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Case Study

A single case study on Benign Prostatic Hyperplasia with *Dashamoola siddha Taila Uttarbasti***Dr. Divyababen S. Ninama, Dr. Harshit Shah, Dr. Rajesh Kumar Sharma, Dr. Sonal Panchal, Dr. Damini Parmar**

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ABSTRACT

BPH is major gyneciatric problem of obstructive uropathic disorders described in ayurveda as one type of *Mutraghata*. BPH is a non-malignant enlargement of the prostate gland caused by excess growth of prostatic nodules. Histo-pathologically the prevalence of BPH is age dependent, initiate usually after 40 years of age. The age-specific prevalence of benign prostatic hyperplasia has been estimated from autopsy studies to be 8% in the fourth decade of life, 50% in the sixth decade of life, and 80% in the ninth decade of life. BPH is a progressive disease and In *Ayurveda*, *Mutraghata* either upper or it is commonly associated with lower urinary tract symptoms such as retention, incomplete voiding, dribbling, hesitancy, incontinence of urine etc. In modern medicine the management of BPH is either by conservative treatment using chemotherapy, hormonal therapy and surgical approach. In this case study, a patient diagnosed with Benign Prostatic Hyperplasia was treated with a *Dashamoola siddha Taila Uttarbasti* 20 ml once daily for three days and then 3 days gap given between two cycles for 21 days. Assessment of patient was done by IPSS (International Prostate Symptom Score) and weight of the prostate and post void residual urine volume. After completion of *Uttarbasti* treatment significant relief was observed in symptoms.

Key words: Benign Prostatic Hyperplasia/BPH, IPSS, *Uttarbasti*, *Dashamoola siddha Taila*, *Mutraghata*.**ARTICLE INFO:** Received 16 April 2023; Review Complete 28 May 2023; Accepted 02 June 2023; Available online 15 June 2023**Cite this article as:**

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INTRODUCTION:

Benign prostatic hyperplasia is a common urological disease among older men. The age-specific prevalence of benign prostatic hyperplasia has been estimated from autopsy studies to be 8% in the fourth decade of life, 50% in the sixth decade of life, and 80% in the ninth decade of life¹.

Aacharya Sushruta has described a *Mutraghata* *Uttaranta*. It has been described as group of urinary disorders in which intermittency, weak stream, straining, urgency, frequency, incomplete emptying are found due to deranged function of *Vata Dosha*, particularly *Apana Vata*. These features are considered as Lower Urinary Tract Symptoms (LUTS) and BPH is one of the most common cause in modern.

The aetiology of B.P.H. is unknown. One hypothesis infers that the prostate converts testosterone to a more powerful androgen, Dihydrotestosterone (DHT) which stimulates cell growth in the tissue that lines the prostate gland (the glandular epithelium) and is the major cause of the rapid prostate enlargement².

Due to the enlargement of prostate gland, a group of symptoms develop which are called as prostatism. The clinical features of B.P.H. include incomplete emptying, intermittency, frequency, weak stream, straining & nocturia. Since BPH is not a rapid progressive diseases the management of BPH can be achieved by adapting conventional measure and lastly surgical intervention. Prostatectomy i.e. surgical removal of prostate gland is a golden treatment for BPH but it may lead to many complications like post-operative morbidity, impotence, retrograde ejaculation etc. Apart from that advancing

probability for re-operation has been estimated up to 15% of operated cases within 8-10 years. Hence, considering the conventional methods from both modern and Ayurveda point of views seem to be more achievable. Although administration of conservative modern treatment i.e. hormone therapy has good advantages but it has side effects like loss of libido, impotence, gynecomastia etc³.

Hence everybody wants for a therapy which will be non-invasive, cost effective, well tolerance without any untoward effects. *Basti Chikitsa* is an authentic treatment option for the management of *Mutraghata*, where no any strict restrictions are required⁴.

So that the drugs having *Vata Kapha Shamaka* are to be helpful for reducing the size of the prostate and to enhance the urinary bladder tone. So, in this case studies, Dashamoola siddha Taila given for 21 days.

Case report:

A 44 years old male patient visited OPD of *Shalya Tantra* Department of Government Akhandanand Ayurveda Hospital, Ahmedabad on 21/02/2023 with the complaints of gradually increased frequency of micturition (6 to 8 times/day and 4-5 times/night), Burning micturition, Incomplete emptying, and Hesitancy. He was having these complaints for last 1.5 years. Gradually his routine life was disturbed. Preliminary clinical examinations and per rectal examination were done to assess the enlargement of prostate. Routine biochemical and haematological investigations were done and the values were within normal limit. The size of the prostate gland was 45 cc, Postvoidal residual urine was 30 cc, IPSS was 10.

Procedure of Dashamoola siddha taila Uttarbasti:

Materials and method:

Material:

- Dashamoola siddha Taila-20 ml

Equipments:

- Sterile Syringe
- Sterile cotton pad
- Sterile penile clamp

Purva karma:

- Written informed consent of patient
- Investigation
- Emptying of bladder prior to *Uttarbasti*
- Vitals monitored
- Supine position given to the patient
- Local antiseptic care was taken
- Painting and Drapping was done
- Sterile glass syringe and penile clamp

Pradhan karma:

- After *Purva karma* under all aseptic precaution 20 ml Dashamoola Siddha Taila was filled in glass syringe and was taken in right hand and its nozzle was inserted gently into the external urethral meatus and slightly external pressure was given to fix the junction.

- Luke warm Dashmoola Siddha Taila was inserted slowly with slight pressure. Care was taken to avoid entry of air into urethra.
- After that penile clamp was applied just proximal to glans penis.

Paschat karma:

- Patient was kept in situ for 15 minutes and then penile clamp was removed.
- Patient was advised to avoid undue straining and unsafe intercourse
- Patient was instructed not to pass urine for next 2 hours.
- Procedure was repeated 3 days continuously and then 3 days gap was given upto the 21 days.

Results and Discussion:

Sushruta, the pioneer of *Shalya Tantra* (surgery) has enumerated the urology in his legendary text book of surgery. *Acharya Shushrut* has describing anatomy, physiology and pathology of many diseases related to urinary system like *Ashmari* (urinary stone), *Mootakrichchhra* (painful micturition), and *Mootraghata* (suppression or obstruction of urine) etc. with their management along with diseases of other systems. Based on the clinical symptomatology, *Mutraghata* can be correlate to Benign Prostatic Hyperplasia (BPH). *Mutraghata* is a broad term that can be termed a syndrome because it encompasses the majority of urinary system pathologies. It is a non-malignant enlargement of the prostate gland caused by either excessive hyperplasia of prostatic tissue. The specific reason is still unknown. In fact, there is no significant evidence that risk factors such as smoking, vasectomy, obesity, or excessive alcohol use contribute to the development of clinical characteristics of BPH⁶. The only true factors related to the development of the disease are old age and hormonal status. Because serum testosterone levels and steroid produced by the adrenal cortex decrease with age, there is an imbalance between dihydrotestosterone (DHT) and local peptide growth factors. As a result, BPH is more common among the elderly⁷.

As per the aetiopathogenesis of *Mutraghata* is concern, there is deranged function of *Apana Vayu* along with the vitiation of *Kapha & Pitta* causes *Srotoavarodha*. The vitiated *Doshas* travel through *Sukshma srotasa* & finally lodge in *Basti*, where upon further vitiation of *Apana Vayu* leads to *Mutraghata*. Because, the *Vata Dosha* is the main delinquent to produce the Benign Prostatic Hyperplasia / *Mutraghata* hence in this study the line of treatment is instituted as *Vata Shamaka*, *Vatanulomaka*, *Shothahara*, *Lekhana & Mutrala* in the form of *Basti*.

Dashamoola siddha taila contains ingredients i.e. *Bilwa*, *Agnimantha*, *Patala*, *Gambhari*, *Shyonak*, *Shalaparni*, *Prishnaparni*, *Bhrihati*, *Kantakari*, *Gokshura* and *Tilataila*¹. All ingredients have *Vata-Kapha* with *pittasamaka* property. Due to this, *Sanga* gets removed from *Mootravaha srotasa* particularly at *Bastishira*. Which leads to reduction in size of the enlarged prostate. As *Mootravaha Srotas* becomes free from *Avarodha* or *Aavarana* caused by vitiated *Kapha* and *Vata* comes to normal state. Hence in this study *Dashamoola siddha taila Uttarbasti* was given in well diagnosed case of BPH. Before treatment IPSS score was 11

and after completion of the treatment IPSS score was reduced to two i.e. patient was asymptomatic with good quality of life. The size of prostate before treatment was 45 cc in USG findings and after treatment it was 23cc. The post void residual urine volume before treatment was 30cc and after treatment it was Nil. So it can be said that *Dashamoola siddha taila Uttarbasti* has symptomatic relief in *Mutraghata*.

Table 1: IPSS Score Before and After Treatment

IPSS Score	
Before Treatment	After Treatment
10	02

Table 2: Prostate Size Before And After Treatment

Prostate Size	
Before Treatment	After Treatment
45 CC (PVRU-30 CC)	23 CC (PVRU-NIL)

SVP

Shree Siddhanta Patel Institute of
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Bhadrachalam District, India - 508004,
Tel: 08784333333, Email: srip@ssri.ac.in

MRN No	19000032268	Patient Name	[REDACTED]
Age	44 Years	Gender	Male
Study Date	27-2-2023	Modality	US
Visit ID	OP2302031549		

USG KUB

KIDNEYS: Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.
Bilateral normal cortical echogenicity.
Right kidney measures- 99 X 42 mm.
No evidence of hydronephrosis or calculus.
Left kidney measures- 97 X 43mm.
No evidence of hydronephrosis or calculus.

URINARY BLADDER: is distended with smooth walls.
No evidence of diverticulum or calculus.
Prevoid volume measures 480 cc in volume.
Postvoid volume measures 30 cc, insignificant.

PROSTATE: Measures 45 cc in volume, enlarged and shows homogeneous echotexture.

DR TAPAN
DR ANAND

S.N. Shah
Dr. Sahil N Shah
Asst. Professor

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Figure 1: Before treatment

SVP

Shree Siddhanta Patel Institute of
Health Sciences & Research
Bhadrachalam District, India - 508004,
Tel: 08784333333, Email: srip@ssri.ac.in

MRN No	19000032268	Patient Name	[REDACTED]
Age	44 Years	Gender	Male
Study Date	14-4-2023	Modality	US
Visit ID	OP2304060430		

USG KUB

KIDNEYS: Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.
Bilateral normal cortical echogenicity.
Right kidney measures- 97 x 45 mm.
No evidence of hydronephrosis or calculus.
Left kidney measures- 105 x 53 mm.
No evidence of hydronephrosis or calculus.

URINARY BLADDER: is distended with smooth walls.
No evidence of diverticulum or calculus.
Prevoid volume : 213 cc.
Postvoid volume : empty.

PROSTATE: Measures 23 cc in volume, normal and shows homogeneous echotexture.

DR JAINAM
DR SAYAL

S.N. Shah
Dr. Sahil N Shah
Asst. Professor

Report Finalized: 14-4-2023 11:52:21

Figure 2: After Treatment

CONCLUSION:

This case study highlighted that *Dashamoola siddha Taila Uttarbasti* is a simple and effective treatment modality for Benign Prostatic Hyperplasia without any adverse effects.

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