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EFFECT OF AVAPEEDAKA SNEHAPANA IN MANAGEMENT OF BENIGN PROSTRATE HYPERPLASIA

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ABSTRACT

Avapeedaka Sneha is a unique procedure of administrating sneha before and after the digestion of a meal, it is usually indicated in apana vayu dusti i.e adho nabhigata vikaras. Mootraghata is one among them which can be correlated to signs and symptoms of Benign prostrate hyperplasia. It has clinical features like hesitancy, increased urinary frequency, urgency, poor urine flow, and a sensation of incomplete voiding. In other system of medicines, the main line of management would be pharmacotherapy, hormonal therapy, or surgical intervention which have their limitation. In this situation, it is possible that Ayurveda will be able to provide a treatment that is more effective, safe, and free from adverse effects. Acharya Charaka and Vagbhata have mentioned a special type of administration of Sneha in Mootravegadharana Janya vyadhi called AVAPEEDAKA SNEHAPANA**Method:** A single case study male patient of age 52, a priest by occupation, habituated with Mootra vegadharaana for about 40 yrs., which lead to apana vayu dusti leading to mootraghata. Here Patient's bala was uttama, uttama agni bala, krura kosta was and was treated with Avapeedaka snehapana in uttama matra with varunadhi ghruta in Arohanaa karma till attainment of vyadhi shamana lakshanas. **Results**: Avapeedaka snehapana with varunadi ghruta was found to be effective in BPH. i.e there were remarkable changes in Ultra Sonography Scan, International prostrate symptom score, and the complaints. **Discussion:** Avapeedaka snehapana there will be shamana of apana vayu dusti i.e Sneha induces ketogenesis in the body by breaking down of the fatty acid., in this process, the ATP molecules and

the H+ ions are released in excess quantity. Thus, as the ketogenesis increases, the water excretion also increases the urine output, and thereby it has an influence on mootra vegarodha Janya vikara and mutravaha Srotodusti.

Keywords: Avapeedaka snehapana. BPH, Prakbhakta snehapana. Jeernantika snehapana.

INTRODUCTION

Enlargement of the prostate is nearly universal in aging men. From 40 yrs. of age the prostate increases in volume by 2.4 cm3 /yr. on average. Approximately 50% of men over 80 yrs. will have lower urinary tract symptoms associated with BPE. Clinical features there is hesitancy, urinary frequency and urgency, poor urine flow, and a sensation of incomplete voiding. The presentation may be with acute urinary retention, often precipitated by alcohol, constipation, or prostatic infection. Symptoms occur in the area of the prostate gland surrounding the urethra and produce urinary outflow obstruction. As obstruction progresses, urinary stream calibre and force diminish, hesitancy in-stream initiation develops, and post-void dribbling occurs. As the post-void residual increases, nocturia and overflow incontinence may develop. Chronic urinary retention involves a painless distended bladder that may lead to dilatation of the ureters and kidneys, with eventual renal failure[1]. The symptoms of all types of Mootraghata like. Voiding symptoms, per rectal finidings, changes in the colour of urine can be correlated with signs and symptoms of BPH. i.e Pravaahato Shanaih Shanaih (decreased urine flow rate/weak stream of urine), Pravaahato Punah Punaha (increased frequency/urgency of micturition), Mootrasanga (retention of urine, acute/chronic), Srijeda-Alpaalpam (scanty micturition/dribbling), Adhahasroto Nirodhanam (constipation), Yobhuyah Srashtumichchhati (hesitancy), etc., which are resembling with LUTS and BOO and generally exist in Vatakundalika, Mootrasanga, Vatashtheela, and Mootrateeta. Vritta Granthi (round/oval-shaped mass), Sthira-Ghana-Astheela Vata Granthi (hard/firm in consistency), and Unnata Granthi (convex surface), which are found in Vatashtheela and Mootragrathi. Mootram Haridram (yellow urine), and Raktam Mootram (reddish urine) are found in Bastikundal, Mootrotsanga, Vatabasti, Mootrajathara, Ushnavata, and Mootraukasada[2]. In Modern medicine the management of BPH is either through a surgical approach or by conservative treatment using drugs, it is associated with many problems and complications, treatment can be expensive[3]. In this situation, it is possible that Ayurveda will be able to provide a treatment that is natural and free from many adverse effects. Acharya Sushruta has mentioned successful treatment of Mutraghata with Kashaya, Kalka, Ghruta, Kshara, etc. preparations of different drugs[4]. Acharya Charaka and Vagbhata have mentioned a special type of administration of Sneha in Mootravegadharana Janya vyadhi called AVAPEEDAKA SNEHAPANA[5] In the classics there are references about avapeedaka sneha in the contest of Roganuthpadaniya adhyaya of Astanga hrudaya and Tasyasheetiya of charaka Samhita. The sneha which is given before and after the digestion of meal is called avapeedaka sneha, which is usually indicated in adho nabhigata vikaras alike mootraghata, arsha, rakta arsha.[6] There are many controversies regarding the dosage, timing, pattern of administrating of sneha. This case study briefly describes what was the method adopted in the administration of avapeedaka sneha for BPH and what were the outcome.

Case report.

History of present illness:

A male pt. of age 58yr occupationally priest since 41 yrs., not a known case of DM/HTN was apparently normal since 1 yr. pt. gradually developed pain in the lower back, which is pricking type, radiating to posterolateral aspects of left thigh covering 3/4th length of the thigh, it aggravates on prolong sitting and relives on a reliving of flatus. Since 1 yr. pt. had difficulty in micturition, i.e., urgency, increased frequency, slight delay in initiation even on the complete urge, incomplete evacuation. Pt was also complaining of a gas-alike movement in the supra pubic region,

leading to a dull ache along the suprapubic, which used to get relive on passage of flatus. For this c/o pt. approached to Government Ayurveda medical college and hospital and underwent treatment.

History and Family history: Nothing so specific

Treatment H/O underwent ayurvedic treatment in the form of vati and Kashaya for 7 days and there were no changes in the complaints

Occupational H/O: Priest, (4-5 hrs of continues sitting /week.

2-3 hrs of performing aarti by bending /day) this is routine for the last 40 years

Investigation - routine blood tests, PSA value. X-ray – found no significance.

Table 1: Ultra-sonography of abdomen and pelvis was done on 03/02/2021.

Pre void volume	400 cc
Post void volume	120 cc
Prostrate measure	3.5*4.9*2.9
Volume	26 cc
Impression	**Grade1 prostatomegaly** **Significant post-void residual urine**

General examination:

Pallor- Present

Icterus, Cyanosis, Clubbing, Lymphadenopathy, Enema-Absent

VITALS:

BP---150/80mmhg

Pulse rate—84/bpm

Temperature---Afebrile

Systemic examination

Respiratory system---Normal vesicular breathing sounds heard. No abnormalities were found.

Cardiovascular system---S1 S2 heard no added sounds.

Central nervous system ---HMF, Cranial nerves, Motor, Sensory- No added sounds.

Gastrointestinal system--- P/A- soft, mild tenderness in suprapubic region, no organomegaly.

Musculoskeletal region-

The shape of the spine----Slightly kyphotic due to pain. Gait- normal.

On palpation- No gibbous, tenderness in the S1-S4 region, in poster lateral of the hip. SLR-Negative. Femoral- negative. Pressing of hip joint test- Negative. Lymphnodes---not palpable and no tenderness.

Materials and Methods:

Ama lakshana were assessed and deepana pachana with chitrakadi vati 250mg 2 tid was given for 5 days (till attainment of nirama lakshana). After assessing jeerna ahara lakshana sneha was given as mentioned below and the lakshana were observed w.r.t sneha avapeedaka snehana vyadhi. After completion of daily rituals and after attainment of jeerna ahara lakshana on Day 0- hrusiyasi matra (30ml) of varunadi ghruta was given in khusdhita avastha and ananna kala, jeerna kala was observed to be 3.5 hrs, depending on this Jeernakala of ghruta, Uttama matra (dose of) Day 1 was calculated i.e 30*24/3.5. which was 205ml. considering Vyakhya pradeepika teeka of Astanga hrudaya as a reference, obtained 205 ml was divided into 1/3rd and 2/3rd i.e 70ml and 130 ml. This 70ml is prakbhakta sneha i.e hrusva matra, and 130 ml is jeernantika sneha (uttama matra).

On Day **1-** 70 ml ghruta was given in khusdhita avastha and ananna kala, after attaining sneha jeerna lakshana, ahara was given and after attaining jeerna ahara lakshana uttama matra of sneha was administered. In between ushna jala anupana was given. This was repeated for next upcoming days till vyadhi shamana.

Table 2:

Day.1	
Sneha	**Amount**
Prakbhakta sneha	70 ml at 8:10 am
Ahara	2:15pm
Jeernatika sneha	130ml at 6:30 pm
Day.2	
Sneha	**Amount**
Prakbhakta sneha	90 ml at 7:45am
Ahara	2:15pm
Jeernatika sneha	150ml at 7pm
Day.3	
Sneha	**Amount**
Prakbhakta sneha	100 ml at 8:10 am
Ahara	2:15pm
Jeernatika sneha	170ml a t6:30 ml

Results

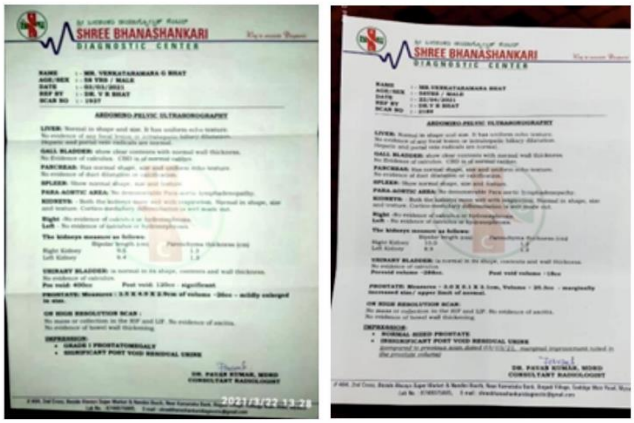

Table 3: Ultra-sonography report of before and after treatment.

	Before treatment (3/3/2021)	After treatment (22/4/21)
Pre void volume	400 cc	288 cc
Post void volume	120 cc	18 cc
Prostrate measure	3.5*4.9*2.9	3.0*5.1*3.1cm
Volume	26 cc	25.3 cc
Impression	**Grade1 prostatomegaly** **Significant post-void residual urine**	**Normal-sized prostrate** **Insignificant post-void residual urine.**

Table 4: International prostrate symptom score (Before treatment)

	In the past month	Not at all =0	Less than 1 in 5 times=1	Less than half time=2	About half the time=3	More than half the time=4	Almost always=5
1	Incomplete emptying		1				
2	frequency				3		
3	Intermittency				3		
4	Urgency			2			
5	Weak stream			2	3		
6	Straining	0					
7	Nocturia	0	1				
	Total I-PSS		**14**				

MILD:1-7 MODERATE: 8-19 SEVER: 20-35

Table 5: International prostrate symptom score (After treatment)

	In the past month	Not at all	Less than 1 in 5 times	Less than half time	About half the time	More than half the time	Almost always
1	Incomplete emptying	0	1				
2	Frequency	0	1				
3	Intermittency	0					
4	Urgency	0					
5	Weak stream	0					
6	Straining	0					
7	Nocturia	0	1				
	Total I-PSS		**03**				

DISCUSSION

All the types of Mootraghata may be related to being nearer to the disease of BPH, where in there will be apana vayu dusti. In this case, study Patient is of 57 years and pt. is dominated by Vata Prakopa. i.e., and it is Vriddhavastha, which is the natural period of Vata Vriddhi in the body. Hence, it is attributed that the prakupita Vata is a prime causative factor for the manifestation of Mootraghata. In this study, the patient is a priest, who is attributed as sadatura. As per the classical reference and research studies, sadaturaa[7] are at the risk for adnonabigata vikaras, mainly with apana vayu dusti which can be correlated with BPH. However, in Ayurveda, it has been cited that Teekshna Aushadha or Aahara, vishamashana are traced as the leading causative factors for Mootraghata[8]. In this case, the patient had a positive history of Adhyashana and Vishamashana. Such kind of dietetic habits leads to the formation of Kleda and Aama in Dhatus which might be produced by Srotoavarodha in Dhatu. This phenomenon is treated as one of the important factors in the etiopathogenesis of Mootraghata. Hence in this patient avarodha was removed with rookshana karma, deepana, and panchana before snehapana. and samprapthi vighanatana by avapeedaka snehapana with varunadi ghruta, which possess properties such as Vata kapha Shamaka, Lekhana, Pachana, Bastishodhana, Mootrala, Grahee, Pramathee qualities and played vital role role in reducing the size of the gland and corrections in the void of urine. The main indication of avapeedaka sneha is adhonabhi gata vikaras, mootraghata, and arsha. In this case of mootraghata, pt. got moderate improvement. These results were found due to the method followed for the administration of varunadi ghruta i.e in the form of Avapeedaka snehapana. Here quantity of sneha is uttama matra which is the sneha that gets digested within 24 hrs. and it does the Peedana of doshas. This avapeedaka sneha has 2 doses 1st is hrusva matra, which does anulomana of apana vayu, 2nd dose is uttama matra which does shamana of vyadhi. Sarvangasundari vyakhyanam and Indu

vyakyanam convey -*उभयम् अवपीडकमुच्यते || उभय इस् एकवचन* || Hence these 2 doses' together is considering as one procedure; each one has its own importance i.e 1.*1st dose i.e* Ghruta given as prakbhaktha in hrusva matra for anulomana and shamana of prakupita apana vayu. 2. The next dose given as जीर्णान्तिकम् in uttamma matra is meant for shamana of vyadhi. *the supporting statement for the above is- अन्नादौ विगुने अपाने इति पूर्वम् घृत प्रयोगः। अन्नने सह योजनाद्वयम -प्राक्भक्त स्नेह योजना, जीर्णान्तिकम् स्नेहयोजना च ॥---अरुनदत्ता*

when coming to the matra, the reference of Hemadri teeka of Astanga hrudaya says that the first dosei. e. e prakbhakta *(*hruswa matra snehapana) *प्राक्भक्त- ह्रुस्व मात्रा* can be lesser quantity and second i.e jeernantika *(*uttama matra snehapana. *जीर्णान्तिक --उत्तम मात्रा*) can be of a larger quantity. The calculation is to be done very carefully as administrating a large quantity of ghruta once can cause many upadravas, so the whole uttama matra is divided into 2. to support this statement, there is a Classical reference regarding the administration of avapeedaka sneha in divided dose, i.e the Vyakhya pradeepika teeka of astanga hrudaya says, according to the avastha, before having food i.e prakbhakta sneha, one can have the matra that can be digested within in 1 Yama, 2 Yama, 3 Yama, followed by food and the rest of the matra after digestion of taken ghruta and Ahara. In practice, the dose is divided into 1/3 and 2/3 parts. this 1/3rd. the part has given prakbhakta sneha, followed by 2/3rd. part as jeernantika. When we look at the 10 Aushadha kala which can be categorised mainly in 2 i.e ananna and anadou, as per rule kapha vata predominant diseases, in sever diseases and the strong patients are managed with medicines given in ananna (empty stomach)[9]. Coming to motites of vata doshas specifically apana vayu, Aushadha should be administered before the administration of food, even in the context of snehana adyaya it is mentioned that Aushadha should be administered in the morning for adhokaya vikaras[10]. Considering the above contexts avapeedaka sneha was planned accordingly in this study on Day 1. vatanulomana was found, and by Day 2 the kundalivath i.e some moving object alike and lower abdomen pain subsided completely, and by Day 3 shoola in adho nabi was relieved by day 3 here were increased in frequency of micturition with changes in color shows the doshapravrutti. The symptoms of pain, unsatisfactory/incompletion of micturition, and tail bone pain were reduced by day 3. This shows the Peedana of doshas has occurred along with the shaman of vyadhi. Changes in usg reports and International prostrate symptom scores were also observed.

Probable mode of action

This avapeedaka snehapana is a sort of ketogenic diet[11] causing ketosis which leads to rapid breakdown of fatty acids in huge quantities, especially from the fat depot's alike cells and tissues near the peririenal, omentum pelvis which is the main site of adho nabhi gata vikara, due to this metabolism there will increased excretion of water molecules and carbon dioxide though the urine, and also researches have shown that ketogenic diet is effective in correcting neurological, endocrinological pathaways[12]. Hence, we can see that after avapeedaka snehapana there will be changes in the size of the prostate gland and residual urine.

CONCLUSION

Avapeedaka sneha with *varunadi ghruta* was found to be a clinically safe and effective therapy in the management of *Vriddhavastha-Janya Mootraghata* i.e. BPH. Avapeedaka snehapana is in the hindered state which needs farther research to access its efficacy with different dosages in different conditions of adho nabhi gata vikaras

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