

**A CASE STUDY- AYURVEDIC MANAGEMENT OF  
PROSTATOMEGALY****Dr. Priyanka Bedwal<sup>\*1</sup>, Dr. Ravi Sharma<sup>2</sup> and Dr. Mahesh Dixit<sup>3</sup>**<sup>1</sup>PG Scholar, PG Department of Kayachikitsa.<sup>2</sup>Prof. and HOD, PG Department of Kayachikitsa.<sup>3</sup>Principle, Prof. and HOD. PG Department of Surgery.<sup>1,2,3</sup>M.M.M. Govt. Ayurveda College Udaipur, Rajasthan (pin no -313001).Article Received on  
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313001).**ABSTRACT**

Benign prostatic hypertrophy (BPH), also known as benign prostatic hyperplasia is a non-cancerous growth of the prostate gland in men, which occurs with natural ageing. The prostate gland is the male organ which is most commonly afflicted with either benign or malignant neoplasm. BPH is the most common benign tumor in men, and its incidence is age-related. Histological prevalence is common, and disease progression is associated with bladder outflow obstruction.<sup>[1]</sup> 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 this case study, a patient diagnosed with Benign Prostatic Hyperplasia was treated with *chandraprabha vati*, *gokshur gugulu*, *punrnwa mandur*, *Punrnvaasthaka kwath*, *Bangshil* tablet for 3 months. 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 treatment significant relief was observed in symptoms.

**KEYWORDS:** Benign Prostatic Hyperplasia/BPH, IPSS, *chandraprabha vati*, *gokshur gugulu*, *punrnwa mandur*, *punrnvaasthaka kwath*, *Bangshil Mutraghata*.

**INTRODUCTION**

BPH is an extremely common disorder in men over age 50." It is characterized by hyperplasia of prostatic stromal and epithelial cells, resulting in the formation of large, fairly discrete

nodules in the periurethral region of the prostate. When sufficiently large, the nodules compress and narrow the urethral canal to cause partial, or sometimes virtually complete: obstruction of the urethra. Histologic evidence of BPH can be seen approximately 20% of men 40 years of age, a figure that increases to 70% by age 60 and 90% by age 80. There is no direct correlation, however, between histologic changes and clinical symptoms. Only 50% of those who have microscope evidence of BPH have clinically detectable enlargement of prostate, and of these individuals, only 50% develop clinical symptoms. BPH is a problem of enormous magnitude, with approximately 30% of white American males Over 50 years of age having moderate to severe symptoms.<sup>[2]</sup> *Aacharya Sushruta* has described a *Mutraghata in Uttartantra*. 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). The etiology 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 enlargement.<sup>[3]</sup> In our study, Drugs was successful in reducing the size of prostate to a level that it caused symptomatic relief as well as clinical improvement. It establishes an effective treatment protocol to reduce *Vata Dosha* and enhance the function of *Mootravaha Srotasa* using the *Vata-Shamaka*, *Vatanulomaka*, *Shothahara*, *Lekhana*, and *Mootrala* properties.

## CASE PRESENTATION

A 32-year-old man worker by profession presented in Kayachikitsa OPD, with chief complaints of increased frequency of micturition 8- 10 times during day time and 3-4 times during night since last 2 years. He complained sudden urge to pass urine, Burning sensation in urine and delay when rushes to bathroom and usually takes 1-2 minutes to start micturition resulting in straining.

- His international prostate symptom score (IPSS) was calculated as 15.
- No complaints of co-existing conditions like diabetes, hypertension, or tuberculosis were given by the patient.
- Routine laboratory analysis in which pre void urine volume-381cc, post void urine residual volume- 114cc ,urine pus cell-8 to 10, RBC-2-4,epithelium cells-1-2and bacteria-nil.
- His prostate specific antigen was 2.46ng/dl.

- Ultrasonography reported the weight of prostate 35cc.
- Uro flowmetry was performed wherein maximum urine flow rate was 7.0ml/sec.

## METREIRIAL AND METHODE

S.No	Drug	Dose	Anupan
1.	<i>Chandraprabha vati</i>	2 BD (after food)	Water
2.	<i>Gokshur gugulu</i>	2 BD(after food)	Water
3.	<i>Punrnva mandur</i>	2 BD (before food)	Water
4.	<i>Tab.Bangshil</i>	2BD(before food)	Water
5.	<i>Punrnvaasthaka kwatha</i>	10gm for BD(before food)	Water
6.	<i>Triphala churna</i>	3gm at Night	Leukworm water

## OBSERVATION AND RESULT

Due to Ayurveda treatment there revealed Regression of symptoms. The patient had started improving symptoms within 2 months. After 4 month treatment patient cured subjective as well as objective.

Urine Examination		
Before(8/1/2023)		After (31/7/2023)
Epithelium cells	1-2/hpf	2-4/hpf
RBC's	2-4/hpf	Nil
Pus cell	8-10/hpf	5-7/hpf

## Before Treatment

**ARTH DIAGNOSTICS**

Arth Diagnostic Pvt. Ltd.  
60, Apple Chambers, Behind Lok Kalyan Mandir  
Old, Durgam Chauri, Madhav Nagar, Hyderabad (T.S.)  
Tel: Telangana: 9600000000, 9600000000, 9600000000  
Customer Care : 07729902000, 08007753343

Name: [REDACTED] Reg.No: 1107644  
Age/Gender: 31 YRS/MALE Date: 08-01-2023  
Refer By: [REDACTED]  
Panel/Centre: Standard

**U.S.G. OF KUB & PROSTATE**

**RIGHT KIDNEY:**  
Normal in size, shape and position. Cortico medullary differentiation maintained. Cortical thickness and echogenicity are normal. Pelvi-calyceal system is not dilated. No evidence of any calculus.

**LEFT KIDNEY:**  
Normal in size, shape and position. Cortico medullary differentiation maintained. Cortical thickness and echogenicity are normal. Pelvi-calyceal system is not dilated. No evidence of any calculus.

**URINARY BLADDER:**  
UB is filled. No evidence of mucosal thickening. No evidence of stone. Pre void urine 381 cc and post voiding residual urine 114 cc.

**PROSTATE:**  
Enlarged in size (Volume 35 cc) with bright echotexture. No evidence of any segmentally dilated or thickened bowel loop seen.

**IMPRESSION:** U.S.G. findings are suggestive of -

- Grade I prostatomegaly with changes of prostatitis.
- Significant PVR.

**Adv:** Clinical and lab data correlation

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## After Treatment



## DISCUSSION AND RESULT

*Acharya shushrut* has describing anatomy, physiology and pathology of many diseases related to urinary system like *Ashmari* (urinary stone), *Mootrakrichchhra* (painful micturation), 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.<sup>[4]</sup> 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 BPH.<sup>[5]</sup>

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*. 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. Patient was asymptomatic with good quality of life. The size of prostate before treatment was 35 cc in USG findings and after treatment no significant abnormality is seen.

#### Action of the drug in the Management of BPH

S.NO	DRUG	ACTION
1.	<i>Chandraprabha vati</i>	<i>Chandraprabha Vati</i> helps to balance <i>Vata</i> and control the size of the prostate gland. It also helps to reduce the symptoms like painful or frequent urination when used at least one to two months regularly.
2.	<i>Gokshur gugulu</i>	<i>Gokshura</i> might be useful to manage prostate gland disorders such as benign prostatic hyperplasia. It also improves the urine flow and helps in the almost complete emptying of the bladder thus decreasing urine retention. This might lower the symptoms of prostate enlargement
3.	<i>Punrnva mandur</i>	<i>Punarnava</i> helps to balance the <i>Kapha</i> and <i>Pitta doshas</i> and also has <i>Sita</i> (cold), <i>Sothhar</i> (anti-inflammation) and <i>Rasayana</i> (rejuvenation), diuretic properties
4.	<i>Tab.Bangshil</i>	Bangshil Tablet is an <i>ayurvedic</i> medicine made up of powerful herbs that has been used to treat genital and urinary diseases since ancient times. It has antiseptic effects and can help with urinary tract infections. It's used to treat cystitis and prostatitis, and it relieves burning feelings during urinating
5.	<i>Punrnvaasthaka kwatha</i>	<i>Punarnavashtak kwath</i> has diuretic properties so it helps in detoxifying the body by removing toxins. It is very helpful in relieving respiratory ailments. <i>Punarnavashtak kwath</i> has properties of Hepato-protective and Renal protective. It also has mild laxative properties which help to clean the colon.
6.	<i>Triphala churna</i>	<i>Triphala's</i> high levels of powerful antioxidants like gallic acid and polyphenols may be responsible for its cancer-fighting properties

## CONCLUSION

This case study highlighted these medicines and is a simple and effective treatment modality for Benign Prostatic Hyperplasia without any adverse effects.

## REFERENCES

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