

ROLE OF BASTI CHIKITSA IN BENIGN PROSTATIC HYPERPLASIA (BPH)-A CASE STUDY

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ABSTRACT

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 parameter. The present study is an attempt to do so with the help of Ultrasosography and tried to evaluate the changes in Prostate size. The results are with Ayurvedic Regime (Basti Theapy with Narayan Taila and Dashmool Kwath are more effective and safe, non invasive medical therapy, without any or minimal adverse effect and a good alternate to those elderly males who are worried about their Symptoms.

KEYWORDS: Basti Therapy, Narayan Taila, Dashmool Kwath

INTRODUCTION

Sushruta Samhita and other classical texts of Ayurveda had enumerated the various urinary disorders like Ashmari (urinary stone), Mootakrichchhra (painful micturition /Dysuria), and Mootraghata (suppression or obstruction of urine) etc. with their management. The concept of Mootravaha Srotasa (urinary system) Mootrotpatti (formation of urine), Shukravaha Srotasa (reproductive system) and Basti (urinary bladder), are explained in a very concise approach by the ancient author.

The word Mootraghata comprises of two words □“Mootra” &“Aghata”, reflecting the symptom of low urine output due to obstruction in the passage of urine.^[2]

The disease Mootraghata, imitates the symptoms of urinary retention, incomplete voiding, dribbling of urine, hesitancy, and increased frequency of micturition etc. These symptoms basically represented the features related to the Lower Urinary Tract Symptoms (LUTS) and

may be co-related with the disease Benign Prostatic Hyperplasia(BPH) and other obstructive uropathies in modern parlance.

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.

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 8-10 years.

Hence, considering the conservative methods from both modern and Ayurveda point of views are seems to be more feasible.

In all Ayurvedic texts, various Mootrarogas and their management have described. Mainly eight types of Mootrakrichchhra are described. Krichchhrata (difficulty in voiding / pain full voiding), is the main feature but sometimes some feature of obstructions (mootravibhandhata) is also present. In Mootraghata obstruction is a major feature. Vatasthila and Mootragranthi resembles obstructive uropathy due to enlarged Prostate on the basis of symptomatology.^[3]

Vatasthila is a condition in which vitiated Apana Vayu produces mobile, elevated and intensely painful glandular swelling which obstructs the passage of urine and faces where as in Mootragranth^[4] i a small rounded and fixed glandular swelling develops all of sudden at the Vastimukha causing sudden obstruction to urine and give rise to symptoms of Ashmari, on the basis of this description Vatasthila & Mootragranthi seems to be more closely related with benign Prostatic Hyperplasia.

As per the Samprapti(etio-pathogenesis) 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.^[5] So, the line of treatment is instituted as Vatahara, Basti Shodhana, Shothahara, Lekhana and Mootrala to achieve the goal of desired treatment.

CASE REPORT

Name of Patient: Kaushal kumar

Age: 65 years

Address: sitamani Bihar

Religion: Hindu

Hospital Number (MRD No) 3252231

Consultant :-Dr A K Dwivedi

CHIEF COMPLAINTS WITH DURATION

- Increased frequency of micturition 6 - 8/5 – 6 □ 1.5-2years
- Poor stream □ 1 year
- Post voidal dribbling □ 5-6 month

History of present Illness: According to patient he was asymptomatic before 2 year. Then he gradually noticed increased frequency of micturition 6 - 8 times in day while in night he has to wake up 5 - 6 times for urination. There was gradually weaking of urinary stream and many times patient used to strain for evacuation of bladder. He used to took medicine from local doctor after some relief he stopped the medicine. After few days he again noticed the increased frequency but used to ignore the problem, so for better management he came to Sir Sunder Lal hospital, Mootraroga OPD BHU.

Past History

- H/o of treatment of Prostate 1.5 years ago.
- No H/O of Haematuria, Graveluria, Acute Urinary Retention, PUC insertion
- No H/O DM, HTN, COPD, fever, any other major trauma or surgery.

PERSONAL HISTORY

- Marital status:- Married
- Socio-economic status- Middle
- Dietary habits- Mixed Diet
- Sleep- 6-7 hours, interrupted due to increased frequency

- Bowel habits- Normal
- Addiction- NO any
- Sexual status-Normal
- No Significant family history

Schedule of Basti Karma adopted^[6]

Duration	Therapy	Medication	Dose
1st, 2nd, and 3rd day (3 days)	Virechana	Haritiki Churna	3-6gms HS.
4th Days onwards upto 24th days (for 21 days)	Sthanika snehan	Narayan taila	QS
4th days onwards upto 24th day (for 21 days)	Sthanika swedana	Dashamula kashaya	QS
5th, 7th, 9th, 11th, 13th, 15th, 17th, 19th, 21st, 23rd and 25th day (for 11 days)	Anuvasana basti	Narayana taila + 1/4 tsf Saindhav lavan + 1/2 tsf Madhu.	50ml

Digital Rectal Examination

First Visit	After treatment
Anal Sphincter tone :- Normal	Normal
Prostate	
Size :- Enlarge Upper boarder not approachable	Enlarge; upper boarder can be approached with difficulty
Consistency :- Firm	Consistency :- Firm
Surface: - Smooth, Non Nodular	Surface: - Smooth, Non Nodular
Rectal Mucosa:- Freely Mobile	Rectal Mucosa:- Freely Mobile
Tenderness :- Not Present	Tenderness :- Not Present

INVESTIGATIONS

	Before Treatment	After Treatment
Blood Urea	30 mg/dl	17.0 mg/dl
Sr. creatinine	1.3mg / dl	0.68 mg/dl
PSA	2.0ng/dl	1.0 ng/dl
UrineR/M	Pus cells- 2-3/HPF	Pus cells- 1-2 /HPF
Urine C/s	E. coli	Sterile after 72hr of incubation Period
	S- Amikacin, Tobramycin, Gentamicin, Trimethoprim, Sulphamethoxazole, Cefepime, Tetracycline.	
USG		
Prostate weight	37.8 gm	26.4 gm
PVRU	124 ml	35ml

Diagnosis: Benign Prostatic Hyperplasia (vatasthela).

RESULTS

After treatment with Ayurvedic drugs and basti therapy, there was decrease in prostate weight, PSA level and reduction in Post voidal Residual urine was observed. There was improvement in force of urinary stream, and decrease in frequency of nocturia was reported by patient.

Mode of action of Basti karma

Basti in different form has a very wide application like restoration of virya (semen), anabolism in emaciated person, karshan in obese person, improvement of vision, prevention of aging, improvement in luster, strength and healthful longevity. Basti eradicates morbid Vata from the root along with other Dosha and in addition it gives nutrients to the body tissues.^[7] Therefore Basti therapy covers more than half of the treatment of all the diseases.^[8] and supposed to be the principle (Specific) treatment for Vata Disorders.^[9] while some authors consider it as the complete remedy for all the ailments. By adding different combinations of various drugs, it may be useful in many ailments.^[10]

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