

MANAGEMENT OF CHRONIC BACTERIAL PROSTATITIS (*TOONI*) THROUGH PANCHAKARMA – A CASE STUDY

Ramanuj Soni¹, Prasanth D², Santoshkumar Bhatted³

¹PG Scholar Final Year, ²Assistant Professor, ³Associate Professor & HOD,
Department of Panchakarma, All India Institute of Ayurveda, New Delhi, India

Email: rauj.soni@gmail.com

ABSTRACT

Introduction: Prostatitis is swelling and inflammation of the prostate gland. One of the most important symptoms of chronic bacterial prostatitis is rectal pain and increased urge of urination. The overall prevalence of prostatitis is approximately 8% and it affects men of a wide range. Swelling or inflammation of the prostate gland which may be due to various causes can have a significant impact on quality of life. Antibiotic therapy is the mainstay of treatment of chronic bacterial prostatitis. Condition is more difficult to treat since antibiotics penetrate the prostate poorly. Treatment of chronic bacterial prostatitis requires prolonged therapy with antibiotics that can penetrate the prostate still unfortunately it can relapse. These symptoms can be correlated the clinical condition “*Tooni*” mentioned under the classification of *Vatvyadhi* in Ayurveda. **Material and Methods:** A male patient aged 31 years complained of severe rectal pain and frequent burning and dribbling micturition since more than 10 years for which he was taking painkillers regularly in his routine life. The patient was diagnosed with chronic bacterial prostatitis. As per the *Ayurveda* line of treatment because of its chronicity and recurrent nature of the disease in *Vata sthana* like *Mutrashaya* or *Malashaya* with *aggravated Pitta Lakshanas* like burning micturition initially the patient was treated with *Virechana* and then *Yog Basti* along with some oral *Ayurvedic* medicines and the results were encouraging. **Result:** After a course of treatment with *Virechana* and *Yog Basti* assessment was made with VAS Scale for subjective parameters in which it was noticed that the because of its chronic and recurrent nature frequency of episodes of pain and severity reduced and the complaints of frequent urination was resolved markedly. At the end of the treatment, there was considerable improvement in the subjective and objective clinical features. The observations reveal that, *Panchakarma* procedures can play a key role in the management of Chronic Bacterial Prostatitis (*Tooni*). **Discussion:** This case study shows successful management of a case of Chronic Bacterial Prostatitis (*Tooni*) through Ayurveda treatment.

Keywords: *Tooni*, Chronic Bacterial Prostatitis, *Virechana*, *Yog Basti*, *Vatvyadhi*.

INTRODUCTION

Prostatitis is due to inflammation of prostate gland. Acute or chronic bacterial prostatitis can be caused by

infection with same bacteria that are associated with UTI. It is generally a consequence of recurrent UTI¹.

The overall prevalence of prostatitis is approximately 8% and it affects men of a wide range. Swelling or inflammation of the prostate gland which may be due to various causes can have a significant impact on quality of life. Clinical condition usually diagnosed with signs and symptoms that include frequency, dysuria, perianal pain, difficulty in voiding urine and painful ejaculation.

The causative organisms of acute bacterial prostatitis are usually similar to those that cause other common genitourinary infections and include *Escherichia coli* and *Enterococcus* spp. About 60% of patient with chronic bacterial prostatitis have evidence of on-going infection based on polymerase chain reaction (PCR) testing of their expressed prostatic secretion.

Bacterial prostatitis is confirmed by positive culture from urine or urethral discharge obtained after prostatic massage and the treatment of choice is trimethoprim or quinolone antibiotics. Antibiotic therapy is the mainstay of treatment of chronic bacterial prostatitis. Condition is more difficult to treat since antibiotics penetrate the prostate poorly. Treatment of chronic for bacterial prostatitis requires prolonged therapy with antibiotics often the symptoms of infection may come back after stop of the medicine, even if it is not treated properly it may leads to complications such as abscess, urinary retention, sepsis, sexual dysfunction etc.

One of the most important symptoms of chronic bacterial prostatitis is rectal pain and burning micturition. Based on these symptoms it can be correlated with the clinical condition “*Tooni*” mentioned under the classification of *Vatvyadhi* in *Ayurveda* where pain starts from *Mutrashaya* (Urinary Bladder) or *Malashaya* (Rectum) and radiates to *Guda* (Anus) and *Upastha* (Penis)².

CASE REPORT-

A 31 years young male patient having UHID REG. NO.172850, dated 31/07/2017 visited to *Panchakarma* OPD of All India Institute Of Ayurveda, New Delhi with chief complaints of Pain in anal region, Burning

micturition, Difficulty in passing urine & Dribbling of urine since last 10 years. On enquiring details, the patient revealed that he was healthy 10 years ago then he gradually felt burning micturition, dribbling, and rectal pain along with difficulty in micturition. He had consulted with allopathic physician for the same who advised him for USG in which it was diagnosed with “Enlarged Prostate” having size 5x4.6x4.4cm and volume-55.3cc. Considering his problem he had provided some medicinal treatment but he had not get any relief in his clinical symptoms. He again advised him for “Urine Culture” in which he was diagnosed with E-Coli induced Chronic Bacterial Prostatitis. Patient had treated with antibiotics many times; during the course of treatment he got slight improvement but after some time relapsing of symptoms was very common. By the time the patient had to take painkillers daily for severe rectal pain and other urinary symptoms was also came back, the patient approached AIIA hospital in search of a permanent solution.

PERSONAL HISTORY- Patient is vegetarian with good appetite, normal sleep, and frequency of micturition 10-12 times per day, and the patient had no addiction. There was no genetic linkage of the disease observed in the family. The general examination of the patient showed pallor, vitals being pulse rate 80/ min, respiratory rate 18/min, blood pressure 130/80mmHg, and body weight 62kg.

PAST HISTORY- Urinary tuberculosis in 2005 for which patient treated with ATT for 9 months.

INVESTIGATIONS-

Subjective- Pain in anal region, Burning Micturition, Dribbling of Urine, Difficulty in passing the urine, Rectal pain.

Objective- Urine Culture Test – Positive E-coli, USG-Enlarged Prostrate 5x4.6x4.4cm, Volume-55.3 cc.

PLAN OF TREATMENT-

Table No.1: Showing Panchakarma Treatment given-

PANCHAKARMA INTERVENTION				
Paachana-5 Days	S.No	Medicine Used	Dose	Anupana
	1.	<i>Chandraprabha Vati</i>	3 tab. / TDS	After Food with Luke warm water
	2.	<i>Avipattikar Churna</i>	3 gm / BD	Before Food with Luke warm water
	3.	<i>Chandanasava</i>	15 ml / TDS	After Food with water
Snehapana-5 Days	No. of Days	Dose of <i>Vastyamantaka Ghrita</i> (ml)	Time of <i>Snehapana</i>	Onset of Hunger
	Day 1	50	6:00 am	11:00 am
	Day 2	100	6:15 am	12:00 pm
	Day 3	150	6:30 am	1:00 pm
	Day 4	200	6:00 am	5:00 pm
	Day 5	220	6:20 am	8:00 pm
Virechana	<ul style="list-style-type: none"> ➤ <i>Sarvanga Abhyanga (Dhanwantar taila)- 3days</i> ➤ <i>Swedana (Dashmoola Kwatha)- 3days</i> ➤ <i>Virechana Dravya-Trivrita Avleha-90gm with Triphala kwatha-60ml</i> 			
Yog Basti-8 Days	Anuvasan Basti		Niruha Basti	
	<i>Vastyamantak Ghrita- 80 ml</i>		<i>Madhu- 60 gm</i>	
	<i>Dhanwantar Taila- 50 ml</i>		<i>Saindhava- 10 gm</i>	
	<i>Satapuspa- 20 gm</i>		<i>Sneha (Vastyamantak Ghrita-50 ml +Dhanwantar Taila-50 ml)</i>	
	<i>Saindhava- 10 gm</i>		<i>Kalka (Hinguvachadi Churna- 25 gm)</i>	
			<i>Gokhshura-Purnarnava-Varunadi Kwatha-800 ml</i>	
Shamana Treatment Followed By Shodhana for 3 Months	S.No	Medicine Used	Dose	Anupana
	1.	<i>Punarnavadi Kashaya</i>	10ml / TDS	Before Food with Luke warm water
	2.	<i>Varunadi kwatha</i>	10ml / TDS	Before Food with Luke warm water
	3.	<i>Kanchanar Guggulu</i>	2 tab./ TDS (each 250 mg)	After Food with Luke warm water
	4.	<i>Ajamodadi Churna</i>	3 gm/ TDS	After Food with Luke warm water
	5.	<i>Avipattikar Churna</i>	5 gm Early Morning Empty Stomach	With Luke warm water
	6.	Tab. Himplasia	2 tab./TDS	After Food with Luke warm water

Paachan and *Koshthashuddhi* was done with *Avipattikar Churna* 3gm BD before food with luke warm water, *Chandraprabha Vati* 3 tablets TDS after food and *Chandanasava* 15 ml TDS after food with equal amount of luke warm water for 5 days. The reason behind the selection of the medicines was that *Avipattikar Churna* and *Chandraprabha Vati* having *Mutrakrichhahar* properties additionally *Avipattikar Churna* is *Pittarechak* due presence of *Trivrita* in it. *Chandanasava* is *Sheeta* in nature.

Snehapana was done with *Vastyamantaka Ghrita* since it has *Mutrakrichhahar* and *Sarvbastirognashak* property which was gradually increased from 50 ml on the 1st day to 220 ml on the 5th day respectively. After obtaining the *Samyak Sneha Lakshanas* like Passing of flatus, increase in appetite, softness of body parts, lightness of body, loose and oily stool etc, *Snehapan* was stopped. He was advised *Sarvanga Abhyanga* with *Dhanwantar taila* and *Vashpa Swedana* with *Dashmool Kwatha* for 3 days.

Sarvanga Abhyanga followed by *Vashpa swedana* was done on the day of *Virechana* in morning. *Virechana Yoga* in the form of *Trivrita Avleha* 90gm and *Triphala Kwatha* 60ml was administered orally in empty stomach at 10 AM. Patient was advised to have sips of Luke warm water in between to continue the motions and prevent any possible adverse effects arising due to continuous *Virechan Vegas*. Emergency medicines like *Kutaj Ghanavati* and *Shankha Vati* were kept at hand if needed in any conditions.

After one hour, *Virechana Vega* (Loose Motion) was started. 25 *Virechana Vegas* passed in 12 hours. Pulse Rate and Blood Pressure after *Virechana* were within normal limit. The patient got 25 *Vegas* of *Virechana* considering as *Pravar Shuddhi* (high cleansing of body). He was kept admitted till the *Samsarjana Krama* (specific diet regimen after *Shodhana*) of 7 days. He was advised strict rest and diet only in the form Rice gruel in the form of *Peya*, *Vilepi*, Green gram soup in the form of *Yusha* in gradual successions.

After completion of *Samsarjana Krama*, *Yog Basti* was administered for 8 days in which alternate 1 *Anuvasan Basti* given in starting followed by 3 *Anuvasan Basti* and 3 *Niruha Basti* alternatively everyday morning followed with 1 *Anuvasan Basti* in the last.

OBSERVATIONS-

Table 2: Showing Effect of Panchakarma Treatment-

VAS-SCALE					
Sign & symptoms	Assessment Before Treatment	Assessment after <i>Snehapana</i>	Assessment after <i>Virechana</i>	Assessment after <i>Yog Basti</i>	Assessment at follow up (after 3 months)
Rectal Pain	8	5	5	3	1
Burning Micturition	8	8	3	3	1
Dribbling of Urine	Present	Present	Present	Present	Absent
Difficulty in Urine	Present	Present	Mild Present	Absent	Absent
Prostate Size	5x4.6x4.4 cm	-	-	-	4x2.5x3.5 cm
Prostate Volume	53 cc	-	-	-	28cc
Bacteria in Urine Culture	Present	-	-	-	Absent

RESULT-

During *Snehapana* there was reduction in rectal pain. Patient was not taking any painkiller from the 3rd day

In *Anuvasan Basti Vastyamantak Ghrita* and *Dhanwantar Tail* was used as they had *Mutrakrichhahar* and *Sarvbastirognashak* and *Mutraghatnashak* potency. Whereas in *Niruh basti Hinguvachadi Kalka* is used as it has *Bastishoolnashak* and *Mutrasangnashak* properties, for *kwatha* in *Niruh Basti Gokshur-Punarnava-Varunadi Kwath* was used because it is *Kaphavatahar*, *Bastishodhan* and *Shothaghana* in action.

After the completion of *Yog Basti* some oral medicine were given as *Shamana Chikitsa* for 3 months i.e. 1. *Punarnavadi Kashaya* 10 ml TDS with 30 ml luke warm water before food 2. *Varunadi kwath* 10 ml TDS with 30 ml luke warm water before food 3. *Kanchanar Guggulu* 2 tablets TDS after food with luke warm water 4. *Ajamodadi Churna* 3gm TDS after food with luke warm water 5. *Avipattikar Churna* 5 gm early morning empty stomach with luke warm water 6. Tab. *Himplasia* 2 tablets TDS after food with luke warm water.

Punarnavadi Kashaya having *Shothahar* property, *Varunadi kwath* is *Kaphavathara* in nature, *Kanchanar Guggulu* is having *Granthinashak* action, tab. *Himplasia* to maintain optimum prostrate, urogenital and bladder functions.

of *Snehapana*. After *Virechana* patient felt considerable reduction in the burning micturition and in dysuria also while after the completion of the *Yog*

Basti he noticed significant relief in all his clinical symptoms along with perianal pain. Before and after treatment assessments were made using VAS scale. On VAS Scale significant improvement was noted in rectal pain during the *Snehapana* and in Burning micturition there was after the *Virechana Karma* which reduced to half after completion of *Virechana*. Difficulty in micturition was also absent after the completion of the *Yog Basti* and Dribbling was absent after the complete treatment with *Shamana Yoga* after follow up of 3 months after that he had almost normal routine life without taking any painkiller and clinical symptoms, size of prostate was also almost normal and urine culture also showed absence of *E.coli*.

DISCUSSION

Presented case was diagnosed as *E.Coli* induced Chronic Bacterial Prostatitis (*Tooni*) by USG and Positive Urine Culture. As the patient was complaining of Burning micturition, Rectal pain, Difficulty in urine, and Dribbling of Urine since 10 years which are indication of aggravated *Pitta* associated with *Vata* described in *Ayurvedic* classics along with consideration of the chronicity initially *Shodhana* was planned in the form of *Mridu-Virechana* which is specially *Vata-Pittahara*. *Basti* was the next line of treatment for rectal pain as it is main treatment for *Vata* and *Vatasthana* also described under the treatment of *Tooni* in *Ayurvedic* classical texts³. All *Ayurvedic* drugs used in the treatment, starting from *Paachana*, *Snehapana*, *Virechana*, *Yog Basti* & oral medications having antimicrobial/Bactericidal and anti-inflammatory effects. Drugs like *Punarnavadi Kashaya*⁴, *Varunadi kwatha*⁵, tab. *Himplasia* works on *Mutravaha Srotas* and also having *Shothahara* property.

On the basis of this single case study it can be concluded that *Virechana* and *Yoga Basti* along with certain palliative medicine is effective in management of Chronic Bacterial Prostatitis (*Tooni*). Further clinical trials are needed to establish a standard management of Chronic Bacterial Prostatitis (*Tooni*).

CONCLUSION

In the present era, life style has led to an increase in the incidence of many diseases like Chronic Bacterial Prostatitis (*Tooni*). This case study shows successful management of a case of Chronic Bacterial Prostatitis (*Tooni*) through *Virechana* and *Yog Basti* with oral medications.

REFERENCES

1. Davidson's Principle & Practice of Medicine by Nicholas A. Boon, Nicki R. Colledge, Brian R. walker and John A. A. hunter, Churchill Livingstone Elsevier publication 20th edition 2006, p.512.
2. Jadavji Trikamji editor, Nibandhasangraha commentary of Sri Dalhanaacharya commentator, Sushruta Samhita of Sushruta, Nidanasthana, Vatvyadhinidanupkramo adhyaya 1, Shloka 86, Chaukhamba Surbharati Prakashan Varanasi, Reprint 2007, p. 270.
3. Jadavji Trikamji editor, Nibandhasangraha commentary of Sri Dalhanaacharya commentator, Sushruta Samhita of Sushruta, Chikitsasthana, Mahavatvyadhichikitsam adhyaya 5, Shloka 25, Chaukhamba Surbharati Prakashan Varanasi, Reprint 2007, p. 428.
4. Ramnivas sharma and Surendra sharma editor, Sahasrayogam, 3rd edition, Chaukhamba Sanskrit Prakashan, Reprint 2016, p.280
5. Pt. H. S. Shastri, Astangahridaya of Vagbhata, Sarvangasundara of Arunadatta, Ayurveda rasayana of Hemadri, Sutrasasthana, Shodhanadiganasangraha adhyaya 10, Shloka 22, Chaukhamba Surbharti Parkashan, 2017, p.236.

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Ramanuj Soni et al: Management Of Chronic Bacterial Prostatitis (Tooni) Through Panchakarma – A Case Study. International Ayurvedic Medical Journal {online} 2019 {cited July, 2019} Available from: http://www.iamj.in/posts/images/upload/1203_1207.pdf