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Effect of *Haritaki Ghrita* in *Ashteela* w.s.r. to Benign Prostatic Hyperplasia - A Case Study

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ABSTRACT

Ashteela one of the 12 types of *Mutraghata* having *Ashteelavat Ghana Granthi* leading to obstruction or retention of urine by vitiated *Apana Vata* which gets lodged between the bladder and rectum. *Ashteela* can be considered to BPH which is senile disorder of male seen after fifth decade. Symptoms while micturition are incomplete emptying, frequency, intermittency, urgency, weak stream, straining and nocturia. To evaluate the efficacy of *Haritaki Ghrita* in the management of *Ashteela*/BPH and to improve quality of life of BPH patient this study is taken up in which *Haritaki Ghrita* 10ml BD given for 48 days with Follow up of 2 months. Changes in subjective criteria (by IPPS index) and objective criteria (by USG) were recorded before and after the treatment. Significant changes found in reduction of symptoms like Urgency, intermittency, hesitancy, nocturia and reduction of Prostate size.

Key words: *Ashteela, Mutraghata, Benign Prostatic Hyperplasia, BPH, Haritaki Ghrita, Case Study.*

INTRODUCTION

The word *Mootraghata* comprises of two different word i.e., "*Mootra*" and "*Aghata*" which stand for low output either by retention, absolute of relative anuria or oliguria.[1] Out of 12 *Mutraghata* explained, *Ashteela* is considered for the obstruction of the flow of urine by means of *Ashteelavat Ghana Granthi* that is enlarged prostatic gland. In *Vata Vyadhi* also we get the reference of *Ashteela* having features of *Ghana, Ayata, Unnata Ashteelavat Granthi* producing *Margavarana* to the flow of urine. A *Granthi* is situated surrounding the *Basti Dwara* (Base of Bladder) and first part of *Mutra Praseka* behind the *Bhagasti Sandana*. Its shape resembles *Akshota Phala* (walnut). It weighs two *Tola*[6] (24gm) and *Dwangala* (3.9cm) in circumference with fibrous capsule outside and *Madhuchakra* (honey comb) inside.[2]

BPH is a non-malignant enlargement of the prostate gland caused by excessive growth of prostatic tissue and it is the most common benign neoplasm of aging men.[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 decarde[9] 50% of enlarged prostate gland have a condition of Bladder Outlet Obstruction (BOO). Occurence of BPH in early age is very rare, world wide >25million of elderly men suffers from severe degree of BPH.

In modern medicine the management of BPH by conservative treatment is using drugs (e.g., Antiandrogen theraphy, 5 alpha reductase inhibitor, chemotherapy etc.) but it has few drawbacks like orthostatic hypotention, result of 25% relief in 3 months and some are still under trial and surgical approaches are open prostatectomy, transurethral resection of prostate, cryotherapy etc. Among the many approaches, prostatectomy (enucleation of

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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.[4] Even though there are some advantages in hormonal therapy but there are many complications like haemorrhage, infection, epididymis, renal failure, retrograde ejaculation, impotency and urethral stricture, loss of libido, impotence, gynecomastia, etc. Generally, the conservative treatments mentioned above have to be continued indefinitely hence treatment will be expensive. The surgical approach has provided a great deal of relief for many people but as mentioned earlier there are many associated problems.

Acharya Sushruta has mentioned successful treatment of *Mootraghata* with *Kashaya, Kalka, Ghrita, Kshara* and preparations of different drugs.[5] 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. *Haritaki Ghrita* one such medicine told by *Acharya Vagbhata* mentioned for *Ashteela.*[7]

Method of collection of data

Patients diagnosed as having BPH were selected on the basis of clinical presentation namely - incomplete emptying of bladder, frequency of urination, intermittency of urination, urgency, hesitency, weak stream of urine, Nocturia. BPH is confirmed by USG of abdominopelvis.

Inclusion criteria

1. The subjects with clinical features BPH as mentioned above.
2. Ultra-Sonogram of Abdomen Pelvis suggestive of increased weight of Prostate <50gm and residual urine volume of <200cc.
3. Age group from 50years to 80years.

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.

Preparation of *Haritaki Ghrita*

First *Haritaki* (*Terminalia chebula*) *Churna* 1 part was added with *Ghrita* (Ghee) 4 part which is heated in *Mandagni* (mild heat) with continous stirring till it melt and mix completely. Keep it in heap of *Yavapallava* (*Hordeum vulgare* - Husk) for a month. Later this *Ghrita* is filtered with cloth.

Kwatha (Decoction) was made by adding 16 times of water in the *Yavakuta Churna* of *Haritaki* and reduced it to ¼ by boiling it; after that the *Kalka* was made and as per *Snehapaka Kalpana*, ratio was taken as 1:4:16 for *Haritaki Kalka*, *Ghrita* (filtered from *Haritaki Churna*) and *Haritaki Kwatha* respectively and 1 part of curd. *Snehapaka* was done up to *Madhyamapaka Siddha Lakshanas*. *Haritaki Ghrita* should be packed in airtight container and preserved.

Case History

A 63 year old male patient, of *Vatakapha Prakruti* visited opd of *Shalya Tantra* at SJIIM Hospital, Bengaluru. On 20/11/2020 with c/o urgency, intermittency,increased frequency of micturation, nocturia since 3 years and gradually became severe. The per rectal digital findings were suggestive of enlargement of left lobe, median groove palpable, fixed mobility, tenderness absent, free rectal mucosa, soft consistency and mild enlargement prostate size. After physical and local examination following investigation were carried out to confirm the diagnosis. Patient was advised to consume 10ml *Haritaki Ghrita* orally before food once in the

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morning and evening along with *Ushna Jala* as *Anupana* for 48 days.

Investigations

1. USG - The size of prostate gland and post void residual urine (PVRU) volume, before and after the treatment to assess the effect of therapy (Table 3).
2. Serum PSA - 2.21ng/ml. prostate
3. Uroflowmetry - Pattern of urine flow normal.

Table 1: International Prostate Symptoms Scoring[8]

*Symptoms	Not at all	Less than 1 in 5 times	Less than half the time	About half the time	More than half the time	Almost always
Incomplete Emptying of bladder	0	1	2	3	4	5
Frequency	0	1	2	3	4	5
Intermittency	0	1	2	3	4	5
Urgency	0	1	2	3	4	5
Weak Stream	0	1	2	3	4	5
Straining	0	1	2	3	4	5
Nocturia	0	1	2	3	4	5
	None	1 time	2 times	3times	4times	5 times

*Over past one month the above symptoms were noted.

Score: 1-7 : Mild, 8-19 : Moderate, 20-35 : Severe.

RESULTS

Table 2: Subjective Parameters

Symptoms	BT	16th day	32nd day	48th day
Incomplete emptying of bladder	5	4	3	2
Frequency of micturition	3	2	1	0
Intermittency	5	3	2	2
Urgency	3	2	1	0
Weak Stream	5	4	3	3
Straining to urinate	5	5	4	3
Total score	29	21	14	10

Objective Parameters

Table 3: Based on Ultrasonography of Abdomino-Pelvis

Assessment Criteria	BT	AT
Post void residual urine volume	86cc	35cc
Size of Prostate	(4.0x3.5x3.7) cm (Vol-28.1cc)	(3.7x3.3x2.5) cm (Vol-16.6cc)

DISCUSSION

Haritaki Ghrita indicated in enlargement of the abdomen, homicidal poisoning, prostatic enlargement, flatulence, abdominal tumor, abscess, leprosy, insanity and epilepsy. *Terminalia chebula* is called King of medicine in Tibet and is always listed first in the Ayurvedic materia medica because of its extrodinary powers of healing with a wide spectrum of biological activity. *Haritaki* is *Pancharasatmaka* having *Kasaya, Tikta, Madhura, Katu, Amla Rasa*. By

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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, Sukrameha, Mutrakruchra, Ashmaree* etc. *Karma* of *Mutrala*, *Deepana*, *Pachana, Kaphaghna, Vrishya, Prajasthapana, Vatanuloma, Sarvadosha Prashamana, Rasayana* etc.

Chemical constituents

Anthraquinone glycoside, chebulinic acid, chebulagic acid, tannic acid, ellagic acid, terchebin, tetrachebulin, vitamin C (fruits) etc. It acts as Antioxidant, Antidiabetic, Hepatoprotective, Immunomodulator, Haemostatic, Antitussive, Laxative, Diuretic and Cardiotonic activities.

Ghrita is considered best among *Sneha Dravyas*, owing to its special properties *Samskara Anuvarthanam* means ghee carries property of drugs without leaving its own properties. *Ghrita* alleviates pain, fever and disorders of *Vata* and *Pitta*. It induces longevity and increase *Shukra*. It does not increase *Kapha Dosha*. *Vatashamaka* because *Madhura Rasa, Guru, Snigdha, Mridu Guna, Madhura Vipaaka. Pitta Shamaka* because *Sheeta Veerya.* Acts as Antioxidants, Anticancer, Hepatoprotective, Analgesic. Ghee excellent *Anupana* for transporting the drugs to deeper layers of the tissue. Ghee increases HDL (High density lipoprotein) not LDL (Low density lipoprotein). Vitamin E prevent oxidation of LDL so no conceivable change in lipid profile so prevent Atherosclerosis, Stroke or Heart attack. In 2 months of follow up after medication showed mild recurrence of symptoms in frequency.

Conclusion

Haritaki Ghrita by virtue of its properties helped in reduction of prostate size along with post void residual collection and symptomatic relief by reduction in Hesitancy, Urgency, frequency of micturition, nocturia and Intermittency. Further study should be done to confirm its action in BPH.

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