

UNDERSTANDING OF *MOOTRAGHATA* W.S.R TO BPH (BENIGN PROSTATIC HYPERPLASIA)

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ABSTRACT

In the field of the urology commonest complaint suffered by the male patient will be like burning micturition, dribbling, hesitancy, incomplete voiding, retention, incontinence of urine, etc. in which almost all the complaints are seen in Benign Prostatic Hyperplasia i.e. BPH is a senile disorder of male seen after fifth decade of life which is having similar presentation that of *Mootraghata*. Hence an attempt is made to understand *mootraghata* in relation to BPH.

Key words: *Mootraghata*, Benign Prostatic Hyperplasia, *Vatabasti*, *Mootragranthi*, *Ashteela*.

INTRODUCTION

The word *mootraghata* comprises of two different words i.e. “*mootra*” and “*aghata*”, which stand for low urine output due to obstruction in the passage of urine.

Among the twelve types of *mootraghata* as per Acharya Sushruta^[1] 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) and can be co-related with Benign Prostatic Hyperplasia (BPH) in modern parlance. The BPH is an old age related disorder in men which involves the growth of the prostatic gland, situated at the emergence of urethra i.e. 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.

Benign prostatic hyperplasia (BPH):

- The overall incidence rate of BPH is 15 per 1000 men per year. The incidence of BPH 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 92.97% and 93.3%.
- Benign prostatic hyperplasia (BPH) is an old age related disorder in men which involves the growth of the prostatic gland, situated at the emergence of urethra i.e. 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.
- There are two theories to explain BPH.^[2]
Hormonal Theory: With the age testosterone drops slowly but fall of estrogen level is not equal, so prostate enlarges through intermediate peptide

growth factor (Imbalance between Dihydro-testosterone and peptide)

Neoplastic Theory: There is proliferation of all the elements of prostate like fibrous, muscular, and glandular resulting in fibromyoidinoma.

The concept of nodular hyperplasia in pathology of BPH has been established but its exact cause is still unknown.

- Patients present with Frequency- cystitis (fever, chills, burning micturition), Urgency, Hesitancy and Nocturia, over flow and Terminal dribbling, Haematuria, Acute retention of urine, Pain at suprapubic region in cystitis and at loin in hydronephrosis.^[3]
- Per rectal examination: Enlargement of hard prostate is felt on pulp of examiner finger especially lateral lobes.^[4]

UNDREANDING OF MOOTRAGHATA W.S.R TO BPH: DERIVATION:

Mootraghatam mootravarodham that means obstruction to flow of urine.^[5]

DEFINITION:

According to *Madhava nidana* a condition with severe obstruction and difficulty in micturition with reduced urine output is *mootraghata*.^[5]

NIDANA:

- *Acharyas* have not mentioned any specific causative factors for *mootraghata*, but those factors which are responsible for *Vataprakopa* i.e *Apanavata*, *mootrakricchra* can be taken into account.

- *Acharya Charaka* mentions - *Ativyayama*, *Teekshna aushadha*, *Rukshamadya*

prasanga, *Nityadruta prishtayaanat*, *Anupamatsya* and *Ajeerna*.

- In addition to the above factors, the aetiology of *mootravaha srotodushti* is also to be taken into consideration, which is described by *Acharya Charaka* in *Vimana Sthana–Mootratodaka bhakshya*, *Streesevanat*, *Mootranigrahat*, *Ksheena* and *Abhikshat*.^[6]

SAMPRAPTI:

Aetiopathogenesis of *mootraghata* is due to *vegavarodha* and *rukshaahara-vihara* there is deranged function of *apanavayu pratiloma* along with the vitiation of *kapha and pitta*, which ultimately causes *srotoavarodha*. The vitiated *doshas* lodge in *basti*, where upon further vitiation of *apanavayu* leading (Sushruta 12, Madhavakar and Charaka -13, Vagbhata-20 types of) *mootrghata* and *mootrashmari prameha* etc. of *bastiroga*.^[7]

SAMPRAPTI GHATAKAS:

- *Dosha– Vata (Apana) predominant Tridosha*
- *Dooshya– Rasa, Rakta, Kleda, Sweda, Mootra*
- *Agni – Jatharagnimandya and Dhatvaagnimandya*
- *UdbhavaSthana- Pakvashaya*
- *Adhishtana– Basti*
- *Vyakti Sthana– Bastimukha*
- *Srotasa– Mootravaha*
- *Srotodushti Prakara– Sanga, Vimargagamana, Siragranthi*
- *Roga Marga– Madhyama*
- *Sadhayasadhyata- krichtrasadhya*

VATABASTI:^[8]

- Due to Suppression of the urge of micturition the *vata* gets *prakopa* owing to suppression of its action and causes obstruction to the bladder outlet, leading retention of urine, pain in bladder and loin region.

MOOTRAGRANTHI:^[9]

- Abrupt or sudden manifestation of the *granthi* in the interior side of the bladder which obstructs the flow of urine is called *mootra granthi* or *rakta granthi*. Here, *rakta*, *vata* and *kapha* get vitiated and are responsible for onset of *raktagranti* as per Charaka. Sushruta did not mention the *doshik* involvement but Dalhana specifies that *rakta* is responsible factor in the manifestation of *mootragranthi*
- on examination- A round, small and immobile *granthi* in the *bastimukha*. (Dalhana clarifies “*Aabhyantare bastimookhe*” as “*Bastidwarasya abhyantare iti*”)
- Leading to Urine passed with difficulty and pain, Retention of urine, Pain similar to that experienced in urolithiasis.

VATASTHEELA:^[10]

- The vitiated *vata* gets lodged between the bladder and rectum and produces the stony hard swelling i.e. enlargement of prostatic tissue. On examination – A *vrutta granthi* which is slightly movable, elevated and hard to firm in consistency.
- Leading to Retention of urine, faeces and flatus with Distension of the urinary bladder, and Excruciating pain in the bladder.

DISCUSSION

- Ayurveda science describes in detail about the some diseases of urinary tract.
- The symptom complex of both the *Mootrakricchra* and *Mootraghata* seems to be overlapping each other, but in *Madhava nidana* will get the difference between them. This difference is based on the intensity of “*Vibhanda*” or “*Avarodha*” (obstruction) which is more pronounced in *Mootraghata*.^[11]

- Hence, it may be considered that the *Mootraghata* is a condition in consequence with some kind of Obstructive Uropathy mechanical or functional; related to lower urinary tract resulting in to either partial or complete retention of urine as well as Oliguria or Anuria.
- In the ancient era, the diagnosis was based not only on the *Pratyaksha pramana* but also on the *Anumana pramana*, *Agama pramana* and *Upamana pramana*. But there were certain limitations for exercising those methodologies *Pratyaksha pramana* due to some *Pratyaksha baadhaka hetus*. This *pratyaksha badhaka hetus* can be avoided today with the aid of advanced technology for diagnosis like Ultrasonography, Microscopic examination of tissue, blood, pus culture, urine etc., auto analyzers for analysis of haematology, biochemistry and bio-markers, 3D & 4D body CT scan, MRI etc.
- With the help of these tools, diagnosis of *mootraghata* can be made precisely on evidence based on investigations which may be helpful to correlate with BPH.

COCLUSION

- *Mootraghata* is a condition wherein there is a partial or complete retention of urine.
- In *mootraghata*:- conditions like *Vatakundalika*, *mootrateeta*, *mootra-jathara* could be due to acute retention of urine.
- In *Ushnavata*, *mootroukasada*, *mootrakshaya* involvement of pitta and *kapha* is also seen, which could be due to acute retention of urine.
- In *mootrotsanga* and *vata bastiavarodha* is seen without evidence of *granthi*.

- *Mootragranthi* occurs suddenly and hence correlation of *Mootrashteela* with relation to BPH can be done to some extent.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Neharu Mandoli Et Al: Understanding Of Mootraghata W.S.R To Bph (Benign Prostatic Hyperplasia) International Ayurvedic medical Journal {online} 2017 {cited January, 2017} Available from: http://www.iamj.in/posts/images/upload/278_281.pdf