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A case study to evaluate the effect of *Dashamoola Basti* in *Asthila* w.s.r. to Benign Prostate Hyperplasia

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ABSTRACT

BPH (Benign Prostate Hyperplasia) is a histological diagnosis that states the proliferation of smooth muscle and epithelial cells within the transient zone of prostate gland. The incidence and severity of lower urinary tract symptoms (LUTS) are increasing day by day and more likely to occur in old ages. Due to the resemblance of clinical feature, it is correlated to *Asthila* which is one of the types of *Mutraghata* according to all the *Acharyas*. In this case study a male patient came to OPD of SKAMCH&RC and was diagnosed for *Asthila* w.s.r. to BPH. He was given management like *Sarvanga Abhyanga*, *Sarvanga Bashpa Swedana* and *Dashamoola Niruha Basti* adopted in *Kala Basti* Pattern followed by oral medication in follow-up period. The patient showed marked improvement in the symptomatology. It was conclusive study to show the effect of *Dashamoola Basti* in the management of *Asthila* w.s.r. to benign prostate hyperplasia (BPH)

Key words: *Asthila, Benign Prostate Hyperplasia, BPH, Dashamoola Basti, Basti Amyantika Ghrita, Panchakarma.*

INTRODUCTION

Benign prostatic hyperplasia and lower urinary tract symptoms contributes to a major part as a diseases in ageing men. The pathophysiology involves the role of androgen, estrogen and growth factor in manifestation of BPH.[1] The symptomatology is defined in easy manner as a questionnaire form known as international prostate symptom score (IPSS) comprising eight written screening tool used to screen for rapid diagnosis and track the symptoms of BPH.[2] BPH is found mostly in elderly people involving growth in the transient zone (commonly) of prostate gland which further compress the urethra causing partial or complete obstruction of the urine output. When BPH starts from transient zone the glandular and stromal components of peripheral zone compresses suggesting lateral lobe enlargement. Out of *Mutraghata* mentioned by *Acharyas*, *Astheela* is considered to be close relation to BPH on the basis of clinical features and histology. It is mainly caused when the *Vayu* cause obstruction in the bladder and rectum which produces mobile and elevated tumour leading to obstruction of the passage. The treatment modality includes wait period followed by medical and surgical interventions. As *Basti* is told as one among the major treatment modalities for *Mutraghata*, it provides patients a hope to avoid or postpone the surgical interventions along with significant relief in the symptomatology.

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Case Report

A 58 years old male patient who belongs to upper middle class family working as Executive Officer in Government sector came to OPD of SKAMCH&RC with the complaints of Repeated urge to Urinate, Urge to urinate at night, Difficulty to hold the urine urge, Sensation of incomplete evacuation of Urine, Dribbling of urine at the end of stream, Weak urine stream, Difficulty in initiating the urine, stopping and starting again the flow of urine wile urination since 3 years. On enquiry almost always the patient had a sensation of not emptying his bladder. There was also an increase in the frequency of the urine, almost every 2-3 hours patient has the sensation to pass the urine. Patient usually found difficulty to hold the urination urge. The stream of urine was weak and he founds difficulty in maintaining the stream of the urine. The patient has to strain often to initiate the urination. All the symptoms arise gradually with moderate severity and patient finds irritability from the repeated urge to urine, urination urge at night and difficulty to hold the urine urge. The symptoms were hampering the day-to-day activities and night sleep. The urge to urinate in night increases if the patient drinks water at night, therefore the patient was avoiding drinking any fluids past 8 o'clock which means the symptoms aggravates on high fluid diet and relived a little on low fluid diet. The patient also complaints of disturbed sleep with markedly delayed sleep induction along with considerable problem with awakening during night time. Patient final awakening is little earlier than desired. The total sleep duration is markedly insufficient. Patient told about markedly unsatisfactory overall sleep which also was impacting on well being during the day and causing day sleep since 6 years which appeared gradually. The work profile of patient was stressful and often without breaks involving sometimes to hold the urine for hours. From past 3 years the quality of sleep have been diminished to a greater extend. Patient had consulted in a private hospital where he underwent USG stating prostatomegaly with significant postvoid residual urine volume and PSA value of 0.80 ng/ml stating no malignancy suggestive of the diagnosis as BPH and asked to opt for surgery but patient denied for surgical intervention. The patient was prescribed with Tablet Silodosin 8 mg O.D. and Tab. Trazodone- 50 mg B.D. for the same. He found relief in the symptomatology and stopped the medicine after 4 to 5 months. Patient had reoccurrence of same sort of symptoms again which was affecting his day-to-day life activities since 3 months. He doesn't want to undergo the surgical intervention suggested by the contemporary doctors and therefore came here for further management after he got to know about the ayurveda line of managements from his friend.

Intervention Given to the Patient

From 24/02/2022 to 11/04/2022

1. *Sarvanga Abhyanga* with *Moorchita Taila*
2. *Sarvanga Bashpa Swedana*
3. *Dashamoola Niruha Basti* in *Kala Basti* Pattern as shown in Table: 1

From 12/04/2022 to 12/05/2022

1. Tablet Bangshil - 1 BD
2. Tablet Fortege - 1 TID
3. *Vastyamayantaka Ghrita* - 1 Tsf B.D.

Table 1: Showing *Dashamoola Niruha Basti* in *Kala Basti* Pattern

Niruha Basti					***Auvasana Basti***			
Honey - 40 ml *Saindhava Lavana* - 6 gm *Vastyamayantaka Ghrita* - 100 ml *Shatapushpa Kalka* - 30 gm *Dashamoola Kwatha* - 500 ml					*Vastyamayantaka Ghrita* - 80 ml			
***Kala Basti* Pattern Followed**								
Days	1	2	3	4	5	6	7	8
Basti	A	N	A	N	A	N	A	N
Days	9	10	11	12	13	14	15	16
Basti	A	N	A	N	A	A	A	A

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Observations and Results

The patient condition improved gradually with treatment. After the commencement of the treatment there was a significant reduction in the symptoms like Repeated urge to Urinate, urge to urinate at night, Difficulty to hold the urine urge, Sensation of incomplete evacuation of Urine, dribbling of urine at the end of stream, Weak urine stream, Difficulty in initiating the urine, Stopping and starting again the flow of urine wile urination and Disturbed sleep which again got improved after follow up period. Assessment parameters Before Treatment, After Treatment and After Follow-up was recorded by using IPSS and Athens Insomnia Scale as shown in Table: 2. The reduction in symptomatology is depicted graphically in figure: 1 and figure: 2.

Table 2: Showing IPSS & Athens Insomnia Scale

In the Past Month	BT	AT	AF
Incomplete Emptying	5	2	1
Frequency	3	1	1
Intermittency	1	0	0
Urgency	3	1	0
Weak Stream	5	3	2
Straining	3	2	1
Nocturia	2	1	0
Total Score	22	10	5
Quality of Life	5	3	2
Athens insomnia Scale	13	9	6

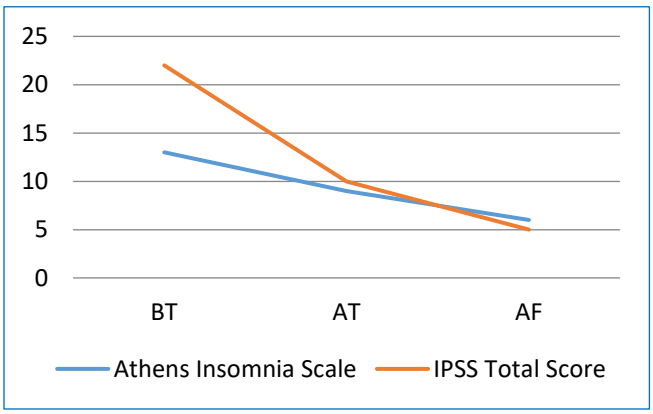

Figure 1: Showing IPSS Total Score and Athens Insomnia Scale

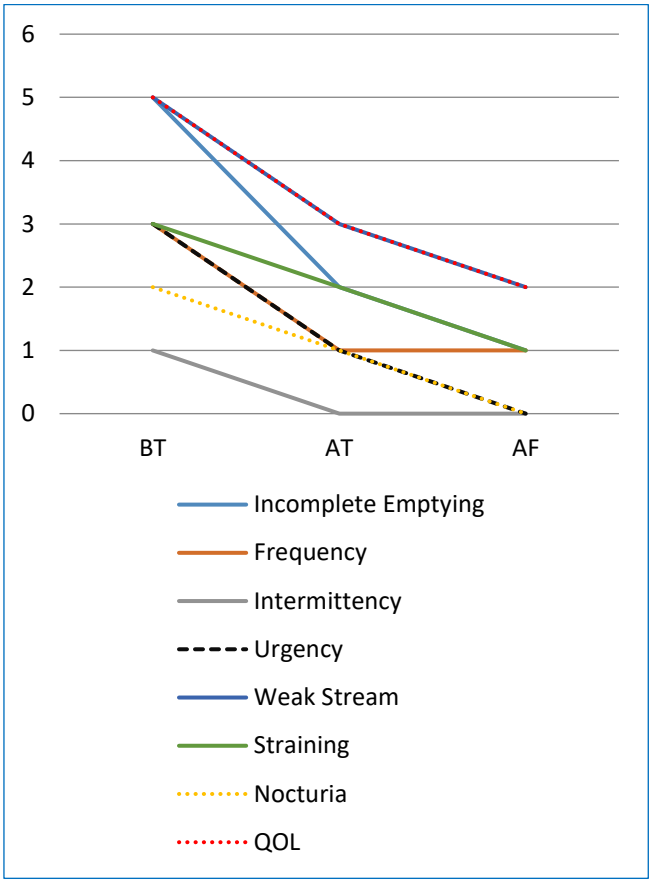

Figure 2: Showing IPSS Sub Scores

Discussion

The term *Mutraghata* on splitting stands for *Mutra* and *Aghata* meaning low urine output either by retention or any other cause. *Acharyas* have not mentioned general causative factors for *Mutraghata* but the *Nidanas* mentioned for *Mutrakricchra*[3] and *Mutravaha Sroto Dusti*[4] can be considered among them. Among *Nidanas* patient was having *Mutravega Dharana* as of his occupation, *Ruksha Padarth Sevana*, *Ratijagrana*, *Chinta*, *Adhyashana*, *Nityadrutaprishta Yaanat* which can now be considered as excess travelling on bike. *Abhyanga*, *Swedana*[5] and *Basti* are among the treatment protocols told by *Acharyas* for the treatment of *Mutraghata* which were opted here as intervention and all the measures adopted for *Mutrakrichchhra* can be administered in all the varieties of *Mootraghata*.[6] Here the ingredients of *Dashamoola* are well known for their *Vatahara* and *Shothahara* action along with *Dashamoola* imparting potential anti inflammatory with analgesic effect as par reviewed of studies done which has been well

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documented by *Acharya Charaka*.[7] The *Sneha* used here which is *Vastyamayantaka Ghrita* has a reference in *Sahasrayoga Ghrita Prakarana* which is indicated in all types of *Mutraghata* by providing *Vata Pittahara Karma* by the virtue of combination of ingredients present in it. *Basti* is a treatment modality having supreme combinations of ingredients as per disease condition which also can be given in young as well as elders.[8] Here the condition is *Vata Pradhana* where *Pakvashaya* is the specific place of *Vata*, the specific place of action of *Basti* is on *Pakvashaya* and *Vata Dosha* resulting in *Vata Shamana* and *Samprapti Vighatana* which can be seen as reduced symptomatology. In *Trimarmiya Siddhi Sthana* of *Charaka Samhita*, it is told to protect the *Trimarmas* from aggravated *Vayu*. If afflicted by the *Vata Dosha*, they should be treated with the help of *Basti Karma* as the first choice for the safeguard of the *Trimarma* because the *Marmaparipalanam* can be done by the action of *Basti Karma*.[9] The main basis of adopting the *Kala Basti* pattern is purely based on the *Yukti* of assessing the extent of vitiation of *Vata* and its capability to disturb the haemostatic balance of other two *Doshas*. This pattern of *Basti* is adopted after the consideration of strength of individual for the procedure commencement, extent of vitiated *Dosha* and *Kala*[10] along with the *Sukshma Vichara* about *Dosha*, *Bheshaja*, *Desha*, *Kala*, *Bala*, *Sharira*, *Ahara*, *Satmaya*, *Satva*, *Prakriti* and *Vaya*. Taking these in mind the *Basti* ingredients along with *Kala Basti* Pattern have been selected as the intervention. Also when the aggravated *Vata* is localized in the *Gulma Sthana* causing *Shotha* and *Shoola* together resulting in the formation of *Gulma*[11] through which *Gulma Chikitsa* is applied enumerating *Abhyanga*, *Swedana* and *Basti* as mentioned.[12] The selection of *Sarvanaga Abhyaga* and *Bashpa Swedana* is based on the criteria that they are one among the treatment modalities told by *Acharyas* for *Mutraghata* and also serves as *Poorvakarma* to *Basti Karma*. As *Apana Vata* is the *Pradhana* culprit for the *Samprapti*, the treatment provided help in regaining the correct function of *Apana Vata* along with the achievement of *Vatanulomana* action. As the clinical features have more priority than the investigations to diagnose any illness, the IPSS found to be the great tool for the screening and tracking the symptomatology of BPH. Because of the corrected nocturia and the action of *Abhyanga* served as *Kshramahara*, *Vatahara* and promotes proper sleep, the patient finds much relieve in the disturbance of sleep and there is an improvement in overall quality of sleep which is recorded on Athens Insomnia Scale. For the follow up *Vastyamayantaka Ghrita* is given as a *Shamanaga Snehapana* in the dosage of *Alpa Matra*[13] along with Tablet Bhangshil and Tablet Fortege which were found to be very responsive by helping in toning up the functions of genitor urinary system and decongestion of prostate. The use of *Shilajatu* preparations playing a role as inhibiting prostatic stromal proliferation and possible advert the reoccurrence of disease due to immunomodulatory action and multipurpose therapeutic usage.

Conclusion

Panchakarma modalities along with oral medications are found to be profitable in improving quality of life of the patient and reducing the symptomatology of the disease. The management can be a bright spot which helped the patient to avoid and postpone the surgical intervention. The simple treatment protocol giving significant results in a patient who was told to undergo surgical intervention gives a boost to the confidence in the concepts dealt by the *Acharyas*. The results were encouraging and giving a further scope of research on large sample to generalize above management protocol for *Asthila* (BPH).

Declaration of Patient Consent

Authors certify that they have obtained patient consent form, where the patient has given his consent for the reporting of the case and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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