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Review article on *Mutraghata* w.s.r. to BPH

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ABSTRACT

BPH is a common condition in old age. The epidemiology reveals that BPH more likely occur after the age of 40 years, with prevalence rate of 8%-60% at age 90 years. Some data have suggested that there is decreased risk among the Asians compared to the western white populations. Genetics, diet and life style may play a role here. An enlarged prostate gland can cause uncomfortable urinary symptoms, like frequency, urgency, hesitancy, nocturia, decreased/intermittent force of urine stream, sensation of incomplete voiding of urine. In *Ayurveda*, *Mutragrathi* and *Vatashteela* can be correlated with BPH on the basis of symptoms. The disease occurs due to vitiation of *Apanavayu* along with the vitiation of *Kapha* and *Pitta Doshas*. In modern science the management of BPH is either by conservative or surgical intervention. Surgery may cause serious complications like bleeding, urethral stricture, urinary incontinence or leakage, erectile dysfunction, and retrograde ejaculations. To avoid such complications and to understand the disease in better way an effort has been made in this study by analyzing the available references in relation to *Mutraghata/BPH*.

Key words: Epidemiology, Benign prostatic hyperplasia, *Mutraghata*.

INTRODUCTION

The term *Mutraghata* comprises of two words “*Mutra*” and “*Aghata*.” The *Mutra* means urine and “*Aghata*” means trauma. The *Nidaana* of *Mutraghata* is indulgence in sex or drinking or eating under the urge of micturation, suppression of the urge of micturation, emaciated person and trauma to the urinary passage.^[1] Where as in the modern context the disease can be compared with the benign prostate hyperplasia. The exact cause of the disease is unknown however changes in the male sex hormone with age may be a factor. Any family history of

prostate problems or any abnormalities with the testicles may raise risk of BPH.^[2]

The vitiated *Vata* gets lodged between the bladder and rectum and it produces the stony hard swelling. The various symptoms are singly movable and elevated growth, retention of urine faeces, flatus, and distention of the urinary bladder. *Acharya Charaka* named it as *Astheela*.^{[3],[4]} The symptoms of *Mutragrathi*, *Mutrghata* are small, fixed, rounded, painful swelling that appears in the neck of the urinary bladder causing obstruction of urinary flow like stone.^[5] These clinical features are also present in, BPH.^[6] Thus it can be co-related with the disease like benign prostate hyperplasia.

According to *Astanga Sangraha* and *Astanga Hridya*. *Mutrarogas* can be classified into *Mutra Atipravrittija* and *Mutra Apravrittija Rogas*. The diseases like *Ashmari*, *Mutrakricchra* and *Mutraghata* comes under second type. The scanty micturition with increased frequency and distention of the bladder along with the pain in the penis, rectum, groin, bladder and umbilical regions are caused due to voluntary suppression of the urge of micturition, here *Vata* is

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the main factor in the manifestation of all the varieties of the *Mutraghata*.^[7]

Samprapti of Mutraghata

Vegavrodha causes vitiation of *Apana Vayu* which leads to *Mutravahasrotodusti* leads to *Mutraghata*.^[8]

The disease can be explained by different stages of *Shatkriyakala*.

Sanchaya

The *Apana Vayu* being vitiated by above said *Nidanas* starts accumulating in its own places *Basti*, *Kati*, *Pakvashaya* and *Medhra*. Moreover the bodily *Vayu* gets vitiated with *Vatkara Aahara Vihara*. In this stage there is feeling of *Adhmana* and *Atopa*.

Prakopa

If the aggravating factors continues to vitiate the *Doshas* it leads to vitiation of *Vata Dosh* in entire body causing abnormal functioning of *Pitta* and *Kapha* causing *Uttapati* of *Aama* and further distention of abdomen.

Prasara

In this stage the vitiated *Doshas* spread to the other sites and results in mixed symptoms but the *Ama Uttapati* continues. The *Doshas* gain access to the *Mutravaha Dhamani* and start spreading, presence of *Ama* causes *Srotoavrodha*, leading to vitiation of *Vata*, which leads to *Vimargamana* and *Atopa* due to obstruction in *Srotas*. The symptoms of *Mutra* become more evident.

Sthanasamshraya

In this stage *Poorvaroop* of the disease manifest and the vitiation of *Dhatu* starts. The vitiated *Doshas* along with *Ama* passes through the *Sukshma Siras*, *Dhamnis* and get lodged in the *Basti* forming base manifestation of *Roopa* of *Mutraghata*.

Vyakti

In this stage the complete manifestation of disease takes place and the symptoms of *Mutraghata* can be clearly seen.

Bheda

If the disease is not diagnosed properly in previous stage complications may occur like reverse structural damage.

According to modern pathy the enlarged prostate can cause complications like acute urinary retention, urinary tract infections, bladder stones, bladder damage and kidney damage.^[9]

Samprapti Ghataka

- *Dosha - Apana Vayu*
- *Dushya - Rasa, Rakta, Kleda, Sweda, Mutra*
- *Agni - Jathragni*
- *Udbhava Sthana - Pakvashaya*
- *Adhithana - Basti Mukha*
- *Srotas - Mutravaha*
- *Sroto Dusti Prakara - Sanga, Vimarga Gamana, Siraja Granthi*
- *Roga Marga - Madhyama*
- *Vyakti - During the act of micturation*

According to *Acharya Sushruta* in the *Chikitsa* of *Mutraghata* drugs in the form of *Kashaya*, *Kalka*, *Sarpi*, *Bhakshya*, *Avleha*, *Payas*, *Kshara*, *Madya*, *Asava*, *Swedana*, *Basti*, and the formulations told in the context of *Ashmari*, *Mutrodavarta* diseases are useful.^[10] According to *Acharya Charaka* the measure adopted for *Mutrakricchra* are to be followed and *Shrestha Basti* should be administered in all types of *Mutraghata*. The measures of *Mutrakricchra* are *Abhyanga*, *Sneha*, *Niruha Basti*, *Snehapana*, *Uttarbasti*, *Seka*, *Pradeha*, *Virechana*, *Kshara*, *Ushna*, *Tikshna Aushadha* and *Annapana*, *Takra* and *Tikta Aushadhasidha Taila* are advised for individual *Doshas* respectively.^[11]

It is clear from the above references that *Antahparimarjana* and *Bahimparimarjana Chikitsa* is useful in the management of *Mutraghata*. The use of *Sarpi*, *Leha*, *Kshira*, *Abhyanga*, *Snehapana* and *Swedana* alleviates *Vata* as a whole and with the

indulgence of *Pitta* or *Kapha Virechana* or *Vamana* can be selected as a treatment.

The *Pathya* and *Apathya* always plays important role in the management of any disease similarly in *Mutraghata Purana Shali, Yava, Madya, Takra, Dugdha, Mashayusha, Kushmanda Phala, Patola, Talaphala* can be given.^[12] The *Pathyas* mentioned above pacifies the alleviated *Doshas* to some extent. *Apathya* like *Mutravegavrodha, Virudhhaara, Ativyayama, Rukshana Vidahi Annapana, Ativyavaya, Vamana* etc are *Apathyas*.^[13] Treatment of BPH can begin with self care, medication or surgery.^[14] Thus it is clear that even modern pathy accept importance of *Aahara* and *Vihara* in the management of BPH.

Certain *Yogas* (formulations) are mentioned in *Samhita's* like *Amalaka Swarasa, Elayuktadhatri Swarasa. Kalka* of drugs like *Musta, Abhyadi, Draksha, Baladi, Trapushaadi, Murvadi. Kwatha* of *Devadarvyadi, Haritkyadi, Kamlotpala, Gokshura. Churana* like *Vyoshadi, Ela, Pippali, Surasa, Hinguadi, Chandana Churana, Ushiradi Churanadi. Vati* like *Chanderprabha Vati, Gokshuradi Guggulu. In Sneha Kalpana Pashanbhedadi Ghrita, Dashmooladi Ghrita, Changeri Ghrita. Madhukasava* in *Sandhana Kalpana* and *Dashmoola Taila* for *Basti*.

Etiology

It has been known that BPH occurs mainly in older men and doesn't develop in men whose testes were removed before puberty. For this reason, some researchers believe that factors related to aging and the testes may spur the development of BPH.

Men produce both testosterone male hormone and estrogen female hormone in small quantity. As men age the amount of testosterone in the blood decreases, leaving higher amount of estrogen. Studies shows that BPH may occur because the higher amount of estrogen within the gland increases the activity of substances that promote cell growth.

Another theory focuses on Dihydrotestosterone a substance derived from testosterone in the prostate, which may help to control its growth. Most animals lose their ability to produce DHT as they age. Some

researchers believe that even with a drop in the blood testosterone level, older men continue to produce and accumulate high levels of DHT in prostate. This accumulation of DHT may encourage the growth of cells.

Clinical features

Divided into two, Obstructive symptoms and Irritative symptoms.

Obstructive symptoms

Early in the disease process the patient usually has minimal symptoms because the detrusor musculature is capable of compensating for the increased outlet resistance to urine flow. With progressive obstruction, the patient develops-

1. Diminution of the caliber and force of the urine stream.
2. Hesitancy in initiating urination.
3. Inability to terminate micturition with post voids dribbling.
4. A sense of incomplete emptying of the bladder.
5. Occasionally urinary retention.

Irritative symptoms

1. Urgency
2. Frequency
3. Nocturia
4. Hesitancy

Examination

General Examination

The, physician should observe the patient voiding to completion prior to examination to confirm decrease in size and force of urine stream. In general examination following finding may suggest the presence of severe obstruction-weight loss, edema of hands and face, pallor, cardiomegaly, pulmonary edema and a mass in the lower abdomen.

Rectal examination - BPH can be suspected if the prostate is more than 2 finger breadths and has a smooth firm consistency and the patient has a poor average flow rate.

Urine Examination - Routine microscopic and cultural studies, midstream sample should be collected.

Blood Examination - Routine Haemogram, Blood Urea, Serum Creatinine, Serum Acid Phosphatase, Serum Alkaline Phosphatase are needed to assess anemia.

Skiagraphy - Like plain X-Ray KUB, Intravenous Urography, Cystography, Ultrasonography, Cystourethroscopy.

Urodynamic - Evaluation can be done to detect Residual Urine Volume, Mean Urine Flow Rate, Cystometry.

Biopsy - Should be carried out to rule out carcinoma.

Management

Management of BPH is either through conservative treatment or surgical treatment. In conservative treatment hormonal therapy is recommended but the complications like loss of libido, impotence and gynecomastia may occur. In surgical procedures Open Prostatectomy, TURP, Cryotherapy, Laser Surgery is treatment of choice.

CONCLUSION

The *Acharyas* were well aware of the clinical manifestation of disease, etiology, pathogenesis and its management. The stage wise development of the disease can be understood by the *Shatkriyakala*, which is also helpful in the early management of the disease. The main cause of the disease is vitiated *Apana Vayu* due to *Mithya Ahara* and *Vihara*, hence it can be pacified by following proper *Pathya* and giving *Vatanashaka Chikitsa*. So, natural and harmless cure can be obtained by research towards this disorder by references from different classic texts in Ayurveda.

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