INTRODUCTION

Various references are available in Ayurvedic classics about “Vatashtila” which is one of the 12 types of Mutraghata. Mutraghata means mutravrodha. When dushta vata gets localized between Basti and Guda, produces a dense fixed firm glandular swelling known as Vatashtila leading to Vinmutrasanga with Adhamana and ruja in Basti pradesha. This condition can be correlated to Benign Prostatic Hypertrophy. BPH can be managed by conservative and surgical treatment which includes Anti-androgen therapy, Alpha Blockers, Aromatase inhibitors, Prostatectomy, Laser therapy, Microwave Treatment.

Success rate of surgery is about 90% in case of acute and chronic retention whereas in patients with mild symptoms only benefited with 65% by surgical management. Prostatectomy leads to impotence in 5% of cases, retrograde ejaculation 50%, severs sepsis 5%. As the patients are fairly old these complications are liable to occur in early post-operative days. Even conservative therapy has disadvantages like administering Anti-androgen therapy causes impotence, Aromatase inhibitors which are widely used have led to certain
side effects like lassitude, depression, gynaeomastia.

In this situation, it is possible that Ayurveda will be able to provide a treatment that is natural and free from any adverse effects. Acharya Sushruta has mentioned successful treatment of raghat with Kasaya, Kalka, Ghrita, Kshara, etc. preparations of different drugs(7) This research work was carried out with the ultimate aim of finding the best treatment available in Ayurveda for BPH.

Considering the drawbacks of the treatments available, there is a need of easy and effective treatment in the management of BPH Present case study was planned as per management principles to evaluate the clinical efficacy of karkatibeejadi churna (KBC) orally and Dhanyaka-Gokshura Ghrita (DGG) Matra Basti in the management of Mootraghata with reference to BPH.

AIMS AND OBJECTIVES:
To evaluate the efficacy of Kar- katibeejadi churna and Dhanyaka- Gokshura Ghrita Matra Basti in the management of Benign Prostatic Hyperplasia

MATERIAL AND METHODS:
- **Source of the data**: Study is carried out in “IPD of Shalyatantra, Y.M.T. Ayurvedic medical college and hospital, kharghar, navi Mumbai
- **Type of study**: Single case study.

DIAGNOSTIC CRITERIA:
1) **Subjective Parameters:**
Diagnosis was based on the clinical signs and symptoms of the disease, which on International Prostate Symptoms Score (I-PSS).(8)

2) **Objective Parameters:**
- USG (pelvis)
- PSA
- Urine(R&M)

INCLUSION CRITERIA:
1) Age group in between 40-70 years.
2) Patients with signs and symptoms of BPH.
3) PR examination s/o enlarges prostate.
4) Post residual urine volume less than 200cc & prostate wt. less than 50gms in USG pelvis.

EXCLUSION CRITERIA:
- Patient with prostatitis, urinary sepsis, stricture of urethra, bladder neck stenosis
- Patient with acute and chronic renal failure. Hydronephrosis, hydroureter Renal calculi, Bladder calculi, Ureteric calculi.
- Patient with carcinoma of prostate, urinary bladder, urinary tract.
- Retention of urine and those requiring catheterization.
- Post residual urine volume more than 200cc & prostate wt. more than 50gms.

CASE REPORT:
A male patient of age 48 years working as a sales executive in a reputed company, he was complaining of-
- Dribbling micturition
- Incomplete emptying of bladder since 6-7 month
- Nocturia 4-5 times
- Urgency of micturation
No H/O – DM / HTN/ KOCH’S / Bronchial Asthma
No H/O – Any drug allergy.
P/M/H – NIL
P/S/H- Haemorrhoidectomy before 3 years
O/E – G.C- fair
T- Afebrile
Wt - 76 Kg
P- 80/ MIN
B.P.- 130/ 90 mm of hg.
S/E- RS- AEBE Clear
CVS- S1, S2- normal
CNS- conscious and oriented properly.
P/A- Soft and non-tender.
P/H- Bowel – irregular bowel habit
    Bladder -Dribbling micturation and weak stream
    Sleep – disturbed by nocturia
    Appetite - normal.
Addiction: - Alcoholic since 15 – 20 years
    - Spicy food and fermented food in the diet regularly.

INVESTIGATIONS:
• USG (pelvis)
• PSA
• Urine(R&M)
  ❖ Reports suggested and confirmed BPH as prostate wt. was 38 gm and post residual urine volume was 140cc with normal PSA value and urine R&M.

Treatment planned as follows:
1) Karkatibeejadi churna\(^9\):- 5gm Twice a day
   Anupan – koshna jal.
   Aushadh sevan kal – Apana kala.
2) Dhanyaka-Gokshura Ghrita Matra Basti\(^10\)- 60 ml once a day just after food\(^11\)

RESULT:
The above treatment was given for the 15 days and advised for a followup. After 15 days the symptoms were reduced as per I-PSS. The same treatment was continued for 2 month but matra basti was given for 15 days in every month.

The USG pelvis was done after 2 months Report after 2 months had dropped down to 36 gm and post residual urine volume to 80cc , and also the all the symptoms of the patients are decreased considerably.

PATHYAPATHYA:
• Patient is encouraged to have cucumber in the diet in form of salad.
• Use of excessive alcohol and spicy food avoided in the diet.

OBSERVATION:
Patient relieved symptomatically and there was significant decrease in prostate weight and post residual urine volume.

Table No.-1

<table>
<thead>
<tr>
<th></th>
<th>BEFORE TREATMENT</th>
<th>AFTER TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Weight</td>
<td>38gm</td>
<td>36gm</td>
</tr>
<tr>
<td>post residual urine volume</td>
<td>140cc</td>
<td>80cc</td>
</tr>
<tr>
<td>I-PSS Score</td>
<td>21</td>
<td>13</td>
</tr>
</tbody>
</table>

DISCUSSION
The disease Vatastheela, one of the 12 Mutraghata disorders, can be correlated with BPH on the basis of its Sthana (place), which is between Guda and Basti, and also on the basis of the correspondence of the symptoms and signs.

Vishamashana was found in the majority of the patients. Ama is the chief causative factor in the pathogenesis of Vatastheela as described by Charaka, and Vishamashana is responsible for Ama formation which leads to making the firm background for disease. Disturbed sleep was found in almost all the patients, which might be due to the increased frequency of micturition at night. Constipation was found in most of the patients, which might be due to faulty dietary habits such as Vishamashana. Karkatibeejadi churna was highly significant relief was found in frequency of micturition, hesitancy, and dysuria, while significantly result was observed in the symptoms of urgency and nocturia. Karkatibeejadi churna contains properties like tridoshaghna, mutral, anulomana, mutra awrodhahara \(^12\) and it is by the virtue of these Gunas that it causes decrease in
prostate size and increase in urine flow rate

Another probable reason for such relief may be the effect of the Triphala by resolving the hormonal imbalance. As mentioned by the Acharyas, Karkatibejaji churna helps to reduce the size of the prostate gland and give symptomatic relief.

Treatment with Dhanyaka Gokshura Ghrita provided highly significant relief in incomplete voiding, intermittency, hesitancy, and nocturia. There was also significant relief of symptoms like frequency of micturition, urgency, and weak urine stream.

Dhanyaka Gokshura Ghrita contains only two drugs, i.e., Dhanyaka and Gokshura. Dhanyaka is Tridoshahara, Dipana, Pachana, and Strotovishodhana (13) while Gokshura has properties like Vatahara, Mutrala, Anulomana, Basti Shodhaka, Dipana, and Pachana (14) etc. Both drugs were processed with Ghrita which carried all the properties of above drugs, as Ghrita is Yogavahi. Thus, the actions of Dhanyaka Gokshura Ghrita were by virtue of the properties mentioned above.

CONCLUSION

Patients suffering from hypothyroidism are increasing day by day. As there is no specific treatment without surgery in allopathic science in the management of BPH so that patients have to take the drug for life long. Also with the use of allopathic medicine there are side effects are also associated. Hence in management of BPH ayurveda plays a vital role. The ayurvedic drug should be selected depending upon the symptoms and the cause of the disease. With the help of ayurvedic treatment one can easily manage the symptoms of the BPH

REFERENCES


CORRESPONDING AUTHOR
Dr. Anup S Jaiswal
Email: dr.anup555@gmail.com