C- fair

T- Afebrile

Wt - 76 Kg

P- 80/ MIN

B.P.- 130/ 90 mm of hg.

S/E- RS- AEBE Clear

CVS- S1, S2- normal

CNS- conscious and oriented

properly.

P/A- Soft and non-tender.  
 P/H- Bowel – irregular bowel habit  
 Bladder -Dribbling micturation and weak stream  
 Sleep – disturbed by nocturia  
 Appetite - normal.  
 Addiction: - Alcoholic since 15 – 20 years  
 - Spicy food and fermented food in the diet regularly.

**INVESTIGATIONS:**

- USG (pelvis)
- PSA
- Urine(R&M)
- ❖ Reports suggested and confirmed BPH as prostate wt. was 38 gm and post residual urine volume was 140cc with normal PSA value and urine R&M.

Treatment planned as follows:

- 1) *Karkatibeejadi churna*<sup>(9)</sup>:- 5gm Twice a day  
 Anupan – kosha jal.  
 Aushadh sevan kal – Apana kala.
- 2) *Dhanyaka-Gokshura Ghrita Matra Basti*<sup>(10)</sup>- 60 ml once a day just after food<sup>(11)</sup>

**RESULT:**

The above treatment was given for the 15 days and advised for a followup. After 15 days the symptoms were reduced as per I-PSS. The same treatment was continued for 2 month but matra basti was given for 15 days in every month.

The USG pelvis was done after 2 months Report after 2month had dropped down to 36 gm and post residual urine volume to 80cc , and also the all the symptoms of the patients are decreased considerably.

**PATHYAPATHYA:**

- Patient is encouraged to have cucumber in the diet in form of salad.
- Use of excessive alcohol and spicy food avoided in the diet.

**OBSERVATION:**

Patient relieved symptomatically and there was significant decrease in prostate weight and post residual urine volume.

**Table No.-1**

BEFORE TREATMENT	AFTER TREATMENT
ProstateWeight – 38gm	ProstateWeight – 36gm
post residual urine volume -140cc	post residual urine volume - 80cc
I-PSS Score- 21	I-PSS Score- 13

**DISCUSSION**

The disease *Vatastheela*, one of the 12 *Mutraghata* disorders, can be correlated with BPH on the basis of its *Sthana* (place), which is between *Guda* and *Basti*, and also on the basis of the correspondence of the symptoms and signs.

*Vishamashana* was found in the majority of the patients. *Ama* is the chief causative factor in the pathogenesis of *Vatastheela* as described by Charaka, and *Vishamashana* is responsible for *Ama* formation which leads to making the firm background for disease. Disturbed

sleep was found in almost all the patients, which might be due to the increased frequency of micturition at night. Constipation was found in most of the patients, which might be due to faulty dietary habits such as *Vishamashana*. *Karkatibeejadi churna* was highly significant relief was found in frequency of micturition, hesitancy, and dysuria, while significantly result was observed in the symptoms of urgency and nocturia. *Karkatibeejadi churna* contains properties like *tridoshaghna*, *mutral*, *anulomana*, *mutra awrodhahara*<sup>(12)</sup> and it is by the virtue of these *Gunas* that it causes decrease in

prostate size and increase in urine flow rate

Another probable reason for such relief may be the effect of the *Triphala* by resolving the hormonal imbalance. As mentioned by the Acharyas, *Karkatibeejadi churna* helps to reduce the size of the prostate gland and give symptomatic relief.

Treatment with *Dhanyaka Gokshura Ghrita* provided highly significant relief in incomplete voiding, intermittency, hesitancy, and nocturia. There was also significant relief of symptoms like frequency of micturition, urgency, and weak urine stream.

*Dhanyaka Gokshura Ghrita* contains only two drugs, i.e., *Dhanyaka* and *Gokshura*. *Dhanyaka* is *Tridoshahara*, *Dipana*, *Pachana*, and *Strotovishodhana*<sup>(13)</sup> while *Gokshura* has properties like *Vatahara*, *Mutrala*, *Anulomana*, *Basti Shodhaka*, *Dipana*, and *Pachana*<sup>(14)</sup> etc. Both drugs were processed with *Ghrita* which carried all the properties of above drugs, as *Ghrita* is *Yogavahi*. Thus, the actions of *Dhanyaka Gokshura Ghrita* were by virtue of the properties mentioned above.

## CONCLUSION

Patients suffering from hypothyroidism are increasing day by day. As there is no specific treatment without surgery in allopathic science in the management of BPH so that patients have to take the drug for life long. Also with the use of allopathic medicine there are side effects are also associated. Hence in management of BPH ayurveda plays a vital role. The ayurvedic drug should be selected depending upon the symptoms and the cause of the disease. With the help of ayurvedic treatment one can easily manage the symptoms of the BPH

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