

EFFECT OF HARIDRADI CHURNA IN MANAGEMENT OF BPH(BENIGN PROSTATIC HYPERPLASIA)- A CASE STUDY**Dr. Madhuri Sawant*, Dr. V. K. Kasle (MS Shalya), Dr. Sonali Mane (PG Scholar)**

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Corresponding Author*Dr. Madhuri Sawant**Govt. Ayurvedic College,
Osmanabad.**ABSTRACT**

BPH is one of the commonest medical condition affecting geriatric male population. The enlargement of prostate can lead to various symptoms like difficulty in voiding, weak stream, frequency, urgency, straining, nocturia etc. According to ayurveda it can be closely correlated with vatashtela. Ashtheela is one of the twelve types of mutraghata having ashtheelvat Ghan Granthi leading to obstruction or retention of urine. To evaluate the efficacy of Haridra, Marich and Haritaki churna and to improve the quality of life of BPH patient, this study is taken up in which 2 gms of combination of Haridra, Marich

and Haritaki churna is given in BD dose before meal for 30 days. Changes in the subjective criteria (by IPSS) and changes in objective criteria (by USG) were recorded. Significant change found in reduction of symptoms like urgency, hesitancy, nocturia, frequency but no change found in reduction of weight of prostate.

KEYWORDS: Ashtheela, Mutraghata, BPH, Marich, Haridra, Haritaki**INTRODUCTION**

The word Mootraghata comprises of two different word i.e., "Mootra" and "Aghata" which stand for low output either by retention, absolute or relative anuria or oliguria.^[1] There are twelve types of Mutraghata (Obstructed micturition) mentioned in the Sushruta Samhita Out of which Vatashtela shows similar symptoms with Benign Prostatic Hyperplasia (BPH).^[2]

BPH is the development of nodules within the prostate gland as a result of enlargement of the stromal and epithelial components of the gland. As the BPH progresses, the entire prostate enlarges in a process called benign prostatic enlargement, resulting in compression of the prostatic urethra and development of bladder outflow obstruction.^[3] It affects mainly those

individuals over the age of 40 years. The incidence of BPH is very common affecting about 1/3rd of men population over 50yrs of age, peak incidence in 60-70yrs, 90% in 8th decade.^[4] Modern science advocates both medicinal and surgical treatment. For symptomatic relief medicinal treatment is used, which include alpha adrenergic blocking agent, 5 alpha reductase inhibitors, muscarinic receptors antagonist, phosphodiesterase 5 inhibitors (PDE 5 inhibitors) etc. These drugs are expensive and have some side effects like erectile dysfunction, decreased libido, hypotension, dizziness etc.^{[5][6]} surgical approaches are open prostatectomy, transurethral resection of prostate, cryotherapy etc. Among the many approaches, prostatectomy (enucleation of prostate) is the best, but it is associated with many problems and complications, e.g. haemorrhage, stricture, sepsis, incontinence, bladder neck contracture, postoperative morbidity, impotence, retrograde ejaculation, etc. The second most acceptable procedure is TURP which is also not free from complications, with the cumulative probability of re-operation estimated to be around 15% at 5-8 years after TURP.^[7]

Acharya Sushruta has mentioned successful treatment of Mootraghata with Kashaya, Kalka, Ghrita, Kshara and preparations of different drugs.^[8] This research work was carried out with the ultimate aim of finding the best treatment available in Ayurveda for BPH, to improve quality of life in BPH patients.

Many Ayurvedic texts have described about various formulations & individual herbs in the management of mutraghata. Among which.

MATERIAL AND METHODS

Criteria for selection of the subject

A. Inclusion criteria

1. Patients of mild, moderate, gross BPH having Prostate size upto 60 gm.
2. Age of the patient between 50-80 yrs.

B. Exclusion criteria

1. CA of prostate and other metastatic and Neoplastic conditions.
2. Neurological disease of Urinary system
3. BPH associated with Stricture urethra, vesical calculi, bladder neck stenosis, bladder neck hypertrophy, diverticulum.
4. Acute retention, gross hematuria.
5. Patients with other systemic disease such as uncontrolled Hypertension, Diabetes mellitus.

DRUG PREPARATION^[9]

Dried, well ripened Haritaki was taken, cleaned impurities. 250 Gm of Haritaki was measured and powered firstly in Kharal and then in mixture. Powered material (Churna) was sieved through mesh no.85 and fine powder was obtained. Churna was kept in dry atmosphere. Similar procedure was done with Haridra and Marich.

CASE REPORT

A 67 year old male patient visited to GAC Osmanabad shalyatantra opd on 7/5/2022 having complaints of nocturia, straining, weak stream, since 1 year and gradually become severe. After physical and local examination following investigation were carried out to confirm the diagnosis.

Past History: No history of HTN, DM, Koch's, surgical illness, and drug allergy.

Personal History

Appetite- Good

Diet- Mixed type

Sleep- Disturbed due to nocturia

Micturition- 10-12 times/day

5-6 times/day

Bowel- Normal

Addiction- Chronic alcoholic

Family History

Maternal – HTN

Paternal– not specific

Self- Married; 1 son 2 daughter

General Examination:

G.C.- Good

Pulse- 88/min

B.P.-130/84 mm of hg

Icterus- Not found

Pallor- Not found

Lymphadenopathy- Not found

Systemic Examination

RS: AE=BE, Clear

CVS: S1S2 normal, no abnormal sound added

CNS- Conscious & Oriented

P/A- Soft and nontender.

P/R-Enlarged non-tender prostate palpable with deep sulcus

(approx 5 fingerprints palpable)

free rectal mucosa

Local Examination:

Hb- 12.7gm%

WBC- 9800/cu mm

RBC- 4500 millions/mm³

Blood sugar level (random)-105 mg/dl

Urine routine- Nil

Urine Microscopic- nil;

Sr. Creatinine – 1.1 mg%

A.Subjective criteria:

IPSS Score(International prostate scoring system)

	Before treatment	After treatment
Incomplete emptying	3	1
Frequency	2	1
Intermittency	3	2
Urgency	2	2
Weak stream	4	2
Straining	3	1
Nocturia	3	2
Total score	20/35	11/35

B.Objective criteria

USG (Abdomen & Pelvis)

USG reports	Before treatment	After treatment
Wt of prostate gland	65 gms	65 gms
Prevoid volume	450 cc	560
Postvoid volume	70 cc	50 cc

Diagnosis- Benign Prostatic Hyperplasia

Management 1. A combination Haridra, Marich and Haritaki churna of 2 gms before meal BD for 30 days is given with warm water.

DISCUSSION

According to modern science, main hormone acting on the prostate is testosterone (TS). This testosterone is converted into 1,5 dihydroxytestosterone (DHT) by 5 alpha reductase enzyme, which is more potent. Testosterone is found in prostatic and perigenital skin. Haridra, Marich, Haritaki churna are known to have 5 alpha reductase inhibitor like activity.

Haritaki (*Terminalia chebula*)

Haritaki is Pancharasatmaka having Kashaya, Tikta, Madhura, Katu, Amla Rasa. By Prabhava it is Tridoshashamaka especially Vatashamaka because it has Madhura Vipaka, Kaphashamaka because it has Laghu, Ruksha Guna and Ushna Veerya. Rogaghnata in Vatavyadhi, Shotha, Mootraghata, Yakritpleehavridhi, Prameha, Mutrakruchra, Ashmari etc. It has mutral properties which will be helpful in reducing the sign and symptoms of bph Marich (*Piper nigrum*)- It has Katu rasa, Katu Vipaka and Tikshna Virya. Also, it has Chhedana, Lekhana, Shoshana, Pramathi and Mutrala properties. It has chhedana property hence, useful to disunite the adherent vikrut Kaphadi dosha from mutravaha strotasa.

Haridra (*curcuma longa*)- Haridra due to its Katu rasa, Ushna virya and laghu, Ruksha guna acts as Lekhaniya dravya which is useful in scraping the adenofibromyoma or glandular elements in BPH. It has milder chhedana property hence, unable to disunite the adherent vikrut Kaphadi dosha from mutravaha strotasa completely.

CONCLUSION

Haridra, Marich, Haritaki churna by virtue of its properties helped in symptomatic relief by reduction in hesitancy, frequency of micturition, straining, nocturia. It did not helped in reduction in size of prostate. Further study should be done to confirm its action.

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