



ISSN 2456-3110

Vol 8 · Issue 2

February 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Management of *Mutraghata* (Benign Prostatic Hyperplasia) with *Bala Tail Matrabasti* - A Case Study

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ABSTRACT

The two broad categories of *Mutrakrichha* and *Mutraghata* have been used to list all urinary diseases. The *Ayurvedic* text books list 8 different categories of urological illnesses under *Mutrakrichha* and 13 different types under *Mutraghata*. According to contemporary medicine, BPH is a benign enlargement of the prostate gland brought on by excessive prostatic nodule proliferation. It is a typical condition in older males and causes a large amount of morbidity in this age range. The minimally invasive approach to treating BPH is still a surgical operation at the moment, while the medication approach to treating BPH is classified as conservative. From both a modern and *Ayurvedic* perspective, it seems more suitable to use conservative procedures. In this case study, well diagnosed benign enlargement of prostate was treated with *Bala Tail Matra Basti* of medicated oil through rectum) 60 ml once daily for 21 consecutive days. The patients assessed on the basis of International Prostate System Score (IPSS) and objective parameter weight of the prostate and post voidal residual urine. After completion of the treatment, significant relief was observed in signs and symptoms. This case highlights the fact that, Benign Prostatic Hyperplasia can be managed with simple administration of *Bala Tail* through rectum.

Key words: *Bala Taila*, *Basti*, *BPH*, *Mutraghata*

INTRODUCTION

The most prevalent benign neoplasm in elderly men, BPH is brought on by excessive prostatic tissue growth. BPH affects 15 guys out of every 1000 men annually. The prevalence of BPH is at least 50% for all males 40 years of age and older, demonstrating the disease's susceptibility nears the end of life. BPH is a widespread

pathological illness in India, where incidence rates range from 92.97% (n=185) to 93.3% (n=200).^[1]

The prostate gland is considered as an accessory gland of male reproductive system. The peculiarity of the prostate gland is that it enlarges as the age advances and causes the features of Bladder Outflow Obstruction (BOO) where as the most of the glands/organs other than the prostate gland found in the body shows regression with advancement of age. According to *Ayurveda* embryological glandular part of prostate is basically originated *Matruj Bhava* and fibrous part from *Paitruj Bhava*. According to *Acharya Sushruta*, *Rakta* and *Kapha* are responsible for origin of intestine, anal canal and urinary bladder.^[2] The predominance of *Kapha* and *Pitta* is the reason the glandular component has a soft consistency and is secretary in character.

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Submission Date: 18/12/2022 Accepted Date: 27/01/2023

Access this article online

Quick Response Code



Website: www.jaims.in

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Although the precise process of etiopathogenesis is unclear, it most likely results from changes in hormone activity with ageing and lifestyle choices. As people get older, their serum testosterone levels steadily drop and their oestrogen levels rise in proportion, which causes their prostates to expand. Most likely, androgens, such as testosterone, contribute to prostatic hypertrophy. In the prostate, testosterone is converted to dihydrotestosterone (DHT). The DHT hormone accelerates prostate expansion by promoting cell proliferation in the glandular epithelium. Benign prostatic hyperplasia (BPH) and *Mutraghata* are related in *Ayurveda* (i.e., Obstructive Uropathy). Obstruction or suppression of urine output is referred to as *Mutraghata*. *Mutraghata* was identified by *Dalhana* as *Mutraavarodha*.^[3]

According to *Ayurveda* literature, *Mutraghata* should be treated with *Ausadha Chikitsa*, *Basti karma* and by including *Pathya Palan* in routine life style. *Acharya Sushruta* has mentioned general guideline for management of all type of *Mutraghata* with use of *Kashaya*, *Kalka*, *Avaleha*, *Kshar*, *Madya*, *Aasava*, *Snehana*, *Swedana*, *Basti* and *Uttarbasti*.^[4]

In the case of *Ausadha Chikitsa*, Treatment principle of BPH is based on pathogenesis described in *Ayurveda* classics. *Ayurvedic* formulation having analgesic and anti-inflammatory activity. *Abhayadikalka* and *Drakshakalka* etc^[5], drugs are *Mutra-Virechaniya* (i.e. diuretics) and *Mutra-Visodhaniya* (ie.antiseptics) drugs are *Gokshuradi Guggulu*, *Punarnavdi Guggulu*, *Chandraprabhavati* etc. and the drugs which are having *Vata* and *Kapha* pacifying properties are *Yavakshara*, *Moolakshara* etc. can be prescribed. The dose of above mentioned all the drugs should be adjusted according to severity of disease and strength of patient. Furthermore, Considering *Vatadosha* as the main causative factor in the genesis of benign prostatic hyperplasia, vitiated *Vata* pacification by *Vatanulomana* drugs and *Basti Karma* is the best modality. Physical activity and regular exercise have been strongly and repeatedly associated to lowered chances of BPH and symptoms of the lower urinary tract.^[6] Increased risks of BPH have been linked to diets high in red meat and fatty foods.

CASE HISTORY

A 68 years old male patient of *Vata Kaphaja Prakriti*, visited OPD of *Shalya Tantra*, IPGT & RA Hospital, Gujarat Ayurved University, Jamnagar on 05/04/2019 with complaints of incomplete emptying, frequency of micturition, urgency and weak stream. He was having these complaints since last 2 years. Gradually he was feeling more discomfort and his routine life were disturbed. Preliminary clinical examinations and per rectal examination were done to assess the enlargement of prostate. Routine biochemical and hematological investigations were done and the values were within normal limit. The size of the prostate gland was 84cc, post voidal residual urine was 30cc, IPSS was 10 and average urine flow Rate was 1.1ml/sec. (Table 1)

Procedure of Bala Tail Matra Basti

The ingredients of *Bala Tail* are *Atibala* (*Abutilon indicum*), and *Tila Tail* (Oil extracted from the seeds of *Sesamum indicum*). *Bala Tail* was prepared in Pharmacy of IPGT & RA, as per the *Snehapaka Kalpana* mentioned in the classic.

Poorvakarma (Preoperative Measures)

Patient was advised to pass the natural urges at morning and come for *Matra Basti* at 9am. *Basti* materials (*Bala Tail*, rubber catheter, syringe etc.) were kept ready before application, after that patient was asked to lie-down on table in left lateral position.

Pradhanakarma (Operative Measures)

The lukewarm *Bala Tail* approximately 60 ml was administered slowly into the rectum with help of plastic syringe and rubber catheter daily for 21 days.

Pashchata Karma (Post-Operative Measures)

After *Matra Basti* patient was advised to lie down in left lateral position for 10 minutes. Then Patient was tapped on back and legs were kept in bending position. Patient shifted to ward and hot water bag was provided for local *Svedana* at lower abdomen. Patient was asked to note the time of *Pratyagamana Kala* of *Basti*.

RESULTS

After complete treatment of 21 days of *Bala Taila Matra Basti*, the size of prostate has been reduced from 84 cc to 36 cc, PVRU was reduced from 30cc to 20cc and average flow rate was increased by 1.1 ml/sec to 4,2 ml/sec. (Table 2)

Table 1.

Before treatment USG

Before treatment uroflometry

Table 2

After treatment USG

After treatment uroflowmetry

DISCUSSION

Based on the clinical symptomatology, *Mutraghata* and benign prostatic hyperplasia (BPH) can be connected. *Mutraghata* is a broad term that can be used to describe a syndrome because it encompasses the majority of urinary system pathologies. Although nodular hyperplasia is a well-recognized phenomenon in the pathogenesis of BPH, its precise origin is still unknown. Since there is a weak evidence linking risk factors like smoking, vasectomy, obesity, and excessive alcohol consumption to the development of BPH clinical characteristics, it is actually a multi-factorial phenomenon.⁷ Old age and hormonal state are the two actual risk factors for the condition. Due to the decline in blood testosterone levels and the adrenal cortex's produced steroids in old age, there is an imbalance between dihydrotestosterone (DHT) and local peptide growth factors. As a result, older men have a higher risk of developing BPH. *Basti* is the best course of action for disorders with *Vata* predominance. *Mutraghata* is as such type entity in which mainly *Vata Dosh* is vitiated along with involvement of *Kapha Dosh*. One variety of *Anuvasana Basti* is *Matra Basti*, which uses a smaller dose of *Sneha Dravya* (maximum 60 ml). The beauty of *Matra Basti* has been defined in order to increase overall bodily health (*Balya*), nourish the body as a whole (*Brihaniya*), normalize *Vata* function, and regulate natural desires like urination and defecation in unhealthy situations, hence in this study *Bala Tail Matra Basti* was given in a well diagnosed case of BPH. Before treatment IPSS score was 10 and after completion of the treatment IPSS score was reduced to one i.e., patient was asymptomatic with good quality of life. The size of prostate before treatment was 84cc in USG findings and after treatment it was 36cc. Thus, it can be said that *Bala Tail* has so much effective to control the growth of prostate gland. In USG findings Post Voidal Residual Urine Volume (PVRU) was 30cc before treatment which was reduced to 20cc, therefore, it may be claimed that *Matra Basti's* increased detrusor muscle function was a result of the *Balya* and *Brihaniya* effect. The Average Urine Flow Rate was measured with uroflowmetry and it was observed 1.1ml/sec

before treatment. In routine a healthy person, the normal Average Urine Flow Rate (AUFR) is 15ml/sec or above, which is reduced in case of BPH. In selected patient AUFR was 1.1ml/sec and after completion of treatment it was 4.2 ml/sec. It might be achievable because of the reduced mechanical obstruction and pressure brought on by the prostate's hypertrophy. *Atibala*, which has *Madhura*, *Snigdha*, *Sita*, *Rasayana*, *Balya*, and *Vatahara* qualities and is present in the specified *Bala Tail*, helps in the normalization of *Vata-Dosha*. Therefore, *Apana Vata's* dysfunction may have been corrected. *Atibala's* seeds are used to treat chronic cystitis, while its bark and leaves are diuretics. Additionally, the herb has anti-inflammatory and antioxidant properties. These characteristics may allow *Bala Tila* to control the proliferation of the prostate gland. *Tila* leaves are used to treat urinary problems. It has *Rasayana* and *Mootrajanana* (Diuretic) property.^[8] *Tila Tail* (Oil extracted from the seeds of *Sesamum indicum* is an ingredient of *Bala Tail* having linoleic acid and oleic acid as chemical component.^[9] These are inhibitors of both 5- α reductase and α blockers activity.^[10,11] Dihydrotestosterone is produced when 5-reductase is inhibited, which controls the conversion of testosterone (DHT). Regulating DHT hence provides relief from BPH signs and symptoms and ultimately limits the size of the prostate gland. All the *Dhatus* are nourished and strengthened by the qualities of *Madhura Rasa*, *Madhura Vipaka*, *Balya*, *Rasayana*, and *Vata-Kapha Shamaka*,^[12] which also calms vitiated *Vata* and normalizes the function of *Apana Vata*. Therefore, the action of *Basti* and all these experimental medication qualities would have served to restrict the benign growth of the prostate gland.

CONCLUSION

This case study highlighted that *Bala Tail Matra Basti* is a simple and effective treatment modality for Benign Prostatic Hyperplasia without any adverse effects.

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How to cite this article: Priyanka Chauhan, TS Dudhamal. Management of Mutraghata (Benign Prostatic Hyperplasia) with Bala Tail Matrabasti - A Case Study. J Ayurveda Integr Med Sci 2023;02:203-207.

Source of Support: Nil, **Conflict of Interest:** None declared.
