

THE ASSESSMENT OF EFFICACY OF ASHWAGANDHA TAIL UTTARBASTI IN THE MANAGEMENT OF VATASHTHILA W.S.R. TO BPH

¹*Dr. Suyesha Baburao Jadhav and ²Dr. Dnyaneshwar D. Chavan

¹M.S. PG Scholar (Shalya-Tantra), ²(Guide) Professor and HOD (Shalya-Tantra Dept.)

Yerala Medical Trust Ayurvedic Medical College Hospital and Research Centre. Navi
Mumbai, District Raigarh, Maharashtra 410210.

Article Received on
22 June 2024,

Revised on 12 July 2024,
Accepted on 01 August 2024

DOI: 10.20959/wjpr202415-33470



*Corresponding Author

**Dr. Suyesha Baburao
Jadhav**

M.S. PG Scholar (Shalya-
Tantra), Yerala Medical
Trust Ayurvedic Medical
College Hospital and
Research Centre. Navi
Mumbai, District Raigarh,
Maharashtra 410210.

ABSTRACT

Now a days Geriatric group are more suffer from BPH (Vatashtila) are the commonest world wide problem. But there is no permanent, side-effect less remedy for this BPH. But Uttar-Basti may be the good option for this. Here Ayurveda works, according to Ayurveda science, urinary bladder is reside of Vata. Due to the Vata vitiation this Vatashtila (BPH) occurs, tail (Oil) is the best for Vata mitigation.so we decided to work over this BPH symptoms by Uttar-basti, The treatment of Ayurveda. Uttar-basti is a new treatment method for modern world, but in Ayurveda it well elaborated by Acharya Sushruta in his scripture i.e. Sushruta Samhita. This treatement is very beneficial for symptoms involving the urethra, the prostate and bladder in men. It involves the classical symptoms like frequently urination, Weak stream, feeling like you can't empty your bladder, voiding or obstructive symptoms such as hesitancy, poor and/or intermittent stream, straining, prolonged micturition, irritative symptoms such as frequency, urgency, and nocturia. In Uttar-Basti, Ashwagandha tail sterilized and medicated oil is used to pushed through urethral route.

This takes about 15-20 minutes to complete procedure safely. This is done for 2 weeks at 1 week of interval. This is OPD and IPD level procedure. It does not cause any infection, if all aseptic precautions are taken. In this study, we studied & treated all BPH symptoms by Uttar-basti treatment with Ashwagandha tail. And we found that Ashwagandha tail Uttar-basti

treatment is very effective. Uttar-basti, not only controls BPH symptoms but also enhances the quality of life in geriatric group and one can avoid the surgical procedure.

KEYWORDS: Uttar-basti, BPH, Ayurveda, Ashwagandha Tail.

INTRODUCTION

Benign prostate hyperplasia is an enlargement of prostate. Symptoms related to BPH is one of the most common problems in the older males. Histological evidence of BPH is found in more than 50% of men in their fifties & nearly 90% of men in their nineties age. In modern medicine the conservative treatment includes two classes of drugs which includes- α -adrenergic blocking agent and 5 α reductase inhibitors. These drugs when taken for a year result in 20-25% shrinkage of the prostate gland. Also these drugs are expensive in comparison to their effectiveness and these drugs have also some side effects hypotension, headache, dizziness, abnormal ejaculation, decreased libido, impotency, etc. The fact about these drugs is a significant portion of men who try these drugs will subsequently undergo surgical intervention. Prostatectomy is primary approach to benign prostate hyperplasia. Even if the surgery is done, there are high chances of early complications (like hemorrhage, clot retention, bladder neck stenosis, erectile dysfunction etc.) and late complications (like secondary growth, urethral stricture, infection etc.) Considering the complications, recurrence & cost of surgery, it is the need of society to evaluate an alternative option for this most predominant senile disease. There are 12 types of mutraghata; one of them is Vatassthila, In Sushrut Samhita, vatassthila is grouped under the title of Mutraghata. The general treatment for mutraghata is as follows as the reference Kashay, kalka, Ghruta, leha, paya, kshar, madya, asava, sweda and uttarbasti are the treatments of mutraghata.

What is Vatassthila (BPH)

“शकृन्मार्गस्य बस्तेश्च वायुरन्तरमाश्रितः । अष्ठिलावद् घनं ग्रंथि करोत्यचलमुन्नतम् ॥

विष्णुन्नानिलसंगश्च तत्राध्मानश्च जायते। वेदना च परा बस्तौवाताष्ठीलेति तां विदुः॥” (सु. 3. 58/7-8)

Asthila (Prostate gland) situated in the middle of rectum and urinary bladder, Apana Vayu enlarges a dense (hard) gland like Asthhila, which is somewhat movable and raised. Due to the enlarged gland, there is obstruction of stool, urine and vayu. Below the navel region, there

is distension and intense pain in the bladder. So this disease is called 'Vatashtila. Vatashtila (Enlarged Prostate) is one of the type of Mutraghat (Retention of Urine) among all 12 types.

CASE STUDY

52 yrs old male patients presented with c/o increased frequency of micturition, dribbling micturition, weak flow of urine, has to do pressure for urination since 8 months with constipation and pain in lower abdomen on and off since 6 months.

With no any medical and surgical history

No any drug allergy / no significant family history.

Personal H/O – appetite normal,

Sleep – disturbed sleep.

No any addiction of tobacco/ alcohol

Vitals are normal,

AIMS AND OBJECTIVES

To assess the efficacy Ashwagandha tail uttarabasti in the management of vatashtila wsr to BPH.

To assess the effect of Ashwagandha tail uttarabasti in terms of pacifying the symptoms like frequency, urgency, intermittency, straining, prostate size.

Preparation and Benefits of Ashwagandha tail

शतं प्रक्त्वाश्वगन्धाया जलद्रोणेऽशशेषितम् ।

विस्त्राय विपचेत्तैलं क्षीरं दत्त्वा चतुर्गुणम् ॥१२९॥

कल्कैर्मृणाल शालूकविस किञ्जल्कमालती । पुष्पैर्हीबेरमधुकशारिवापद्मकेशरैः ॥ १३० ॥

मेदापुनर्नवाद्राक्षामज्जिष्ठावृहतीद्वयैः । एलैलवालु त्रिफला मुस्तचन्दनपद्मकैः ॥ १३१ ॥ पक्कं

रक्ताश्रयं वातं रक्तपित्तमसृग्दरम् । हन्यात्पुष्टिबलं कुर्यात्कृशानां मांसवर्धनम् ॥१३२॥

रेतोयोनिविकारन्नं व्रणशोषापकर्षणम् । षण्ढानपि वृषान्कुर्यात्पाना भ्यङ्गानुवासनैः ॥ १३३॥

(चक्रदत्त. चि. वातव्याधि).

Chakradatta mentioned the Vata alleviating and Vrishya properties of Ashwagandha and said that its use increases the bulk of muscles. In Rasayana prakaran he emphasized on the rejuvenating property of Ashwagandha, and advocated its use in patients with weak and poor urological symptoms.

It also improves testosterone levels, improvements in muscle size, strength.

METHODS OF SELECTIONS OF STUDY SUBJECT

Inclusion criteria

Age between 50 to 70 years patients with no significant medical history.

Patients having classical signs and symptoms of Mootraghata/BPH like Increase Frequency, cy, Urgency, Hesitancy, Weak Stream of Urine, scanty micturation.

Exclusion criteria

Patients of malignancy, congenital deformities of urogenital tract or any

Abdomino-pelvic pathology other than BPH.

Systemic diseases like Uncontrolled Hypertension & Diabetes mellitus will be excluded.

Investigation

USG (Abdomen+pelvis) With Post void residual urine pre and post operative.

Procedure of Uttar Basti

1. POORVA KARMA

1) With Patient's consent will advised to pass their natural urges prior to Uttar Basti and Patients will advised for nil orally before administration of Uttar Basti. 2) Drugs required for For Uttar Basti is Ashwagandha taila. 3) Lukewarm sterile ashwagandha tail i.e. up to body temperature and to be used. 4) Instruments a Foleys adaptor, 20 cc syringe and Sterile gloves will be ready. 5) Painting drapping will be done.

2. PRADHAN KARMA

1) Patient will be asked to lie down in supine position on table. 2) 2cc of lox 2% jelly is to be push in urethra for easy insertion of Foleys adaptor. 3) Slowly and steadily 25 ml Ashwagandha Tail will administered through urethral Route with help of syringe and Foleys adaptor lubricated with tail.4) At the time of instillation of the Taila patient to be asked to inhale and exhale deeply and keep himself as relaxed as possible. 5) Penile Clamp for 15 minutes.

3. PASCHAT KARMA

A Foleys adaptor will be withdraw gently. 2) Clean penis with sterile guaze piece.

Criteria for assessment

IPSS

Prostate size

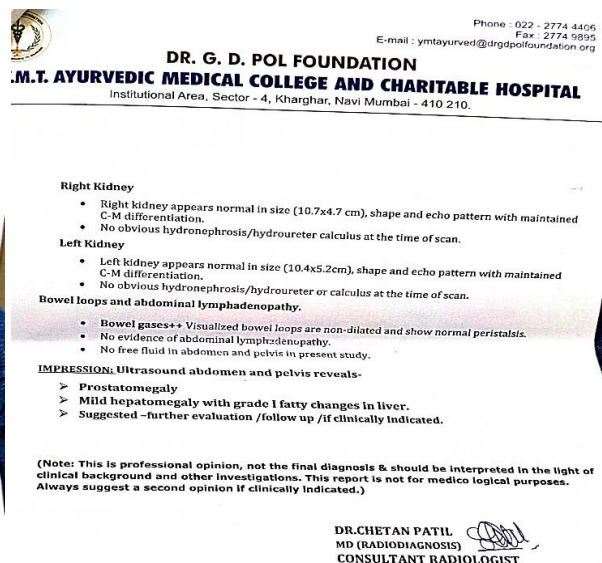
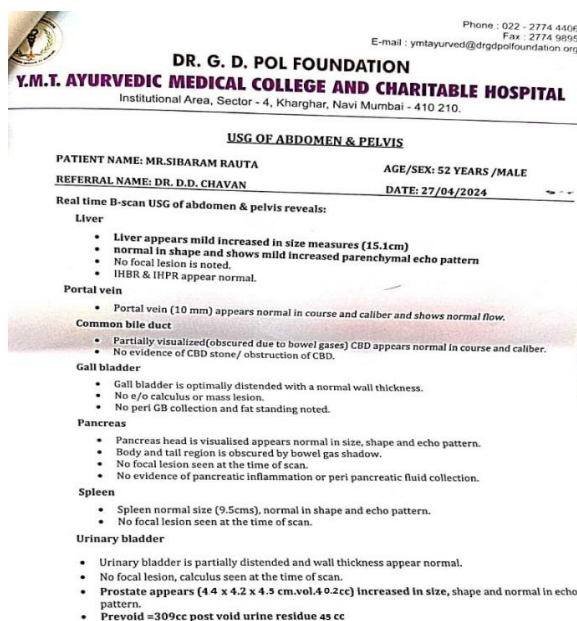
Post void residual

RESULTS

IPSS Score Before treatment	Not at all	1 time in 5	< half the time	About half the time	< half the time	Almost always
Incomplete emptying	0	0	0	3	0	0
Frequency	0	0	0	3	0	0
Intermittency	0	0	2	0	0	0
Urgency	0	0	2	0	0	0
Weak stream	0	0	0	3	0	0
Straining	0	0	0	3	0	0
Nocturia	0	1	0	0	0	0

IPSS Score After treatment	Not at all	1 time in 5	< half the time	About half the time	< half the time	Almost always
Incomplete emptying	0	1	0	0	0	0
Frequency	0	1	0	0	0	0
Intermittency	0	0	2	0	0	0
Urgency	0	1	0	0	0	0
Weak stream	0	1	0	0	0	0
Straining	0	0	2	0	0	0
Nocturia	0	1	0	0	0	0

Total score before treatment	17
Total score after treatment	09

Pre Uttarbasti USG

Post uttarbasti USG

Phone : 022 - 2774 4406
Fax : 2774 9895
E-mail : ymtayurved@drdpolfoundation.org

DR. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND CHARITABLE HOSPITAL
Institutional Area, Sector - 4, Kharghar, Navi Mumbai - 410 210.

USG OF ABDOMEN & PELVIS

PATIENT NAME: MR. SIBARAM RAUTA AGE/SEX: 52 YEARS /MALE
REFERRAL NAME: DR. D.D. CHAVAN DATE: 29/05/2024

Real time B-scan USG of abdomen & pelvis reveals:

Liver

- Liver appears mild increased in size measures (13.1cm)
- normal in shape and shows mild increased parenchymal echo pattern
- No focal lesion is noted.
- IHBR & IHPR appear normal.

Portal vein

- Portal vein (10 mm) appears normal in course and caliber and shows normal flow.

Common bile duct

- Partially visualized (obscured due to bowel gases) CBD appears normal in course and caliber.
- No evidence of CBD stone/ obstruction of CBD.

Gall bladder

- Gall bladder is optimally distended with a normal wall thickness.
- No s/o calculus or mass lesion.
- No peri GB collection and fat standing noted.

Pancreas

- Pancreas head is visualised appears normal in size, shape and echo pattern.
- Body and tail region is obscured by bowel gas shadow.
- No focal lesion seen at the time of scan.
- No evidence of pancreatic inflammation or peri pancreatic fluid collection.

Spleen

- Spleen normal size (9.5cms), normal in shape and echo pattern.
- No focal lesion seen at the time of scan.

Urinary bladder

- Urinary bladder is partially distended and wall thickness appear normal.
- No focal lesion, calculus seen at the time of scan.
- Prostate appears (4.0 x 4.1 x 3.0 cm.vol.31.0cc) increased in size, shape and normal in echo pattern.
- Prevoid =300cc post void urine residue 28cc

USG

Phone : 022 - 2774 4406
Fax : 2774 9895
E-mail : ymtayurved@drdpolfoundation.org

DR. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND CHARITABLE HOSPITAL
Institutional Area, Sector - 4, Kharghar, Navi Mumbai - 410 210.

USG OF ABDOMEN & PELVIS

PATIENT NAME: MR. SIBARAM RAUTA AGE/SEX: 52 YEARS /MALE
REFERRAL NAME: DR. D.D. CHAVAN DATE: 29/05/2024

Real time B-scan USG of abdomen & pelvis reveals:

Right Kidney

- Right kidney appears normal in size (10.7x4.7 cm), shape and echo pattern with maintained C-M differentiation.
- No obvious hydronephrosis/hydronephrosis or calculus at the time of scan.

Left Kidney

- Left kidney appears normal in size (10.4x5.2cm), shape and echo pattern with maintained C-M differentiation.
- No obvious hydronephrosis/hydronephrosis or calculus at the time of scan.

Bowel loops and abdominal lymphadenopathy.

- Bowel gases-- Visualized bowel loops are non-dilated and show normal peristalsis.
- No evidence of abdominal lymphadenopathy.
- No free fluid in abdomen and pelvis in present study.

IMPRESSION: Ultrasound abdomen and pelvis reveals-

- Prostatomegaly
- Mild hepatomegaly with grade I fatty changes in liver.
- Suggested -further evaluation /follow up /if clinically indicated.

(Note: This is professional opinion, not the final diagnosis & should be interpreted in the light of clinical background and other investigations. This report is not for medico logical purposes. Always suggest a second opinion if clinically indicated.)

DR. CHETAN PATIL
MD (RADIOLOGY)
CONSULTANT RADIOLOGIST

USG

DISCUSSION AND CONCLUSION

Vatashtila includes the term Vata and tail is the best mitigative drug for Vata.

This Uttar-basti procedure takes 15-20 min and this study carried out for 2 weeks at 1 week of interval.

Ashwagandha tail is absorbed by mucosal layer of bladder and toning to detrusor & sphincter muscles.

Efficacy of Ashwagandha tail Uttar-Basti has great significance in symptomatic relief in vatashtila (BPH).

From above results of Ashwagandha tail uttarbasti on vatashtila, the conclusion can be drawn as Uttarbasti is effective in reducing symptoms and post residual volume in vatashtila (benign prostate hyperplasia).

No any adverse drug reaction (ADR) were found during this therapy.

REFERENCES

1. Sushruta Samhita Ayurveda TatvaSandipika Hindi Vyakhya Chikitsa Sthan, Adhyay no., 37- Shlok no.109,110, 111, by Kaviraj Dr. Ambikadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 11th edition, 1997.
2. Sushruta Samhita Ayurveda TatvaSandipika Hindi Vyakhya Chikitsa Sthan, Adhyay no. 37-Shlok no.125, 126, by Kaviraj Dr. Ambikadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 11th edition, 1997.
3. Sushruta Samhita Ayurveda TatvaSandipika Hindi Vyakhya – Uttar Sthan, Adhyay no. 58- Shlok no.7 & 8 by Kaviraj Dr. Ambikadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 11th edition, 1997.
4. Review of role of Uttarbasti in management of Vatashtila w. s. r. to Benign Prostate Hyperplasia, July 2020 Vol. 04th Issue: 4th ayurline.
5. Management of Benign Enlargement of Prostate (BEP) by Dashmool tail Uttar-Basti A clinical review study – European Journal of Pharmaceutical and Medical Research, ISSN-2394-3211, 2022; 12: 226-233. www.ejpmr.com, by Dr. Maheshkumar Nilkanth Chaudhari.
6. Sarth Vagbhat – Author – Dr. Ganesh K. Garde, 1st edition, Reprint, Anmol Prakashan, Pune, 2003.
7. Bailey's & Love's Short Textbook of Operative Surgery- by R.C.G. Russell, 23rd edition – 2000, Published by Arnold Publishers, 338, Euston Road.
8. London NW1 3BH. 8. Shalya Shalakya Tantra Vaidya S. G. Joshi, IInd Edition, 2001.
9. Manipal Manual of Surgery by K. RajgopalShenoy – CBS Publishers, New-Delhi – First Edition- Reprint, 2004.
10. A Concise Textbook of Surgery – S.Das, 8th edition – Jan. 2014, Published by Dr. S.Das – Kolkata.