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A conceptual study on the effect of *Mahabala Ghrita Uttara Basti* in *Mootraghata*

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ABSTRACT

In Ayurveda classics, *Mootraghata* is described as the disease of *Mutravaha Srotas* which is caused due to vitiation of *Vata* and *Kapha Dosha*. The most common symptoms such as retention or obstruction of urine and known urinary tract symptoms, closely resembles with benign prostatic hyperplasia (BPH) in modern medicine. The present management of BPH includes conservative and surgical approach. In Ayurveda the drugs having *Vata* and *Kapha* pacifying action, *Jeevaniya*, *Vrishya*, *Mutrala*, *Sopahara Lekhaniya* are recommended for its management. As per the recent epidemiological data, the incidence rate of BPH is 8% in men aged 31-40 years to over 80% in men older than age 80 years. BPH is characterized by progressive enlargement of prostate gland from non-malignant proliferation of smooth muscles and epithelial cells. Androgen plays important role in for these changes in prostate gland. The present available surgical and minimal invasive methods have their own limitations. Hence, to find out a suitable Ayurvedic approach for the management of BPH. After critical literature review *Mahabala Ghrita Uttara Basti* is selected for study because *Acharya Sushruta* mentioned *Uttara Basti* is the choice of treatment in *Mootraghata*.

Key words: *Mootraghata*, *BPH*, *Uttara Basti*, *Mahabala Ghrita*, *Ayurveda*

INTRODUCTION

Mootraghata is defined as *Mutravarodha*.^[1] *Pratiloma Gati* of *Vata Dosha* in *Basti* produces *Avarodha* to *Motravaha Srotas*^[2] causing *Vibandhata*, *Krichrata* and *Alpata* of *Mutra*.^[3] *Acharya Sushruta* has explained *Mootraghata* separately in *Uttara Tantra*. The signs and symptoms of *Mootraghata* closely resembles with Benign Prostatic Hyperplasia.

BPH is one of the geriatric diseases in males with features of incomplete emptying of urine, urgency,

hesitancy, increased frequency and difficulty in micturition.^[4] The prevalence of BPH may be seen after the age of 40 years; Peak incidence is at 60-70 years of age.^[5] 50% of enlarged prostate gland presents with Bladder Outlet Obstruction.

The present modern conservative management includes use of 5alpha blockers or 5alpha reductase inhibitors or both in combination.^[6] But various side effects like headache, restlessness, insomnia, decreased libido, vertigo, dizziness, abnormal ejaculation, postural hypotension are noted. Holmium laser enucleation.^[7] Freyer's Suprapubic transversical prostatectomy, Young's perineal prostatectomy, Laser treatment, Microwave treatment, Prostatic artery embolization, Millin's Retro Pubic Prostatectomy or Trans Urethral Resection of Prostate (TURP) is the surgical approach to Benign Prostatic Hyperplasia.^[8] Patient may not be fit for surgery because of old age and other systemic disorders like DM, HTN and Asthma. Surgery is invasive, expensive, has postop complications like haemorrhage, hematoma, clot retention, bladder neck stenosis, recurrence, erectile

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dysfunction, urethral stricture, infection, and requires hospitalization.

Considering the complications, recurrence, age of the patient & cost of surgery, there is a need to evaluate an alternative conservative management. Acharya Sushruta has mentioned use of *Kashaya*, *Kalka*, *Ghrita*, *Kshara*, *Madhya* and *Uttara Basti* in the management of *Mootraghata*.^[9] *Mahabala Ghrita* has properties of *Jeevaniya*, *Vrishya*, *Sarva Rogahara* and specially indicated in all types of *Mutra Dosha*.^[10] Hence, *Mahabala Ghrita* is taken for *Uttara Basti*. It is conservative, non invasive and cost effective. So, this study has been taken up to evaluate the effect of *Mahabala Ghrita Uttara Basti* in *Mootraghata*.

Preparation of Mahabala Ghrita

Materials required

<i>Chitraka churna</i>	: 1 karsha(12gm)
<i>Sariva churna</i>	: 1 karsha(12gm)
<i>Bala churna</i>	: 1 karsha(12gm)
<i>Krishna sariva</i>	: 1 karsha(12gm)
<i>Draksha</i>	: 1 karsha(12gm)
<i>Vishala churna</i>	: 1 karsha(12gm)
<i>Pippali churna</i>	: 1 karsha(12gm)
<i>Brhuta indravaruni</i>	: 1 karsha(12gm)
<i>Madhuka churna</i>	: 1 karsha(12gm)
<i>Haritaki churna</i>	: 1 karsha(12gm)
<i>Amalaka churna</i>	: 1 karsha(12gm)
<i>Ghrita</i>	: 1 aadaka (3 kg)
<i>Kshira</i>	: 1 drona(12.28kg)
<i>Jala</i>	: 1 drona(12.28kg)

Mahabala Ghrita^[10] was prepared according to the reference of Su. Utt. 58/65-72;791-792

Method of preparation

- Initially the above said ingredients were made into course powder 1 Karsha (12gms) each and *Kalka* were prepared. To this *Kalka*, one *Drona* (12.28kg) of water, one *Drona* milk and one *Adaka Ghrita*

was added and kept for *Paaka* under *Madhyama Agni*.

- Snehapaka* was done up to *Madhyamapaka Siddhi Lakshanas*. It was used for clinical trials.

Ghrita Siddha Lakshana

- Take *Kalka* into two fingers and if *Varti* like structure is form then the *Ghrita* preparation is completed.
- If prepared *Kalka* put into fire and confirm the absence of cracking sound indicating absence of moisture.
- The smell and colour of obtained *Ghrita* is like the ingredient of the procedure. The *Ghrita* was taken for filtration and storage when the above said *Ghrita Siddha Lakshana* was found.

Filtration and Storage

Filtering was done by using muslin cloth when the *Ghrita* immediately after preparation. The *Ghrita* was measured and packed in a tightly closed airtight sterile container to protect from light and moisture.

Uttara Basti Procedure^[11]

The entire procedure can be divided into three parts-

- Purva Karma*
- Pradhana Karma*
- Pashchat Karma*

1. Purvakarma

Procedure is explained and written consent taken.

- Patient preparation is to be done.
- Patient is asked to empty his bladder prior to the administration of the medicine.
- Advised to have liquid diet such as milk, buttermilk prior the procedure.
- Advised to take *Avagaha Sweda* for 15 minutes before the procedure.

- Instruments

- Infant feeding tube no-7 or 8 or 9.

2. Disposable syringes of 20 ml capacity.
3. Medicated Ghrita per patient - 110ml
4. Surgical gloves no-7.
 - Dose: 10 ml / day is instilled into the bladder for 3 days consecutively. Later dose is increased to 20 ml for next 4 days.
 - Duration: 2 sittings of 7days (with a gap of 7 days in between 2 sittings).

2. Pradhana Karma

- The patient is made to lie in supine position.
- Painting and draping are done.
- Ghrita is taken in the syringe, infant feeding tube is attached to its tip. Air in the syringe and infant feeding tube is expelled out carefully before inserting it into the urethra.
- Under all aseptic conditions infant feeding tube is inserted into the urethra till the natural resistance felt, patient is asked to take slow breaths. Once the external sphincter is crossed, ghrita is instilled and infant feeding tube is withdrawn slowly.

3. Pashchat Karma

- Patient is advised to relax for 30 minutes; hot water bags are given for fomentation over supra pubic area.
- Advised to take plenty of fluids i.e., hot water, butter milk, barley water throughout the course of day.
- Patient is educated to note down the time of first micturition, frequency of micturition, character of micturition and any changes in the micturition throughout the entire schedule.

RT (Retention Time) = ET (Excretion Time) – IT (Instillation Time)

DISCUSSION

In Ayurveda, Mootraghata can be considered as a syndrome, Acharya Sushruta have mentioned 12 types of Mootraghata based on the clinical symptomatology. Mootraghata is an entity in which vitiation of Vata

Dosha, particularly Apana Vata along with vitiation of Kapha and Pitta Dosha due to Ritu Parivartana (seasonal changes), improper Ahara-Vihara (diet and activity or daily regimen) and Vaya (advancement of age) vitiated Doshas travel through Sukshma Srotasa and finally Doshas are settled down at the Kha Vaigunya (diseased area) and develops Mootraghata. The symptoms like retention of urine, incomplete voiding, dribbling, hesitancy etc. are found, which resembles the disease BPH. Though the concept of nodular hyperplasia in pathology of BPH has been established but its exact etiology and cause is still not known clearly. The only factors related to the development of disease are age and hormonal changes. Increased serum estrogen level in old age which acts on the hypothalamus causes decrease in secretion of luteinizing hormone releasing hormone (LHRH) and hence, causing decrease in serum testosterone level. Due to the steroid secreted by the adrenal cortex balance between dihydrotestosterone (DHT) and local peptide growth factors were disrupted then increasing the risk of BPH.

Acharya Sushruta have explained in detail about the management of Mootraghata with various treatment modality, Mahabala Ghrita used for Uttara Basti has the properties of Jeevaniya, Vrishya, Sarva Rogahara and specially indicated in all types of Mootra Doshas and the ingredients are having Lekhana, Vata, Kapha Shamaka, Vatanulomana, Mutral, Shotohara properties.

CONCLUSION

The main principle of management should be Margashodhana and Vatanulomana in order to restore the normal functioning of Apana Vata. the ingredients of Mahabala Ghrita are well known for their Vata Kaphahara, Vatanulomana, Shotahara, Jeevaniya, Vrishya, Mootradoshahara effect. As these ingredients are processed in Ghrita which are having properties of Pitta Vatahara, Rasa Shukra Ojo Vardhaka and by its special action it is Mrudukaram. Uttara Basti gaining direct access to Basti the seat of Mootraghata with above mentioned properties of Mahabala Ghrita leads to thorough cleansing of Basti there by alleviating the

Vimargagami Vata as the ingredients are *Jeevaniya* and *Vrisya* they produce strength to the structure of *Basti* leading to proper functioning of *Apana Vata* and therefore the act of micturition is restored to normalcy. Thus, by the virtue of all the properties of *Mahabala Ghrita* and the direct action to the seat of *Dosha Dushya Sammurchana* the *Uttara Basti* will disintegrate the *Samprapti* of the *Mootraghata*.



Fig. 1: Ingredients of Mahabala Ghrita



Fig. 2: Vessel containg Ghrita



Fig. 3: Kalka of Mahabala Ghrita ingredients



Fig. 4: Preparation of Ghrita



Fig. 5: Observation for Sneha Siddhi Lakshana



Fig. 6: Observation for Sneha Siddhi Lakshana



Fig. 7: Mahabala Ghrita



Fig. 8: Stored in air tight bottle.

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