

A COMPARATIVE STUDY ON SHAMANA AND SANSHODHAN TREATMENT IN MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA

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ABSTRACT

Abstract: Benign prostatic hyperplasia (BPH) is very common disease of old male persons. The enlarged prostate creates pressure on the urethra, to compress like a partial clamp and causing obstructive urinary symptoms e.g. increased frequency of urination, painful micturition (i.e. dysuria) etc. In Ayurveda symptoms of *Astheela* resembles with obstructive uropathy i.e. benign prostatic hyperplasia (BPH). The prevalence of histopathology of BPH is age dependent with initial development usually after 40 years of age. More than 50% of men in their 60s and up to 90% of men in their 70s and 80s have some symptoms of BPH. **Aim and Objectives:** To find out the efficacy of *vasti karma* in management of BPH. **Materials and Methods:** The selection of patients was based upon the symptoms including retention of urine, frequency of urine, urgency of micturition, dribbling of urine, incontinence etc. 25 cases were selected after the diagnosis and were allocated in two groups by random sampling. Group A were patients with indwelling catheter and in Group B patients were without indwelling catheter. Group A was administered *Sanshodhan* treatment in form of *Vasti karma* and Group B was administered *Sanshaman* treatment in form of *Varun quatha* 50ml BD and *Shudha kupeelu* 125ml BD with honey and milk. Patients in both the Groups were reassessed by Trans Rectal sonography. **Result:** Group A showed statistically significant results in all the subjective and objective parameters after the assessment. **Conclusion:** *Vasti karma* plays an important treatment modality in Benign Prostatic Hyperplasia.

Keywords: BPH, *Vasti Karma*

INTRODUCTION

Benign Prostatic Hyperplasia is one of the most common obstructive uropathy of older age beyond the 40 years. In 75% of men over 50 years age are suffering from this disease.

Pathogenesis of this disease is poorly understood. However, it is well-recognised fact that two pre requisitions for its induction are the testes and aging, which suggests that prostatic

growth regulated by androgens. It is been established that higher serum androgen level is responsible for enlargement of prostate, which is further confirmed by the regression of prostate after androgen deprivation.

The diagnosis of benign prostatic hyperplasia is not so tough, because patients present with the symptoms of increased frequency of urine, dribbling of urine, urgency etc. For diagnosis digital examination and ultra sonic evaluations like ultrasonography transabdominal and Trans rectal are done.

A number of drugs have been used for treatment of enlarged prostate but no medical treatment often found much effective. Only surgery is treatment of choice, but it has its own hazards like haemorrhage, infections, stricture, in continence of urine, delayed wound healing etc.

In Ayurvedic classics various obstructive uropathies are described under the heading of 'Mutraghata' and 'Mutrakrichha'¹. Out of them 'Vatastheela' and *MutrAGRAnthi* are closely resemble with the benign prostatic hyperplasia on the basis of symptoms. According to Ayurvedic concept this disease is supposed to be due to vitiation of 'Apana-vayu', which is responsible for normal conduct of micturition and defecation². *Vasti-Chikitsa* is considered as the treatment of choice for vatic-disorder³, and *vasti* therapy is found effective in the management of Benign Prostatic hyperplasia. The digital per-rectal assessment, Trans abdominal and Trans rectal ultrasonography are used to assess the size, weight and grade of hyperplasia.⁴ Among all these investigating procedures Trans rectal ultrasonography has been considered superior and advance to assess the size, weight and grade of enlarged prostate. So in this present study the effect of *vasti*

therapy in benign prostatic hyperplasia was evaluated by Trans rectal ultrasonography.

Material and Methods

For the present study patients were selected from outdoor and indoor, department of Shalya-Shalakya, Sir Sunderlal Hospital, Institute of Medical Sciences, Banaras Hindu University. The selection of patients was based upon the symptoms including retention of urine, frequency of urine, urgency of micturition, dribbling of urine, nocturia, incontinence and haematuria etc. Each patient was admitted in the ward and assessed by detailed clinical examination; accordingly, required investigations were carried out for establishing the diagnosis.

Investigations:

To support and confirm the clinical finding following investigation were performed:

Haematological

- Total leucocyte count.
- Differential leucocyte count.
- Haemoglobin percentage.
- Erythrocyte Sedimentation rate.

Biochemical

Blood urea and Serum creatinine level – To assess renal function.

Serum acid phosphatase, prostatic function and PSA – To differentiate from prostatic carcinoma.

Microbiological

Urine – Routine and Microscopic.

- Culture and Sensitivity.

Ultrasonography techniques:

- Transabdominal
- Transrectal ultrasonography.

The above both investigations were carried out in each patient for assess about size, weight and grade of enlarged prostate and residual urine, status of kidney and ureters⁵ etc.

Categorization of patients:

The study was carried out in 25 cases. All the patients was categorised in two groups:

Group 'A' - Patients with indwelling catheter+ *Sanshodhan* Treatment

Group 'B' - Patients without indwelling catheter+ *Sanshaman* Treatment

Criteria of grading the patients:

Grade I: Weight of prostate upto 29 grams.

Grade II: Weight of prostate in between 30-39 grams.

Grade III: Weight of prostate in between 60 -89 grams.

Grade IV: Weight of prostate more than 90 grams.

Mode of Treatment:

The merits and modalities of treatment explained to the patients. All the patients were treated by full Ayurvedic line of treatment i.e.

(1) *Sanshodhan Chikitsa*

(2) *Sanshaman Chikitsa*

Preparation of patient:

Before starting the main procedure Ayurvedic mild laxative preparation (3-6 gms *Shatshakar Churna*) was given at bed time with luke warm water for 3 days.

Sanshodhan Chikitsa:

After 3 days of preparation of patients, *Sansodhan Chikitsa* was started as follows:

Abhyanga:

Patients were instructed to have light breakfast in morning after that *abhyanga* was done with *Narayan taila* over *vasti* and *kati pradasha*⁶ (Lumbo-sacral and suprapubic region) for fifteen to twenty minutes.

Nadi-Sweda

After ten minutes of *abhyanga* , *sthaneeya Ekanga 'Nadi Sweda'* was done on *vasti* and *kati pradasha* with *sukhoshana* (luke warm) vapours of *Dasmoola qwatha* .

Vasti karma

In this procedure, the drug either medicated oil or decoction was administered by *vasti yantra* per rectally. In this study *Anuvasan* and *Nirooha vasti* were administered alternate days.

Anuvasan – Vasti

The *vasti* therapy was started with *Anuvasan vasti*, the patient was positioned in left lateral position by keeping left lower limb straight with flexed right knee and hip joint.⁷ Then 50 ml luke warm *Narayan taila* was administered in rectum with the help of plastic syringe and a rubber catheter mounted on it and patient advised to remain lay down in ventral decubitus for ½ an hour.

Nirooha Vasti:

The patient was placed in the same position and 150 ml luke warm *Dashmoola quatha* and 30 ml of luke warm *Narayan taila* was administered per rectum to the patient.

Sanshaman Chikitsa

In the mode of treatment the following drugs were administered –

Varuna quatha -50 ml twice a day.

Suddha kupeelu – 125 ml twice a day with honey and milk.

The total duration of treatment - 21 days.

All the patients were reassessed after treatment by the parameters as mentioned earlier. All the patients were followed up regularly on interval of one month for a period of 6 month.

Observation

Table 1: Pre and Post therapy Blood Urea and Serum Creatinine level in patients were studied and the following observations were made

Groups	Blood Urea in mg%		Serum Creatinine in mg%	
	BT	AT	BT	AT
Group A	37.28	28.5	0.98	0.75
Group B	35.5	24.6	1.06	0.93

Table 2: Weight of Prostate was assessed by Trans rectal ultra sonography before and after treatment in different grades of benign prostatic hyperplasia

Grade of Prostate	Weight of prostate in gm		Percentage
	BT	AT	
I	22.43	11.85	46.81
II	42.18	20.00	53.68
III	70.00	61.57	12.04

Table 3: Residual Urinary Volume before and after treatment was assessed in different grades of benign prostatic hyperplasia

Groups	Total No. of Patients	Decrease in Residual urine in ml		Mean of residual Urine in ml	Residual Urine BT-AT in ml	%
		No. of Pts.	Quantity of R.U			
Group A	07	07	12957	71.71	57.86	44.56
Group B	11	09	167.78	81.1	86.68	51.66

Table 4:

Grade of Prostate	Trans rectal Ultrasonic wt of prostate in gm	Trans abdominal ultrasonic wt of prostate in gm	Difference in gm
Group A	22.43	33.42	10.99
Group B	43.18	54.54	14.36

DISCUSSION

After the statistical findings it is suggestive that the *vasti* therapy is very much effective in the cases of benign prostatic hyperplasia, and relieves the clinical symptoms. On the basis of various symptoms the symptom score was established by ‘American Urological Association’ was decreased after the *vasti* therapy. Group A showed statistically significant results in symptoms like retention of urine, frequency of urine, urgency of micturition, dribbling of urine, incontinence.

The blood urea and serum creatinine level was found decreased in maximum number of patients after therapy in Group A in comparison to Group B. It also reduces the prostatic weight and residual urinary volume in majority number of patients. The above findings indicate that *vasti* therapy is also effective to reduce the prostatic weight and improves the tonicity of bladder musculature. The results of present study also suggest that the Trans rectal ultrasonography is better method of assessment in cases of benign prostatic hyperplasia than

other ultra sonographic procedures like Trans abdominal ultrasonography. It is because Trans rectal ultra sonographic is placed in the lumen of rectum, from where the assessment of prostatic size, weight and grade can be done more accurately.⁸

CONCLUSION

On the basis of above observation it may be concluded that the *vasti* therapy is effective in the cases of benign prostatic hyperplasia as proved by decreased in the size of prostate. On the other hand the present study proves the superiority of Trans rectal ultrasonography over the transabdominal ultrasonography for the assessment of prostatic size.

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