A CLINICAL STUDY WITH VARUNADIKWATH AND GOKSHURADI GUGGULU IN THE MANAGEMENT OF ‘MUTRAGHATA’ W.S.R. TO BPH

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ABSTRACT

B.P.H. is condition related to ageing process and most frequently seen in men in 7th, 8th, 9th decade, but also occurs in 6th and even 5th decade of life. Surveys have found a high prevalence of moderate to severe obstructive symptom in men over 50, which increases with age. This has a significant impact on the health of older men and health-care costs. Notably, increase in Benign Prostate Hypertrophy and lower urinary tract symptoms such as urgency, dribbling micturition, hesitancy, and increase frequency of micturition are on rise, occurring within the context of an aging global population. In Ayurvedic classics the term Mutraghata is related with the symptoms of low urinary output either by retention, absolute or relative anuria or oliguria. In relation to BPH condition, there is no permanent and safe cure with modern medicine, except surgical resection of prostate, which is also having complication thereafter. So there is an urgent need of non-invasive treatments and pharmacological treatment that can promise a healthy aging. Keeping the above factors in consideration a study was carried out with Ayurvedic formulations, mentioned in classics, to assess the efficacy and to achieve a friendly treatment protocol. A clinical study was conducted in VYDSAM, Khurja with an objective to assess the efficacy of GokshuradiGuggulu and Varunadikwath in the management of Mutraghata w.s.r. BPH in 28 patients divided into two groups. A marked clinical improvement was noticed with combined use of Gokshuradiguggulu and Varunadikwath, as compared to GokshuradiGuggulu alone.

Keywords: Mutraghata, GokshuradiGuggulu, VarunadiKwath, BPH

INTRODUCTION
BPH is a common and progressive disease of aging men and the prevalence of BPH increases with age. Around 50% of men above 65 years of age (more than 80% among men 70-79 years of age) suffer some symptoms of BPH. Over the coming years, however, an increasing number of patients may report prostatic problems as the world’s population is aging.

According to Ayurveda, the Vatasheela and Mutragranthi which are the types of Mutraghata may be correlated with BPH on the basis of similarity of symptoms. According to Ayurveda classics Mutraghata is a diseased condition where ‘retention of urine’ is the cardinal feature, whereas in Mutrakricchara, difficulty in micturition is the typical characteristic feature. Obstruction and hence retention of urine may be caused by occlusion of the urinary tract or inflammation in the urinary pathway. Often injury, constriction/compressed stones or any other possible foreign bodies may result in this pathological condition.

Mutraghata is predominantly a Vatadosha disorder. Vitiated Dosha travel through the SukshmaSiras and Dhamani to get Lodged in (KhavaigunayaSthana) i.e. Basti where upon further vitiation of Vata leads to VimargaGaman and therefore Mutraghata.

The pharmacological approaches for the treatment of BPH according to modern science include the use of agents that either reduces the tone of Prostatic smooth muscle or the size of the Prostate. As this disorder appears to be hormone dependent condition, the modern investigators have primarily focused on endocrinal therapies which are having many complications such as loss of libido, impotence and gynaecomastia.

So it is the need of the hour to understand BPH in terms of Ayurveda so that an uncomplicated and patient friendly treatment can be advised to the patients.

Keeping all these facts in mind a clinical study “A Clinical Study with Varunadikwath and Gokshuradiguggulu in the Management of Mutraghata w.r. to BPH” was designed. Gokshuradi guggulu and Varunadi kwath seems to be appropriate drugs according to Ayurvedic classics in relation to the management of Mutraghata. Hence they had been taken for the present clinical study.

AIMS AND OBJECTIVES

1. To study the Mutraghata w.r. to Benign Prostate Hypertrophy according to Ayurvedic classic and modern science.

2. To evaluate the clinical efficacy of VarunadiKwath And Gokshura Guggulu in the management of Mutraghata w.r. to BPH.

MATERIAL AND METHODS:
Clinical Study:- The patients attending the O.P.D. & I.P.D. of VYDSAMC and Hospital OPD, were selected for the Clinical Study and were selected irrespective of their Age, Religion, Race, Occupation etc., fulfilling the Criteria of selection and eligibility for the present study.

Total No. Of Patients: 28
Group A: 14 (Gokshuradi Guggulu)
Group B: 14 (Gokshuradi Guggulu and VarunadiKwath)
CRITERIA FOR THE SELECTION OF THE PATIENTS:
The patients were randomly selected and diagnosed on the basis of both the Subjective and Objective criteria of Mutraghata- BPH. Some patients with greater degree of Bladder outlet obstruction, acute retention of urine requiring catheterization and those with Impeding upper urinary tract affections were excluded from the study.

PLAN OF WORK:
1. A thorough history, General examinations, and Systemic examinations were conducted and duly recorded in the special proforma prepared for the study. The International Prostate Symptom Score based on the ‘American Urologists Association’ score-sheet was used to assess the Subjective complaints Before, During and After the schedule.

2. Investigations:-
   (a) Digital and Ultrasonography examination of the Prostate gland.
   (b) Residual urine volume assessment by Ultrasonography.
   (c) Routine Hematological, Urine and Stool examinations with Specific Bio-chemical evaluation of Blood urea, Serum creatinine, Serum acid phosphatase and Serum alkaline phosphatase were carried out.

3. The selected patients were subjected to administration of Varunadi Kwath and Gokshuradi Guggulu. A special Pathya regimen was advised to be followed throughout the entire schedule.

The schedule was designed as follows:-

(1) Initially upon registration of the patient, up to the period of complete history taking, physical examinations and investigative procedures, the patients were advised to follow a ‘Pathya’regimen consisting of the following in their daily routine- Takra, Kshira, Masha Yusha, Dadhi, Mudga Yusha and Ushna Jala - (Bh. R. Mutraghata Adhikara).The Pathya regimen was advised to be followed throughout the entire treatment.

(2) Gokshuradi Guggulu in the dosage of 500mg TDS, orally for 30 days after Food with lukewarm water.

(3) Gokshuradi Guggulu in dosage of 500mg TDS after food and Varunadi Kwath in dosage of 10-15ml twice a day with equal amount of water for 30 days after Food.

CRITERIA OF ASSESSMENT:
The effect of therapy was assessed as:-
Group - I. After the completion of Gokshuradi Guggulu schedule of 30 days.
Group - II. After the completion of Gokshuradi Guggulu and Varunadi Kwath schedule of 30 days.

1. Improvement in the symptomatology of the disease based on International Prostate symptom score sheet (prepared by American Urologists Association).
2. Assessment of Residual Urine Volume.
4. Urinary Sepsis and its Culture, wherever it is necessary.
5. Assessment of Laboratory investigations.

The Obtained Results have been discussed
and analyzed on the following parameters

**FOLLOW-UP STUDY:** Duration of the follow-up study was **3 months** after the completion of treatment schedule.

**OBSERVATIONS**

<table>
<thead>
<tr>
<th>Table 1: Chief Complaints of 28 Patients of Mutraghata</th>
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<tbody>
<tr>
<td><strong>Chief complaints</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Urgency</td>
</tr>
<tr>
<td>Nocturia</td>
</tr>
<tr>
<td>Hesitancy</td>
</tr>
<tr>
<td>Weak urinary stream</td>
</tr>
<tr>
<td>Dysuria</td>
</tr>
<tr>
<td>Haematuria</td>
</tr>
<tr>
<td>Burning micturition</td>
</tr>
<tr>
<td>Incomplete voidence</td>
</tr>
<tr>
<td>Dribbling micturition</td>
</tr>
<tr>
<td>Pain in lower abd.</td>
</tr>
<tr>
<td>Terminal dribbling</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2: Assessment of Residual Urine Volume in 28 Patients Of Mutraghata</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residual urine</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>50 - 100 ml</td>
</tr>
<tr>
<td>100 - 150 ml</td>
</tr>
<tr>
<td>150-200 ml</td>
</tr>
<tr>
<td>&gt; 200 ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3: Effect of Gokshuradi Guggulu on Individual Symptoms of 14 Patients Of Mutraghata</th>
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</thead>
<tbody>
<tr>
<td><strong>Symptoms</strong></td>
</tr>
<tr>
<td>Incomplete voiding</td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Intermittency</td>
</tr>
<tr>
<td>Urgency</td>
</tr>
<tr>
<td>Nocturia</td>
</tr>
<tr>
<td>Had to strain</td>
</tr>
<tr>
<td>Weak urine stream</td>
</tr>
</tbody>
</table>
### Table 4: Effect of Gokshuradi Guggulu & Varunyadi Kwath on Individual Symptoms Of 14 Patients of Mutraghata

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean score</th>
<th>% of relief</th>
<th>S.D ±</th>
<th>S.E ±</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete voiding</td>
<td>1.57</td>
<td>0.29</td>
<td>80.67</td>
<td>0.80</td>
<td>0.21</td>
<td>5.67</td>
</tr>
<tr>
<td>Frequency</td>
<td>2.79</td>
<td>0.71</td>
<td>74.55</td>
<td>1.49</td>
<td>0.40</td>
<td>5.20</td>
</tr>
<tr>
<td>Intermittency</td>
<td>1.36</td>
<td>0.21</td>
<td>84.56</td>
<td>0.86</td>
<td>0.23</td>
<td>4.95</td>
</tr>
<tr>
<td>Urgency</td>
<td>1.64</td>
<td>0.36</td>
<td>78.05</td>
<td>0.91</td>
<td>0.24</td>
<td>5.26</td>
</tr>
<tr>
<td>Nocturia</td>
<td>2.79</td>
<td>0.71</td>
<td>74.55</td>
<td>1.79</td>
<td>0.48</td>
<td>5.24</td>
</tr>
<tr>
<td>Had to strain</td>
<td>1.64</td>
<td>0.43</td>
<td>73.78</td>
<td>0.80</td>
<td>0.21</td>
<td>5.67</td>
</tr>
<tr>
<td>Weak urine stream</td>
<td>1.36</td>
<td>0.36</td>
<td>73.53</td>
<td>1.11</td>
<td>0.30</td>
<td>3.37</td>
</tr>
</tbody>
</table>

### Table 5: Effect of Gokshuradi Guggulu on Residual Urine Volume of 14 Patients of Mutraghata

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Mean score</th>
<th>% of relief</th>
<th>S.D ±</th>
<th>S.E ±</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residual urine vol.</td>
<td>178.78</td>
<td>85.71</td>
<td>52%</td>
<td>25.55</td>
<td>6.83</td>
<td>13.62</td>
</tr>
</tbody>
</table>

### Table 6: Effect of Gokshuradi Guggulu And Varunadi Kwath on Residual Urine Volume of 14 Patients of Mutraghata

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Mean score</th>
<th>% of relief</th>
<th>S.D ±</th>
<th>S.E ±</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residual urine vol.</td>
<td>155.35</td>
<td>36.00</td>
<td>78.82</td>
<td>18.66</td>
<td>4.98</td>
<td>23.92</td>
</tr>
</tbody>
</table>

### Table 7: Effect of Treatment on Prostate Size in 28 Patients of Mutraghata

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Group – I</th>
<th>Group – II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.T. (in mm)</td>
<td>A.T. (in mm)</td>
</tr>
<tr>
<td>1</td>
<td>37 x 35 x 45</td>
<td>40 x 38 x 42</td>
</tr>
<tr>
<td>2</td>
<td>43 x 39 x 42</td>
<td>48 x 40 x 36</td>
</tr>
<tr>
<td>3</td>
<td>46 x 52 x 56</td>
<td>50 x 53 x 47</td>
</tr>
<tr>
<td>4</td>
<td>56 x 38 x 58</td>
<td>52 x 40 x 51</td>
</tr>
<tr>
<td>5</td>
<td>48 x 42 x 50</td>
<td>50 x 40 x 47</td>
</tr>
<tr>
<td>6</td>
<td>62 x 50 x 44.5</td>
<td>58 x 52.3 x 42.5</td>
</tr>
<tr>
<td>7</td>
<td>41.4 x 40.6 x 35</td>
<td>42 x 39.6 x 34.5</td>
</tr>
<tr>
<td>8</td>
<td>48 x 37 x 33</td>
<td>48.5 x 37.5 x 34</td>
</tr>
<tr>
<td>9</td>
<td>44 x 48 x 55</td>
<td>43 x 49 x 53.0</td>
</tr>
<tr>
<td>10</td>
<td>50 x 36 x 36</td>
<td>49 x 36 x 35.3</td>
</tr>
<tr>
<td>11</td>
<td>49.8 x 38.9 x 33.9</td>
<td>42.2 x 41.3 x 39.1</td>
</tr>
<tr>
<td>12</td>
<td>46 x 42 x 37</td>
<td>46 x 43 x 38</td>
</tr>
<tr>
<td>13</td>
<td>50.7 x 52.7 x 44.2</td>
<td>50.7 x 52.7 x 44.2</td>
</tr>
<tr>
<td>14</td>
<td>41 x 36 x 28</td>
<td>41.5 x 36 x 29</td>
</tr>
</tbody>
</table>
Table 8: Total Effect of the Gokshuradi Guggulu treatment – Subjective Parameters

<table>
<thead>
<tr>
<th>Result</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Marked improvement</td>
<td>07</td>
<td>50.00%</td>
</tr>
<tr>
<td>Improved</td>
<td>07</td>
<td>50.00%</td>
</tr>
<tr>
<td>Unchanged</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

Table 9: Total Effect of the Gokshuradi Guggulu And Varunadi Kwath treatment – On Subjective Parameters

<table>
<thead>
<tr>
<th>Result</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>08</td>
<td>57.14%</td>
</tr>
<tr>
<td>Marked improvement</td>
<td>06</td>
<td>42.85%</td>
</tr>
<tr>
<td>Improved</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Unchanged</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

Table 10: Total Effect of The Gokshuradi Guggulu Treatment – Objective Parameters

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Complete remission</th>
<th>Marked improvement</th>
<th>Improved</th>
<th>Unchanged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of prostate</td>
<td>00</td>
<td>03</td>
<td>06</td>
<td>05</td>
</tr>
<tr>
<td>Percentage</td>
<td>00</td>
<td>21.42%</td>
<td>42.86%</td>
<td>35.71%</td>
</tr>
<tr>
<td>Residual urine volume</td>
<td>00</td>
<td>04</td>
<td>09</td>
<td>01</td>
</tr>
<tr>
<td>Percentage</td>
<td>00</td>
<td>28.57%</td>
<td>64.28%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Urine flow rate</td>
<td>03</td>
<td>07</td>
<td>04</td>
<td>00</td>
</tr>
<tr>
<td>Percentage</td>
<td>21.42%</td>
<td>50%</td>
<td>28.57%</td>
<td>00</td>
</tr>
</tbody>
</table>

Table 11: Total Effect of the Gokshuradi Guggulu And Varunadi Kwath treatment – Objective Parameters

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Complete remission</th>
<th>Marked improvement</th>
<th>Improved</th>
<th>Unchanged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of prostate</td>
<td>00</td>
<td>06</td>
<td>07</td>
<td>01</td>
</tr>
<tr>
<td>Percentage</td>
<td>00</td>
<td>42.85%</td>
<td>50.00%</td>
<td>7.14%</td>
</tr>
<tr>
<td>Residual urine volume</td>
<td>04</td>
<td>06</td>
<td>01</td>
<td>-</td>
</tr>
<tr>
<td>Percentage</td>
<td>28.57%</td>
<td>42.86%</td>
<td>7.14%</td>
<td>-</td>
</tr>
<tr>
<td>Urine flow rate</td>
<td>07</td>
<td>05</td>
<td>02</td>
<td>-</td>
</tr>
<tr>
<td>Percentage</td>
<td>50.0%</td>
<td>35.71%</td>
<td>14.28%</td>
<td>-</td>
</tr>
</tbody>
</table>

Laboratory investigation
The hematological, biochemical, urine and stool investigations were recorded and they were within normal limits in all the patients taken for the study.

DISCUSSION
Acharya Charaka states the importance of three Marmas, that the Basti, Hridaya and Shiras are the three vital points, as the Prana sheltered in them. Any affliction of these leads to vitiation of Vata etc. factors and may be fatal to life.\(^5\)
In Maharogadhyaya Acharya Charaka quotes—That the natural action of Vata, moving from one bodily organ to another are the manifestation causes of looseness, dislocation, expansion, obstruction, circular movement, piercing pain etc. These are the actions which help the physician to diagnose a disease as predominated by Vata.

Acharya Sushruta further substantiated the above concept, he says that the vitiated Vata lodged in the Basti and Guda leads to grave diseases. Thus from all the above references it becomes clear that it is the “Vata” which is mainly responsible for the manifestation of Basti disorders. This “Vayu” may be provoked either by endogenous or exogenous factors. “Mutravegavarodah” is one such factor, which leads to vitiation of Vata. The voluntary suppression of urge of micturition, is quite a painful stimulus to the Basti, as is commonly experienced by everybody. This act of suppression, has to be present over a long period of time in a person to bring about the vitiation of Vata, to the extent that it manifests in Mutraghata. Here, postponing the urge leads to discomfort in the region of Basti and symptoms of obstructed flow or painful micturition may manifest.

As said, this vitiated ‘Vayu’ gets lodged in ‘Basti’ to produce altered functions. As already known ‘Basti’ is an Ashaya (an element of Vata) and is structurally made up of ‘Snayu’ (another element of Vayu).

This concept of ‘Vata’ getting lodged in the ‘Basti’ can be interpreted as Vayu getting lodged in ‘Snayu’ which commonly referred to as ‘Snayugata Vata’. In this way, the symptomatologies of ‘Snayugata Vata’ can be applied to Basti.

Reverting back to the “Mutravegavarodha”, in the literary study “Vata” has been related to the “Neural stimuli” or nervous system in general.

These assumption and facts give rise to hypothesis that constant suppression of the urge of micturition leads to extreme Vata vitiation, which in turn leads to ‘Gatavata’ in the ‘Snayu’ of the ‘Bastimarma’ and produces the morbid conditions of instability, hyperactivity or hypo activity, thereby bringing about a disturbance in the normal evacuation of urine.

Therefore, it can be put that “Mutramargavrodha” leading to “Vataprapkopa” leads to deranged functioning of ‘Snayu’ located in the Basti, which manifests as altered functioning of Basti.

Now, when scrutinizing different varieties of “Mutraghata”, it becomes quite evident that the symptomatology is not given with reference to age, sex, or chronicity and hence, it becomes all the more troublesome to correlate a single variety to that of BPH.

From the above discussion, the following inferences may most probably be a suitable description in helping to identify the entity of BPH in our classical texts:-

(a) The symptomatology of BPH in relation to the size of the gland is uncertain & hence the patients present themselves with varied symptoms.

(b) The types like- Basti Kundalika, Mutragranthi, Mutrotsanga & Ashtheelam may just be the various stages of Mutraghata, which a patient presents himself.
The presence of obstructive symptoms is a must for the diagnosis of BPH and these cannot be found in the Mutraukasada, Ushnavata etc. types and hence cannot be considered here.

The presence of enlargement is provided in “Mutragranthi” & “Ashtheela” varieties, which again rules out the possibilities of “VataBasti”, “Mutrajathara” etc. types, which can probably be included safely under the “Neurogenic disturbances of the bladder”.

Thus it can be concluded that a single entity simulating BPH cannot be identified in our texts and rather the various stages of Benign Prostatic Hyperplasia have been recorded in Mutragranthi, Bastikundalika, Mutrotsanga and Ashteela varieties. Therefore one has to carefully elicit the history, symptomatology and confirm by physical examination to arrive at labeling a patient as a case of BPH.

**EFFECT OF THERAPY ON SUBJECTIVE PARAMETERS ON 14 PATIENTS OF BPH TREATED WITH GOKSHURADI GUGGULU:**

43.82% relief was observed in Incomplete voiding, followed by 44.48% relief in Frequency, 27.78% in Intermittency, 44.44% in Urgency, 42.86% in Nocturia, 55.56% in Straining and 20.28% in Weak urine stream. All these values were statistically highly significant (P<0.001).

These effects can be analyzed based on the mode of action of therapy administered.

**EFFECT OF THERAPY ON SUBJECTIVE PARAMETERS ON 14 PATIENTS TREATED WITH GOKSHURADI GUGGULU AND VARUNADI KWATH**

80.67% relief was observed in Incomplete voiding followed by 74.55% relief in frequency, 84.56% relief in Intermittency, 78.05% relief in Urgency, 74.55% relief in Nocturia, 73.78% relief in Straining and 73.53% relief in Weak urine stream. All these values were statistically highly significant (P<0.001).

**Week wise improvement in the symptomatology of prostatism is as follows:**
Urgency, Dysuria and Burning micturition was relieved in the first week followed by Constipation, Nocturia and Hesitency in the second week. In the third week, Urinary Stream was improved along with the improvement in the incomplete voidance, Retention of urine and Dribbling micturition.

**Subjective parameters:**
In Group - I, i.e patient treated with Gokshuradiguggulu shows relief of up to improvement (50%) and marked improvement (50%) where as in Group - II when the oral supplements is combined with the Varunadi Kwath, the relief is increased up to complete remission (57.14%) and marked improvement (42.85%).

None of the patient remained unchanged in both the groups.

**Objective parameters:**
1) **Size of prostate**
It is clear that the size of prostate does not achieve the level of complete remission in both the cases but with the administration of Varunadi Kwath in the Group - II, the effect of
oral supplement seems to increase many folds. But the natural course of the disease is such that it either progresses gradually over a period of time or stays dormant for years and occasionally regresses too. Hence it is very difficult to claim that the therapy caused the regression of the Prostatic size and few more studies may be required to prove this. But however it is stated that the symptomatology of Prostate is not related with the size of the Prostate as many men with larger Prostate remain asymptomatic, where as those with slightly enlarged prostate may experience severe symptoms.

All the patients have registered relief rate of approx 45-60% in almost all the parameters assessed. The investigation of prostate gland size by ultrasonography is an observer based reading, and therefore, there is always a possibility of an error.

2) Residual urine volume:
It is evident from the comparison that effect of combination therapy is more significant than Gokshuradi Guggulu alone.
This is because of the fact that detrusor tone was improved and complete emptying was taking place.

Probable action of Gokshuradi Guggulu
Gokshuradi Guggulu (a combined Ayurvedic preparation) is a well-known and commonly used medicine in diseases of Mutravaha Srotas. It is specially indicated in Prameha, Mutrakriccha and Mutraghata along with other indications of Mutra and Shukravaha Srotasa. Gokshura, the main ingredient, is well known for its Rasayana effect, especially on Mutravaha Srotas. Guggulu (Commiphoram ukul), another main ingredient, is also a Rasayana and it has Lekhana (scrapping) effect also. In addition, Guggulu has Tridoshahara property also, by which it pacifies all the three doshas. Gokshuradi Guggulu (containing mainly Goksura, Guggulu, Triphala, Trikatu, Musta) are having Sothhara, Vatahara, Mootrala, Lekhana and BastiShodhan property. All the above said symptoms are due to vitiated Vata situated in the Basti and the formulation by virtue of its above said action bring backs the aggravated Vata to normal and breaks the Dosa-Dushya Sammurcchana. The use of "Pathya" such as Kshira, MudgayushaMashyusha, Dadhi, Takra and UshnaJala predominantly alleviates Vata and each of them has got "Bastishodka" property and thus fortifies the action of Gokshuradi Guggulu.

Probable Action of Varunadi Kwath
‘Varunadi Kwath’, formulation explained by Chakradatta, possess all the needful properties like Kaphahara, Lekhana and Mutrala. Varun as the main ingredient of Varunadi Kwath is used forkaphavikara, medovikara, mandagni, urusthambha, shirashool, gulma and antravidradhi. The ingredients of the compound pacify KaphaDosha by virtue of their RukshaGun, KatuVipaka and UshnaVirya and also show "Lekhana” property due to UshnaVirya. The Lekhana Karma is again enhanced by famous LekhanaDravya i.e. Yavakshara, which is one ingredient in it. The Vatanulomana, Shothishara and Mutrala properties of ingredients
helps to relieve pain and SthanikaSotha. Jwara is also relieved due to the Jwarahara action of Pashanbhed, Varun and Shunthi. Deepana property of drug helps to increase the Agni, which further check the formation of Ama at-Jatharagni level. Remaining drugs of the compound act as Mutrala (diuretic) by virtue of their ‘SheetaVirya’ and Madhur Rasa.

Varuna due to triterpene is good in improving the detrusors tone i.e. the musculature of urinary bladder along with the anti-infective properties.

Prostatic secretions are slightly acidic and Campbell, the God of urology, says that basic drug would be more positively charged in acidic prostatic fluid than in the blood. So, slight changes in the pH can have significant effect on the non-ionic diffusion, enzymes and hormones.

The above composition is basic in nature so it will definitely increase the bioavailability of the active components in the prostatic cells enhancing the overall activity of the compound.

Acharya Charaka in Sutra Sthana has described "KsharaPunstavaUpghatinamShreshtha".

The Punstava Shakti seems to be the testosterone. As described in Vishnu Purana and confirmed in the recent era by Campbell that every foetus tends to be a female till it is stopped by testosterone signifies the facts that testosterone can be compared with Punstava-Shakti. This testosterone is responsible for the increase in the size of prostate. Ksharas may be able to decrease its level by its anti-androgenic effect and therapy hampering the pathogenesis of BPH.

CONCLUSION

In the present study a marked clinical improvement was noticed with combined use of Gokshuradi Guggulu and Varunadi Kwath as compared to Gokshuradi Guggulu alone, in the management of Mutraghata w.s.r. BPH.

REFERENCES

