

CASE STUDY

Reversing Benign Prostatic Hyperplasia through Panchkarma & Rasayan Chikitsa: A Case Report

Author: Hema Tejavani¹

Co Authors: Jigna Patel²

^{1,2}Department of Shalyatantra, Government Akhandanand Ayurveda College, Ahemdabad, Gujarat, India

ABSTRACT

Introduction: Benign Prostatic Hyperplasia (BPH) is a troublesome disease that bothers the population of ageing men by decreasing their quality of life. It is nonmalignant growth of prostate tissue. The disease interferes with the normal daily activities and sleep pattern and hence it is a matter of concern to the medical field. BPH is characterized by urinary incontinence, incomplete voiding, dribbling, and retention of urine. BPH is mentioned in *Ayurvedic* text as *Vatashthila* (it is one of the types of *Mutraghata*). In modern medicine the management of BPH is either by conservative treatment using chemotherapy, hormonal therapy or surgical approach. **Aim:** To know role of *panchkarma* & *rasayana dravya* in management of surgical disease & improve quality of life. **A Case Report:** In this case study, a 58 year old male patient diagnosed as BPH & it was treated with *Rasayana* medications & *Sneha Virechana* by *erand taila* for 7 days & *dashmoola taila matrabasti* for 7 days. **Observation & Result:** Assessment of patient was done by USG parameters (weight of the prostate and post void residual urine volume) & IPSS (International Prostate Symptom Score) and after completion of treatment significant relief was observed in signs & symptoms. **Conclusion:** This case study concluded as the *Matrabasti* & *Sneha virechana* is a good choice of treatment for the case of BPH along with *Rasayana* medicines.

Key Words BPH, *Mutraghata*, *Vatashthila*, *Sneha Virechana*, *Matrabasti*, *Rasayana*

Received 18th August 2024 Accepted 11th 2024 Published 10th November 2024

INTRODUCTION

Benign Prostatic Hyperplasia is an enlargement of prostate. In India prevalence of BPH is around 50% of men by the age of 60 years¹ Symptoms related to BPH are one of the most common problems in the older males. Many of the issues related to BPH are brought on by the prostate's enlargement, which narrows the urethra and causes the bladder to empty partially. The

conservative course of treatment in modern medicine is very expensive and has adverse effects. Prostatectomy is the primary approach to BPH. Even if the surgery is performed, there may be a risk of complications. Considering complications, recurrence & cost of surgery, it is the need of society to evaluate an alternative option for this most predominant senile disease.

CASE STUDY

AIM

To Know role of *panchkarma & rasayana dravya* in management of surgical Disease & improve quality of life.

A CASE REPORT

Name: XYZ

Age: 58 year

Sex: male

OPD no.: 27898

Occupation : job

Address : Ahmedabad

Date of visit : 12/10/2023

Socioeconomic status: middle class

Marital status : Married

Diet : Mixed

Lifestyle: sedentary

Bowel frequency : once /day

Urine frequency: 8-9 times/day & 4 times/Night

Appetite: normal

Sleep: Disturbed

CHIEF COMPLAINTS WITH DURATION:

As seen in Table 1

Table 1 Chief Complaints

Chief complaints	Duration
Incomplete voiding of urine	6 MONTH
Weak Stream	6 MONTH
Urgency & Frequency	6 MONTH
Straining & Intermittency	3 MONTH
Nocturia	3 MONTH

HISTORY OF PRESENT ILLNESS: A 58 year old male patient came in the OPD of *Shalya Tantra* at Govt. Akhandanand Ayurveda Hospital, Ahmedabad with complaints of post void dribbling, urgency, frequency, incomplete

voiding and nocturia since last 6 month. Patient already seen by a urologist, who identified the condition as benign prostatic hyperplasia and recommended surgery. The patient came to the Ayurvedic hospital for treatment since he did not want to have surgery.

PAST HISTORY - no any

PERSONAL HISTORY - no any

FAMILY HISTORY : no any

DIET: Mixed

LIFESTYLE: sedentary

BOWEL FREQUENCY: once /day

INFORMED CONSENT: Before starting treatment consent was taken , investigation was done & study is carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

EXAMINATION:

Local examination - External Urethral Meatus - normal.

PR Digital - Prostatomegaly, Non tender, smooth, firm, elastic enlargement.

USG Abdomen pelvis - Prostate size - 66 cc

- Post void volume - 520 cc

Assesment of IPSS² score -22

DIAGNOSIS: Benign Prostatic Hyperplasia (*Vatasthila*)

TREATMENT: As per Table 2

Table 2 Treatment

No	Drug	Dose
1	Gokshuradi Guggulu 250mg tablet	2-0-2
2	Chandraprabha Vati 250mg tablet	2-0-2
3	Gokshur churna 2gm Punarnava churna 2gm Ashwagandha churna 2gm	1-0-1 TSP

CASE STUDY

4	<i>Erand Tailapana</i>	20 ML (7days)at night
5	<i>Dashmoola Taila Matrabasti</i>	20 ML (7days)at morning

Subjective criteria: As per Table 3

Objective Criteria: As per Table 4

OBSERVATION AND RESULTS

Table 3 Subjective criteria

Symptoms	Before treatment	After 15 days (Only Rasayana Drug)	After 30 days (Rasayana + Sneha Virechana)	After 45 days (Rasayana + Matra basti)
Incomplete voiding frequency	4	3	2	1
Intermittency	3	2	2	1
urgency	2	2	1	0
Weak stream	3	2	2	1
Straining	4	3	2	1
Nocturia	2	2	1	0
Total IPSS Score	4	3	2	1
	22	19	12	5

Table 4 Objective Criteria

USG Findings	Before Treatment	After Treatment
Weight of Prostate	66 cc	32 cc
Post void urine volume	520cc	Nil

USG findings: As seen in Image1,Image 2,Image 3.

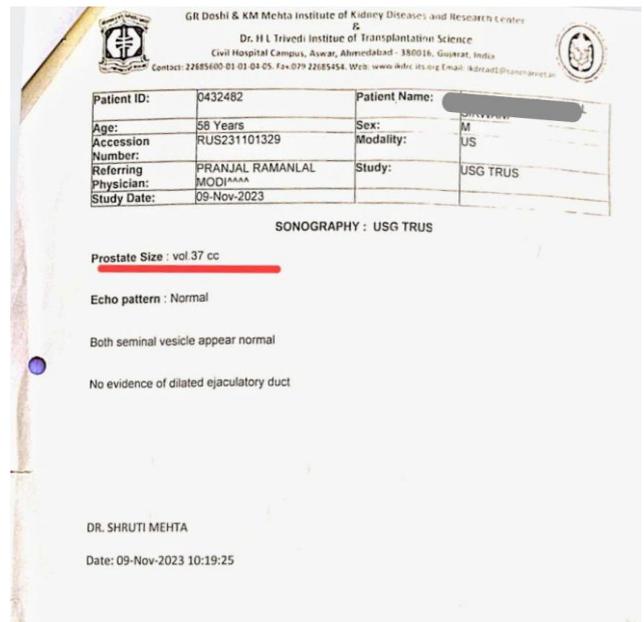


Image 2 9th November 2023 After treatment

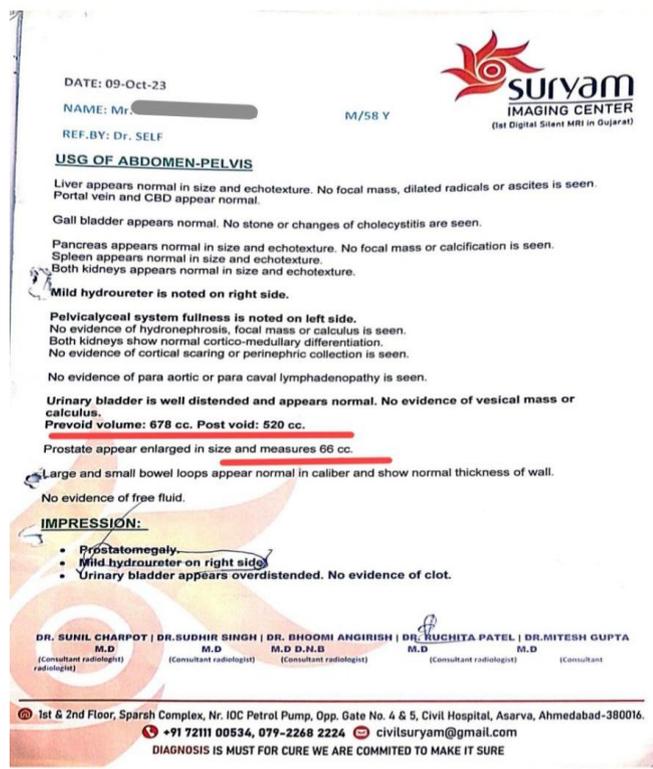


Image 1 9th October 2023 before treatment



Image 3 20th November 2023 After Matra Basti

CASE STUDY

DISCUSSION

In *Ayurveda* BPH is mentioned under the title of *Mutraghata* & It can be correlated with *Vatasthila*³, in this vitiated Apana Vata when the seat in the space between *Guda* (rectum) and *Basti* (urinary bladder) produces *Sthira, Unnata* (elevated) *Astheelavat* (stone like growth). *Acharya Sushruta* mentioned *Basti*⁴, *uttarbasti* & *Sneha virechana*⁵. in *Mutraghata chikitsa*. *Dashmoola taila* have *Ushna Virya* and *Katu vipaka*, *Kaphavatahara* & *Sothahara*⁶ properties. Thus, we employed *matrabasti*, which enhances the natural urge to urinate. Properties like *adhobhagavatahara*, *sukrasodhan*, and *vrushya* are present in *Erand taila*⁷. In *Asthila*, *Acharya Bhavprakash* recommended using *erandtaila*⁸. *Bastisodhak*, *Balkrut*, and *Vrushya* effects are represented by *Gokshura*⁹. *Sothahar*, *Bradhnahar* effects are represented by *Punarnava*¹⁰. *Ashwagandha* have *vatahara*, *Sothhara* & *rasayana* properties¹¹. Since BPH is a senile illness, we have been using *snehana* and *rasayan dravyas*. In the treatment of *Mutraghata*, *Acharya Sharangdhara* has cited *Gokshuradi guggulu*¹² and *Chandraprabhavati*¹³.

CONCLUSION

This case study concluded as the *Snehavirechana* with the *erandatail* & *matrabasti* with *dashmoola taila* is the good choice of treatment for the case of BPH along with Oral *rasayana* medicines.

CASE STUDY

REFERENCES

1. Suresh K.(2022) Prostate health in India (BPH &Prostate Cancer). Arch Cancer Sci Ther. 2022; 6: 009-017.
2. Barry MJ, Fowler FJ, O'Leary MP, Bruskewitz RC, Holtgrewe HL, Mebust WK, Cockett AT.(1992) The American Urological Association symptom index for benign prostatic hyperplasia. The Measurement Committee of the American Urological Association. J Urol. 1992 Nov;148(5):1549-57; discussion 1564. [PubMed] (<https://pubmed.ncbi.nlm.nih.gov/1279218>)
3. Vaidhya Bhagvan Das, Reprint (2013) Charak Samhita, Chaukhambha Sanskrit Prakashana, Varanasi, Siddhi Sthana 9, Page No 341, Shlok No-36
4. Vaidhya Dayal parmar, Reprint (2013-2014) Sushrut Samhita, Saraswati Pustak Bhandar, Ahmedabad, Uttar tantra 58, Page No-680, Shlok No-27
5. Vaidhya Dayal parmar, Reprint (2013-2014), Sushrut Samhita, Saraswati Pustak Bhandar, Ahmedabad, Sharira sthana 58, Page No-682, Shlok No-50
6. Shri Govind Das, (2016) Bhaisjya Ratnavali, Siddhiprada hindi vyakhya by Siddhinandan Mishra, Chaukhambha surbharti Prakashana, Varanasi, Chapter 65, Page No- 1021, Shlok No-81
7. Vaidhya Dayal parmar; Reprint (2013-2014), Sushruta Samhita, Saraswati Pustak Bhandar, Ahmedabad, Sutra Sthana 45, Page No-412, Shlok No-114
8. Shri Brahmasankarmisra shastri, Reprint (2016) Bhavprakash Nigantuyukta, Purvardha, Chaukhambha Sanskrit Sansthana Varanasi, Taila varga, Page No-928, Shlok No-22 to 25.
9. Shri Brahmasankarmisra shastri, Reprint (2016) Bhavprakash Nigantuyukta, Purvardha, Chaukhambha Sanskrit Sansthana Varanasi, Guduchyadi varga, Page No-469, Shlok No-45,46
10. Shri Brahmasankarmisra shastri, Reprint (2016) Bhavprakash Nigantuyukta, Purvardha, Chaukhambha Sanskrit Sansthana Varanasi, Guduchyadi varga, Page No- 586, Shlok No-231
11. Shri Brahmasankarmisra shastri, Reprint (2016) Bhavprakash Nigantuyukta, Purvardha, Chaukhambha Sanskrit Sansthana Varanasi, Guduchyadi varga, Page No- 560, Shlok No-190
12. Dr. Brahmanand Tripathi, Reprint (2021) Sharangdhar samhita,, Dipika Hindi Commentary, Chaukhambha Surbharti Prakashan, Varanasi, Madhyam Khanda Adhyaya 7, Page No-137, Shlok No-87
13. Dr. Brahmanand Tripathi, Reprint (2021) Sharangdhar samhita,, Dipika Hindi Commentary, Chaukhambha Surbharti Prakashan, Varanasi, Madhyam Khanda Adhyaya 7, Page No-133, Shlok No-45