A REVIEW ON CONCEPT OF MOOTRASTEELA W.S.R TO BPH (BENIGN PROSTATIC HYPER-PLASIA)

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ABSTRACT
Ayurveda oldest system of medicine had explained about the Urology. Acharya Sushruta has described urology under the heading of Ashmari, Mutrakricchra and Mutraghata. Acharya Sushruta explained in detail about obstructive and irritative symptoms of bladder under the heading of Mutraghata. Benign prostatic hypertrophy is one of the obstructive uropathy of which is usually seen in after 5th decade. It occurs in about half of men in their fifties and about 90% of men over 85 years of age. BPH is a condition where there is increase in size of the prostate inside its capsule which exerts pressure on the urethra leading to the obstruction to the flow of urine.

Keywords: Mutraghata, Mootrasteela, Benign Prostatic Hyperplasia.

INTRODUCTION
The word “Mutraghata” is composed of two words i.e. “Mutra” and “Aghata”, which stands for low urinary output. Mutraghata means “Mutraghate Mutravarodah”. Mutraghata is condition where there is obstruction to the Mutra which causes disturbance to the patient. Mutraghata is of 12 types². Vatasteela is one among the 12 Mutraghata, Vatasteela is a condition where there is a vitiation of Vata which takes shelter in Shakrith Marga and Basti Pradesha leading to the formation of Asteelavat Ghana Granthi which is Achala and Unnata leads to Vin, Mutra and Anila Sanga, Admana and Vedana at Basti Pradesha ³. As this Asteelavat Ghana granthi occurs in Mootra marga, so it is also named as Mootrasteela. Acharya Dalhana had explained very clearly about structure and location of Paurusha Granthi in the body, i.e. in Bastimoola pradesha ⁴.

It seems like Vatashila explained in view of Mutraghata is same to that of the Vatavyadhi, because the word Mootrasteela has two faces of one coin, here as it is related with the Mootra Roga and there it is mentioned as the main cause is Apana Vata, otherwise symptoms given in both places are same.

MATERILAS AND METHODS:
Mootrasteela /Vatashila:
The vitiated Apana Vayu when takes the seat in the space between Basti and Shakra Marga i.e. Guda pradesha produces firm lobulated growth like that of
Asthila (stone). The growth is turn to produce obstruction to the passage of Vida, Mutra, Anila and leads to Aadhma of the Basti and also ruja in the Basti pradeshai. The name Asthila is given by Charaka for the diseases vitiated by Vayu obstructing the Basti Mukha and Guda leading to prominent moveable tender hard rock like mass which obstructs the channel of urine and feces.

Nidana:
We don’t find straight away references for Nidana to Mootrasteela. Therefore one can consider the general Nidana which are as follows:
- Ativyayama
- Teekshna Aushadha
- Rukshadhyaya prasanga
- Nityadrutha prishtayaanat
- Anupa mansa
- Adhyashana
- Ajeernat

These all above nidanas are responsible for the Vata Dushti and which is the root factor in the manifestation of all the varieties of Mutraghata as Dalhanacharya coated - i.e. "Sarveshu Mutraghateshu Yatho Vatah Karanam".

Samprapti:
Acharya Dalhana had justified that Vayu is the main element in the focalization of Mutraghata. Acharya Charaka had also explained that when Amavisha gets lodged in the mutra marga, leads to various Mutra Rogas.

Nidana Sevana (Mithyaahara vihara/aghata/vega dharana)

Apana vayu vitiates

Accumulates in between guda and basti pradesh

Asthilavat Ghana granthi forms

Mootrasthila

Samprapti Ghataka:

Dosha: Vata (Apana) predominant Tridoshas.

Dushya: Rasa, Rakta, Kleda, Sveda, Mutra (Depends on different clinical entities)

Agni: Jatharagni, Mandhya

Udbhava Sthana: Kostha

Adhishthana: Basti

Srotas: Mutravaha

Srotodusti prakara: Sanga, Vimarga-Gamana. Sira, Granthi

Roga Marga: Madhyma

Vyakti sthana: Mutra pravritti

Sadhayasadhyata- Kricha sadhya

Lakshanas of Mootrasteela mentioned in Sushruta Samhita are,
- Chala Unnata Granthi - Movable, elevated, and solid swelling.
- Vinmoortanila Sanga - Retention of urine, flatus & faeces.
- Basti Adhmana - Bladder distention.
- Vedana Ca Parabastou - Excruciating pain in basti pradesha.

CHIKITSA:
For Mootrasthila separate Chikitsa has not been told hence the Chikitsa told for Mutraghata can be adopted:

1. Nidana Parivarjana.
2. Shodhana.
4. Shastra Pranidhana.
5. Rasayana.

1. Nidana parivarjana:

- Avoid exposure to Nidana of Mootrasteela.

2. Shodhana:

When Doshas are increased extremely, Shodhana Chikitsa becomes necessary. While describing the Mutraghata Chikitsa Sutra, Acharya Sushruta says that in case of Mutraghata Snigdha Virechana, Basti and Uttara Basti should be administered according to the condition of Dosha.

3. Shamana:

While describing the Mootraghata Chikitsa Acharya Sushruta says to administer various types of Kashaya,
Kalka, Ghrita, Modaka, Avaleha, Dugdha, Kshara, Asava etc. Further he says to administer Ashmarihara and Mootra Udavarta Hara Yogas.

4. Shastra Pranidhana Chikitsa:

Acharya Sushruta has included Mootra vishodhani Shalaka. About its function, he said that it does Marga vishodhana. In this context Dalhana says that Margavishodhana is to be performed during the conditions of Mootra Sanga and Pureesha Sanga.

5. Rasayana:

Acharya Vagbhata said to prepare Shilajatu by giving the bhavana of Veerataradi Gana dravya and then it should be given to the patients of Mootraghata. It is mainly used for Rasayana purpose. Rasayana chikitsa plays very important role in Mootraghata.

Upadrava/Arishta:

If the pain of Vatasthila/ Mootrasthila moves upwards towards heart causing pain and anorexia, it all indicates death beyond doubt.

Pathya-Apathya:

Pathya:
1) Abhyanga
2) Snehana
3) Virechana
4) Basti
5) Uttar basti
6) Swedana
7) Avagaahana

Apathya:
1) Virudha- Incompatible diet
2) Exercise
3) Dry and fermented food items
4) Constipated food item
5) Vyavaya - over indulged in sexual act
6) Suppression of micturition.
7) Tila
8) Meat of deer.

Benign prostatic hyperplasia (BPH)

Benign prostatic hyperplasia is a age related disorder seen after 5th decade in men which involves the growth of the prostatic gland, situated at the base of the urinary bladder. The growth / neoplastic changes in the prostatic gland occur due to the changes in the level of hormones especially androgens and estrogens seen in men over 50 years of age. Overall incidence rate of benign prostatic hyperplasia is 22 per 1000 men per year. Incidence of Benign prostatic hyperplasia is at least 50 % for all men at the age of 40 years and above. In India BPH is a common pathological condition with an incidence of 95.97% and 95.3%.

Benign prostatic hyperplasia means an adenomatous enlargement of the periurethral tissue of prostate gland, leading to obstruction of the urethral passage and outlet of bladder neck. Prostate gland increases in size as men approaches to 5th decade. Enlarged prostate exerts pressure over the urethra, which causes obstructive urinary symptoms like increased frequency of urination, dysuria, urinary urgency, excess urination at night and dribbling of urine etc.

Etiology:

The exact mechanism of prostatic hyperplasia is still a mystery but there are two theories which throw light on benign prostatic hyperplasia.

Two theories are as follows:
1) Hormonal Theory: As Age advances - Involuntary hyperplasia due to decrease in Circulating Dihydro-testosterone and oestrogen ratio and leads to BPH.
2) Neoplastic Theory: There is proliferation of all the elements of prostate like fibrous, muscular, and glandular resulting in fibromyoedinoma of prostate and causes BPH.

Pathophysiology:

The Prostatic adenoma obstructs urinary flow in two ways. First the enlarged prostate itself poses a static obstruction caused by the increased bulk of tissue from new cells growing in the peri – urethral region. Second, a dynamic obstruction believed to be a secondary contraction of smooth muscle fibers compressing the urethra & bladder neck.

Symptoms of Benign Prostatic Hyperplasia:
1) Incomplete evacuation of urine; 2) Weak stream; 3) Increased frequency; 4) Straining; 5) Intermittency; 6) Increased frequency of urination at night (i.e. nocturia); 7) Urgency; 8) Suprapubic pain; 9) Painful micturition; (i.e. dysuria) etc.
Investigation:
1. Blood examination like CBC, ESR, CT, BT etc, Prostate Acid Phosphatase & Prostate specific antigen test.
2. Urine examination (Routine and microscopic)
3. Ultrasonography (Kidney, Uterus & Bladder) & Trans rectal Ultrasound (TRUS),
4. Radiography – CT, MRI.
5. Biopsy & FNAC.

Differential Diagnosis:
1) Urethral stricture; 2) Acute prostatitis; 3) Contracture of the bladder neck; 4) Carcinoma of prostate; 5) Neurogenic bladder; 6) Vesicle calculus; 7) Prostatic calculi

Diagnosis of BPH:
It is based on general, systemic and local examination followed by supportive investigations.

AUA Guidelines on BPH Management

A. Non invasive treatment –
   a) Watchful waiting – When symptoms of BPH are mild, best to wait for treatment. General advice about fluid intake i.e. less intake of fluid after evening, avoiding caffeine, alcoholic beverages, and smoking.
   b) Medical treatment – Whether symptoms are affecting Quality of life, and blockage is causing serious complication like haematuria, inability to urinate etc requires medical treatment.
      ➢ Alpha Blocking Agents: Terazocin, Prazocin etc.
      ➢ Testosterone sparing Agents: 5 – alpha reductase.

1) International prostate symptom score
2) Digital Rectal examination (DRE)

Complications of BPH:
1. Retention of urine (Acute and chronic)
2. Recurrent urinary tract infections (UTI)
3. Bladder Calculi (Stones)
4. Secondary bladder instability
5. Renal impairment (Insufficiency)
6. Hematuria

Management of BPH:
Current treatment strategies for BPH are dependent on the severity of the patient's symptoms. Patients with mild disease benefit most from conservative monitoring. If symptoms progress patients may receive medical therapy for their symptoms.

   ➢ Testosterone Ablation Agents: Diethyl Stilbestrol, Flutamide, Progesterone derivatives.

Invasive treatment: If no improvement in medication then start with minimal invasive therapy which has very rare complication. Patients with more severe disease are treated with more aggressive therapies. These includes,

Minimally invasive methods –
   ➢ Intraprostatic Stents.
   ➢ Contact Laser of the Prostate.
   ➢ Trans Urethral Microwave Therapy.
   ➢ Trans Urethral Laser Ablation of the Prostate
   ➢ Trans Urethral Vaporization of Prostate.
Trans Urethral Needle Ablation of the Prostate (TUNA).

**Surgery:** If medical treatment fails, then may surgery need to be performed. This involves removing part of the prostate through the urethra which are as follows,

**Conventional operative treatment –**
- Trans Urethral Resection of Prostate (TURP),
- Bladder neck incision for the small prostate (under 20 gm),
- Open Prostatectomy for the big gland (around 80-100 or more).
- Suprapubic Transvesical Prostatectomy.
- Simple Retropubic Prostatectomy.
- Perineal Prostatectomy.

**Life style measures for managing BPH.**

1) **Daily actives:** Cold weather and immobility may increase the risk urine retention. Keeping warm and exercising may be useful.

2) **Dietary factors:** Avoiding — alcohol, tobacco, Coffee, tea and other cold liquids (coconut water, ice, cold drinks etc.)

**DISCUSSION**

Symptoms of benign prostatic hyperplasia have minor correlations with diseases mentioned in Mutraghata. Mutraghata is obstruction or suppression of flow of urine. Dalhana described Mutraghata as mutraavarodha. In Ayurveda Mutraghata can be considered as a bladder outlet obstruction.

Benign prostatic hyperplasia can be taken as Paurush Granthi enlargement in Ayurveda. Some of our Ayurved Acharyas had correlated Astheela or Vatashtheela and Mutragranthi with Benign prostatic hyperplasia. The description of Astheela is more closely resembles with benign prostatic hypertrophy Mutraghata can be treated with Ausadha Chikitsa,Bastikarma and by following lifestyle changes. Sushruta had mentioned certain principles for the management of all type of Mutraghata with use of Kashaya, Kalka, Avaleha, Kshar, Madya, Aasava, Snehana, Swedana, Basti and Uttarbasti which is based on pathogenesis told in Ayurveda classics.

Mootra-virechaniya and Mutra-visodhaniya drugs are useful in benign prostatic hypertrophy like Gokshuradi Guggulu, Punarnavadi Guggulu, Chandraprabha vati etc. Drugs having Vata and Kapha pacifying properties like Yavakshara, Moolak kshara etc can be prescribed. The dose of all the above mentioned drugs should be adjusted according to severity of disease and strength of patient.

**Vasti karma:** Vata dosha is highly influencing element in the genesis of benign prostatic hyperplasia. Vata pacifying Vasti (i.e. uttar vasti) is effective in reducing the symptoms of BPH with kashayas of Dashamool, Gokshuradi and Varunadi Gana medicines.

**CONCLUSION**

BPH is mainly old age disease where there is a predominance of vata dosha, if any vatakara nidana sevan is done vata dusti will occur, which may causes hormonal imbalances and leads to hyperplasia of prostate. According to signs and symptoms BPH can be compared to Mootrasteela.

Also we can say that treatment wise Ayurveda line of treatment gives good relief to the patients as Ayurvedic treatment does the local treatment along with root cause.

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