



Research Article

## EFFECT OF BASTI THERAPY AND AYURVEDIC COMPOUND IN THE MANAGEMENT OF VATASTHEELA WITH SPECIAL REFERENCE TO BENIGN PROSTATIC HYPERPLASIA

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### ABSTRACT

The vitiated Apanvayu when takes seat in the space between guda (rectum) and Basti (urinary bladder), produces firm and elevated stone like growth. This growth in turn produces obstruction to passage of faeces, urine and flatus and Adhmana (produces distension) and leads to intense pain in suprapubic region.

<sup>1</sup>kd`uekxZL; cLrs`p ok;qjUrjekfJr%A vCVhykor- ?kua xzfUFk djksR;pyeqUure~AA fo.ew=kfuyl`x`p r=k/ekua p tk;rsA osnuka p ijk cLrks okrk"Bhysfir rka fonq%AA ¼lq0m0 59@9&10½

In Vatavyadhi Nidan, Acharya Sushruta also explained the disease Vatashitala as one of Vatavyadhi. v"Bhyko)ua xzfUFkew/oZek;ueqUure~A okrk"Bhyk fotkuk;kr~ cfgekxkZojksf/kuhe~AA ¼lq0fu0 1@10½

In Vatashila there is a growth in between rectum and urethra which leads to symptoms like sangha etc. therefore the disease BPH correlates closely to Vatashila.

BPH is a slow progressive disease and the management of which is achieved by either conservative or surgical methods. Prostatectomy i.e. surgical removal of prostate gland is a golden treatment for BPH but it is associated with many complications like post operative morbidity, impotence, retrograde ejaculation etc. However, following surgery, despite the relief of obstruction, not all patients are relieved of their symptoms. The incidence of voiding dysfunction and associated symptoms after prostatectomy for benign disease has been reported to be 5 to 35% [Emberton *et al* 1996]. Apart from that a cumulative probability for reoperation has been estimated up to 15% within 8-10years. Hence, considering above facts, the conservative methods from both modern and Ayurveda point of views are seems to be more feasible.

In Ayurvedic classics, several drugs in different dosage forms and combinations have been advocated for treating Mutrakrichchhra or Mutraghat. After referring several classical texts, following drugs have selected for present study for oral administration. The selected drugs are: - Varuna stem bark (Crataeva nurvala), Shigru stem bark (Moringa olerifera) and Goksuru fruit (Tribulus terrestris) & Shodhit Shilajit. These drugs (Varuna, Shigru, Goksuru and Shilajit) have been used in combination in the form of ghansatva filled in capsules for better compliance. Basti therapy has also given by using Dashmool Kwatha with Narayan Tail (for Niruha basti) and Narayan Tail (for Anuvasan Basti). The case described in this article is treated with the same guideline as described in Ayurveda and a satisfactory result were obtained. Though 15 cases are not enough to prove the efficacy, author has tried to share his experience through this article to state that Ayurvedic treatment for Benign Prostatic Hyperplasia is very effective and enhances the quality of life of patient without creating any side effects or with minimal side effects.

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### INTRODUCTION

Ayurveda is a comprehensive scientific system of medicine developed through ancient wisdom, clinical experiences and experimentations. Exploration and discrimination of this knowledge throughout the world can be done only by scientific studies on different parameters. Since time immemorial, Ayurveda has been showing the ideal way of living, which promises a disease free, happy and long life.

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Ayurveda has a unique speciality in the field of Shalya Tantra in which Acharya Sushruta explained the most sophisticated principles of surgery as well as conservative management of various diseases.

Prostate is an accessory gland of male reproductive system, the secretion of which adds bulk to the seminal fluid along with other glands, with no known endocrine function and located deep within the confines of male pelvis below the neck of urinary bladder. The peculiarity of the prostate gland is that it enlarges as the age advances and causes the features of Bladder Outlet Obstruction (BOO), where as the most of the glands / organs of the body other than the prostate gland show regression with advancement of age.

BPH is a common age-related affliction of males and is the most common neoplastic abnormality in men. Histological evidence of BPH can be found in more than 40% of men in their fifties. One in four males will undergo surgery at some time in their life to relieve symptoms of BPH. The clinical manifestations of BPH include a spectrum of symptoms and the complications of urinary obstruction.

In all *Ayurvedic* texts, various *Mootrarogas* and their management have described. *Vatasthila*, and *Mootragranthi* resembles obstructive uropathy due to enlarged Prostate on the basis of symptomatology. *Vatasthila* is a condition in which the *Apana Vayu* due to vitiation produces mobile, elevated and intensely painful glandular swelling which obstructs the passage of urine and faces. On the basis of this description *Vatasthila* seems to be more closely related with benign Prostatic Hyperplasia.

As per the *Samprapti* (etiopathogenesis) of *Mootraghata*, there is deranged function of *Vata Dosha*, particularly *Apana Vayu* along with the vitiation of other *Dosha*; produces *Ama* and ultimately causes *Srotorodha*. The vitiated *Doshas* travel through *Sookshma Srotasa* and ultimately get lodged in *Basti*, where upon further vitiation of *Vayu* leads to *Mootraghata*. So, the line of treatment is instituted as *Vatahara*, *Basti Shodhana*, *Shothahara*, *Lekhana* and *Mootrala* to achieve the goal of desired treatment. Earlier studies carried out in Department of Shalya Tantra, IMS BHU indicate that *Basti karma* is found effective in the management of BPH. In majority of cases decrease in weight of prostate and improvement in flow of urine is observed, however some patients of BPH have shown the symptomatic improvement without any change in weight of prostate. It seems that there are some other factors responsible for the relieving obstructive symptoms. It may be due to increased bladder tonicity after treatment.

In this present study an attempt was taken to find out the effect of *Vata* alleviating and *Shothahara* drugs along with *Basti* therapy on *Vatasthila* - with special reference to BPH and design a treatment regime without any side effect or with minimum side effect, by assessing the condition of patient clinically and Ultrasonographic studies.

**Basti Karma:, General Consideration**

According to the principle of *Ayurveda*, *Panchakarma* is the pioneer method of treatment for the correction of vitiated *dosha*. The classical literature had given a great significance to this therapy and points out a wide range of its applicability. *Ayurveda* has a unique concept to expel out the vitiated *dosha* from the body by *Vamana*, *Virechana*, *Basti*, *Nasya* and *Raktamokshana*. Out of the above five *Sodhana Karmas*. *Basti* is considered superior of all the other measures due to its multiple effects. *Basti* is a type of treatment modality which has got both *shodhana* and *Shamshaman* action depending on the drugs used. It is one of the great treatment modality because, we can achieve instant *Apatarpana* or *Samtarpana*, fast and comfortable evacuation of *Doshas* that too without causing much complications. *Basti* is supposed to be the specific treatment for *vata* disease.(A.H.Su.1/25). The relative importance of *vata* is already known, as it has predominant influence on three principle disease routes namely *shakha*, *koshtha*, and the *marma*. Moreover *vayu* is responsible for the formation, communication, and spread of *sweda*, *mala*, *mutra*, *kapha* and other biological substances in the body.

**Commonly Used Basti are two type**

1. *Anuvasanabasti*- predominantly consist of oily substances.
2. *Niruhabasti*- Consist mainly *kashaya* or decoction of appropriate drugs.

*Charaka* and *Sushruta Samhita* regarding urinary system they have mentioned that *Basti* is indicated in *Mutrasanga* (retention of urine) and *Mutrakrichra* (dysuria). (Ch. Si. 2-16/ Su. Chi. 3-5)

**Selection of Cases**

Patients diagnosed to have Benign Prostatic Hyperplasia were selected and registered for the study from Mootraroga (Indian Medicine) and other Shalya OPD in the Sir Sunderlal Hospital, Banaras Hindu University, Varanasi. The details of the patients were collected by using a standard proforma.

**Inclusion Criteria**

In this study, 15 patients diagnosed with Benign Prostatic Hyperplasia were selected, on the basis of –

- ❖ Patients with symptoms of LUTS (Lower Urinary tract Symptoms).
- ❖ Per- Rectal examination revealing enlarge prostate.
- ❖ USG suggestive of Benign Prostatic Hyperplasia.

**Exclusion Criteria**

Patients with other cause of lower urinary tract symptoms like Neurogenic bladder, Urethral Stricture, Carcinoma Prostate, Pinhole meatus and Subjects with Uncontrolled Diabetes Mellitus, Subjects with CRF (Chronic Renal Failure) and Cardiac Problems, Subjects with Venereal Diseases, HIV & HBsAg positive subjects were excluded from the study.

**METHODOLOGY**

**Schedule of Basti Karma Adopted**

Duration	Therapy	Medication	Dose
1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> day (3 days)	<i>Mridu Virechana</i>	<i>Shatshakara Churna</i>	3-6 gms HS
4 Days onwards up to 24 days(for 21 days)	<i>Sthanika snehana</i>	<i>Narayan taila</i>	QS
4 days onwards up to 24 day(for 21 days)	<i>Sthanika swedana</i>	<i>Dashamulakashaya</i>	QS
5 <sup>th</sup> , 7 <sup>th</sup> , 9 <sup>th</sup> , 11 <sup>th</sup> , 13 <sup>th</sup> , 15 <sup>th</sup> , 17 <sup>th</sup> , 19 <sup>th</sup> , 21 <sup>st</sup> , 23 <sup>rd</sup> and 25 <sup>th</sup> day (for 11 days)	<i>Anuvasana basti</i>	<i>Narayana taila + 1/4 tsf Saindhav lavan + 1/2 tsf Madhu.</i>	50ml
6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> , 12 <sup>th</sup> , 14 <sup>th</sup> , 16 <sup>th</sup> , 18 <sup>th</sup> , 20 <sup>th</sup> , 22 <sup>nd</sup> , 24 <sup>th</sup> day (for 10 days)	<i>Asthapana basti</i>	<i>Dashamoolakashaya and Narayanat aila + 1/4 tsf Saindhav lavan + 1/2 tsf Madhu.</i>	150ml + 30ml

Number of Basti were planned on the basis of previous work/thesis has been done in Dept. of Shalya Tantra, IMS BHU. *Anuvasana Basti* and *Niruha Basti* alternately for 21 Days (11 *Anuvasana Basti* & 10 *Niruha Basti*). After next 7 day, *Basti* will again started with same schedule as describe above.

**Bastikarma and Ayurvedic Management:-**The procedure of treatment was explained to all the patients before starting the therapy and a written informed consent was under taken by all the patients.

**Do's and Don'ts**

During the course of treatment patient was advised to avoid unwholesome diet i.e. *Shita* (too cold), *Vidahi* (causing burning sensation), *Vistambhi* (slow movement in G I tract), *Ruksha*(too dry), (*Vata* aggravating diet). He was also advised to stay warm avoiding exposing himself to cold.

**Samshamana Drugs (Oral Drugs)**

Varuna (*Crataevanurvala*), Shigru (*Moringa olerifera*) and Gokshura (*Tribulus terrestris*) ghan with Shuddh Shilajit (125mg each) in 500mg Capsule → 2 Capsule BD for 21 days.

**Criteria for Assessment**

- ❖ Prostate Weight (Assessed by USG)
- ❖ Post Voidal Residual Urine (assessed by USG)
- ❖ Bladder Wall Thickness( assessed by USG )

**OBSERVATION AND RESULT**

**Response of Therapy on Prostate-Weight**

Changes in Prostate Weight, before and after treatment( in gram )		
S. No.	Before Treatment	After Treatment
1.	23.0	22.5
2.	32	22.3
3.	21.9	23.8
4.	50.4	33.8
5.	24.7	21.5
6.	43.2	26.2
7.	38.6	28.4
8.	25.0	26.5
9.	27.8	24.4
10.	42.0	22.0
11.	43.0	32.8
12.	37.9	29.8
13.	36.0	26.9
14.	38.0	25.6
15.	44.7	48.0

Reduction in Prostate weight and Post Voidal Residual Volume are an important parameter for the assessment of response to the therapy. In this study there was reduction in prostate weight and PVRU were observed in which Basti therapy along with these selected Ayurvedic drugs are given. The Mean prostate weight before treatment was 35.27 gm which reduced to a mean prostate weight of 28.20 gm after treatment, the difference of which (7.07 gm) was statistically highly significant (P<0.01). The present literature available suggest that in men of age group between 31-50 years doubling time of prostate weight is 4.5 years, whereas in between 51-70 years doubling time is 10 years<sup>24</sup>. Therefore it is clear that between 3rd to 5th decade rate of prostatic growth is peak when compare to later decades of life i.e. after 5th decade. But symptoms become more severe as age advances. This is because of age related bladder function changes.

In present study, there was significant reduction in Prostate weight seen, mean reduction of prostate weight of 7.07 gm, treated with Ayurvedic drugs and basti shows effective response in reduction of prostate weight as well as in improvement of overall symptoms. Prostate weight is calculated on the basis of the three dimensions of the Prostate. Singh M P *et al*,1997 studied the microscopic structure of the prostate after basti therapy and found atrophy of the glands, epithelium and acini<sup>21</sup>. This leads to reduction in the prostate

weight<sup>21</sup>. Bhatt P. R., *et al* 2003<sup>18</sup> and other previous studies in Dept. Of Shalya Tantra, IMS BHU found the significant reduction of prostate weight by basti therapy and anti-inflammatory response of oral compounds.

**Response of Therapy on PVRU**

Changes in Post Voidal Residual Volume , before and after treatment( in ml )		
S. No.	Before Treatment	After Treatment
1.	58.0	20
2.	112.7	32.4
3.	119	68
4.	150	34.5
5.	146	66
6.	174.8	89
7.	140	50
8.	163	72.2
9.	98	20
10.	112	45
11.	61	30
12.	124	63
13.	110.8	54
14.	118	31.8
15.	63	38

The mean value of Post Void Residual Urine which was obtained by trans-abdominal ultrasound were statistically analyzed in response of patients pre and post therapy The Mean value of PVRU before treatment and after treatment was 119.86 ml and 51.06 ml respectively. The difference of mean before and after treatment were statistically highly significant (P<0.01). From the above finding, the results obtained after Basti therapy and oral Ayurvedic formulations were more encouraging.

**Response of Therapy on Bladder wall Thickness**

The bladder wall which undergoes various changes due to chronic obstruction on bladder neck. In this study the changes occurring in bladder wall thickness measured by using trans-abdominal ultrasonogram pre and post therapy and was analyzes statistically for response of therapy.

Changes in Bladder Wall Thickness , before and after treatment( in mm )		
S. No.	Before Treatment	After Treatment
1.	3.8	3.2
2.	6.0	3.9
3.	5.8	3.2
4...	4.3	3.5
5.	5.2	4.6
6.	6.7	5.8
7.	5.3	3.2
8.	4.4	3.0
9.	3.5	3.4
10.	4.7	3.8
11.	3.5	3.4
12.	4.4	4.2
13.	4.8	3.6
14.	6.9	5.5
15.	6.2	5.3

The Mean Bladder wall thickness before and after treatment was 5.20 mm and 4.93 mm respectively. The difference of mean before and after treatment was 0.27 mm which was statistically highly significant (P<0.01). There was decrease in Bladder wall thickness observed which may be due to release of obstruction and tonic effect on smooth muscles of bladder a result of Basti therapy.

**Adverse effect :-** During the treatment by Basti therapy and oral administration of Varuna, Shigru and Gokshura Ghana with Shuddha Shilajit, no adverse effect were observed or complained by the patients. There was no any problem in palatability was noticed as capsule was easily ingested by the patients.

## CONCLUSION

Although both medical & surgical therapies for symptomatic BPH are effective, they are associated with significant morbidity rates & some degree of sexual dysfunction. In addition, patients with LUTS due to BPH are often elderly & some patients may have severe co-morbidities. Because of the increasing operative risk of undergoing TURP or open surgery for these patients, non-surgical treatment alternatives are required to meet their needs. Therefore, the development of new non invasive modalities for treatment of BPH has constituted an interesting field of research.

In Ayurvedic classics vast number of drugs are described for treatment of various urinary disorders, but the only need is to evaluate these drugs and therapies on modern scientific parameters. The present study is an attempt to do so with the help of Ultrasonography study. The Ayurvedic Regime (*Basti Theapy with Narayan Taila and Dashmool Kwath* along with oral administration of *Varuna, Shigru and Gokhsura Ghana and shuddh Shilajit*) are very effective and safe as well as cost effective, minimal invasive medical therapy, without any or minimal adverse effect and a good alternate to those elderly males who are worried about their Symptoms and side effects of available modern medicine. Taking these results in consideration, furthermore clinical as well as experimental studies on a large sample size will be suggested to establish this regime of treatment as a gold standard management in treatment of BPH.

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