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A conceptual study on efficacy of *Ksharapippali* in *Vatashteela*

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is essentially a disease of old age in males, with the prevalence of around 50% by the age of 60 years. It is a condition with increase in size of the prostate, which exerts pressure on the urethra leading to obstruction to flow of urine. *Acharya Sushruta* has explained in detail about obstructive and irritative symptoms of the Urinary bladder under the heading of *Mutraghata* in *Uttaratantra*.^[1] *Vatashteela* is one among the 12 types of *Mutraghata*, where aggravated *Vata* gets localised in between *Basti* and *Shakritmarga*, producing a dense fixed stone like glandular swelling leading to obstruction of *Vit*, *Mutra* and *Anila* with *Adhmana* and *Teevra Ruja* in *Basti Pradesha*.^[2] *Acharya Vangasena* has indicated *Ksharapippali*^[3] in *Vatashteela* in *Chikitsasara Sangraha* which has got many drugs with *mutrala* properties. Hence this study has been taken up to assess the efficacy of *Ksharapippali* in *Vatashteela* with emphasis on its probable mode of action.

Key words: *Vatashteela*, *Mutraghata*, *Ksharapippali*, *Benign Prostatic Hyperplasia*, *BPH*

INTRODUCTION

Sushruta describes *Vatashteela* among the 12 types of *Mutraghata*. In this condition *Apana Vayu*, gets localised in between *Basti* (urinary bladder) and *Shakritmarga* (rectum), produces a dense fixed stone like glandular swelling, leading to obstruction of *Vit*, *Mutra* and *Anila* with *Adhmana* and produces *Teevra Ruja* in *Basti Pradesha*. *Vatashteela* reflects the symptoms of urine retention, incomplete voiding, increased frequency, urgency, hesitancy, difficulty in micturition, weak stream, dribbling and straining during micturition. These features have striking

similarities with Benign Prostatic Hyperplasia (BPH). It is one of the most prevalent obstructive uropathy of advanced age group in males, rises markedly after the age of 40 years. Peak incidence of 8% in the 4th decade of life, 50% in the 6th decade and 80% in the 9th decade of life is observed. It is the most common cause of Bladder Outlet Obstruction.^[4] The conservative treatment includes either α 1n adrenoreceptor blockers or 5 α reductase inhibitors or both in combination which are known to cause dizziness, decreased libido, retrograde ejaculation, impotence, postural hypotension, gynaecomastia, skin rashes and few vascular side effects.^[5] Withdrawal of these drugs result in regrowth of prostate. Surgical procedures includes Transurethral Resection of Prostate (TURP), Freyer's suprapubic transvescical Prostatectomy, Millin's Retrograde prostatectomy, Microwave treatment, Holmium laser treatment, Intraurethral stents, etc. The surgical interventions are difficult because of old age and with the association of conditions like CVD, Pulmonary conditions, HTN and DM. However, surgery is invasive, expensive and has post-op complications like haemorrhage, infection, incontinence, perforation of bladder, stricture urethra,

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retrograde ejaculation, impotence and recurrence. *Ayurveda* advocates various treatment modalities like *Kashaya, Kalka, Ghrita, Bhakshya, Lehya, Paya, Kshara, Madya, Asava* and *Swedana* and *Uttarabasti* in *Mutraghata*. One such formulation described by *Acharya Vangasena* in *Chikitsasara Sangraha* is *Ksharapippali*. It includes ingredients like *Bala* and *Manakanda* which have *Mutrala* (diuretic) property. The other ingredients viz., *Shirisha, Chitraka, Varuna* and *Punarnava* contain β -sitosterol, which has been proved potential in reducing BPH by improving urinary symptoms and enhancing flow measures.^[6]

DISEASE REVIEW

Benign prostate hypertrophy is a disease process with a well-defined age incidence. It is essentially a disease of old age, after 50 years. Only under rarest circumstances it may occur in early life. Enlargement of prostate gland is due to formation of one or more nodules. These nodules may fuse together to form one mass. The enlargement may involve any part of the gland except the posterior lobe and the anterior lobe. The two lateral lobes and the median lobes are frequently involved.

Clinical features:

Benign enlargement of prostate seldom causes symptoms before the age of 50 years. There is no direct relation between the degree or enlargement and the severity of symptoms. The symptoms include hesitancy, frequency, urgency, dysuria, haematuria, pain, weak steam, terminal dribbling, enuresis, retention of urine.^[7]

The symptoms observed in benign prostatic hyperplasia (BPH) closely resemble those described as *Vatashteela* under *Mutraghata*.

Nidana:

While there are no distinct causes outlined for *Vatashteela* or *Mutraghata*, the factors contributing to *Mutrakicchra* can be considered relevant for *Vatashteela* as well. *Vatakundalika* and all types of *Mutraghata* are produced by one or more *Tridoshas*, by causes such as suppression of natural urges etc. as explained in *Madhava Nidana-31st* chapter. Among the

Nidanas mentioned for all the 12 types of *Mutraghata*, *Vegadharana* is considered to be the root factor in manifestation which is discussed in 31st chapter of *Madhava Nidana*. Along with this, *Vatadushti* is also a contributory factor for causation of the disease. On commentating *Sushruta Uttarantra*, *Acharya Dalhana* quotes that *Vata* is the main factor in the pathogenesis of *Mutraghata*. When *Vata* gets *Avrita* by *Mutra* it causes *Mutra Apravritti* and *Adhmana* in *Basti*.

Types:

Acharya Sushruta has explained *Mutraghata* in *Uttarantra* in the 58th chapter, wherein he mentions 12 types viz,

1. *Vatakunadalika*
2. *Vatashteela*
3. *Vatavasti*
4. *Mutraateeta*
5. *Mutrajathara*
6. *Mutrasanga*
7. *Mutrakshaya*
8. *MutrAGRAnthi*
9. *Mutrashukra*
10. *Ushnavata*
11. *Mutrouksada pittaja*
12. *Mutrokusada kaphaja*

Acharya Vagbhata has also described 12 types of *Mutraghata*^[8], last one being *Vidvighata*. *Acharya Caraka*^[9] and *Madhavakara* has explained 13 types, adding *Vastikundala* to the above list.

Samprapti:

Mityaahara and *Vihara/Abhigata/Vega Nigrahana*



Apana Vata Dushti



Sthanasamshraya in between *Guda* and *Basti*



Ashteelavat Ghana Granthi is formed



Vatashteela

Chikitsa:

The treatment prescribed for *Mutraghata* can also be applied to *Vatashteela* since there is no distinct treatment specified for *Vatashteela*, which includes modalities like *Nidana Parivarjana*, *Shodhana*, *Shamana*, *Shastra Pranidhana*, *Rasayana* and *Pathya-Apathya*. *Yoga Ratnakara* has advised *Snehana* and *Swedana* therapies first followed by *Sneha Virechana* and *Uttarabasti*. Various *Kashaya*, *Kalka*, *Ghrita*, *Bhakshya*, *Lehya*, *Paya*, *Kshara*, *Madya*, *Asava* and *Swedana* and *Uttarabasti* is been advised in *Mutraghata* by *Acharya Sushrutha*. *Acharya Vangasena* in his *Cikitsasaara Sangraha*, has advised *Ksharapippali* in the management of *Vatashteela*, *Yakrit-Pleeha Roga* and in *Tridoshaja Gulma* in *Udararogadhikara Adhyaya*.

DRUG REVIEW

Ksharapippalli, mentioned in the criteria of *Vatashteela* by *Vangasena* contains the following;

Pippali (*Piper longum*)

Ajamoda (*Apium graveolens*)

Samudra Lavana

Vamsalochana (*Bambusa arudinaceae*)

Akshota (*Juglans regia*)

Shirisha (*Albizzia lebeck*)

Lodhra (*Symplocos racemosa*)

Punarnava (*Boerhavia diffusa*)

Manakanda (*Alocacia indica*)

Snuhi (*Euphoria nerrifolia*)

Ajagandha (*Cleome gynandra*)

Aragwadha (*Cassia fistula*)

Varuna (*Crataeva nurvula*)

Shigrumula (*Moringa pterygosperma*)

Bala (*Sida rhombifolia*)

Chitraka (*Plumbago zeylanica*)

Yavakshara (*Potassi carbonas*)

Go Mutra

Jala

Method of Preparation:

Pippali, *Ajamoda*, *Samudra Lavana*, *Vamsa*, *Akshota*, *Apamarga*, *Sirisha*, *Lodhra*, *Punarnava*, *Manakanda*, *Snuhi*, *Ajagandha*, *Aragwadha*, *Varuna*, *Shigrumoola*, *Bala*, *Chitraka* each 200g and *Yavakshara* 1kg are cooked in 2.56 litres water, added with Cow urine equal to the water. It should be cooked accordingly, slowly.

Administration: It should be administered with ghee as *Anupana*.

Indications: *Vatashteela*, Enlargement of Liver and spleen and *Gulma* caused by *Tridosha*.

DISCUSSION**Probable mode of action of Ksharapippali:**

Pippali - having *Katu Rasa*, *Madhura Vipaka* has *Vatahara* and *Kaphaghna* properties.

Ajamoda - is *Vatanulomaka*, *Vatashamaka* and *Mutrala*.^[10]

Samudra Lavana - has alkaline properties, *Avidahi* and is *Vatanashaka*.

Vamsalochana - bearing *Kashaya Rasa* has *Bastishodhaka*^[11] property.

Akshota - has essential nutrients, minerals and vitamins B, A and C.

Apamarga having *Tikta*, *Katu Rasa* with *Ushna Virya* has *Mutranjana*^[12] and *Kaphaghna* properties.

Sirisha - is *Ushna*, with *Tikta Kashaya Rasa* is *Tridoshaghna*. And has saponin and tannin 7-11%.

Lodhra - is *Shothaghna* and *Balya*.

Punarnava - has *Mutravirechana* property.

Manakanda - has *Mutranjana* property.

Snuhi latex - is *Teekshna Virechaka*.

Ajagandha - is *Anulomaka* and *Shoolahara*. And contains β -sitosterol.

Aragwadha - is *Kaphaghna* and *Mutranjana*.

Varuna - has Saponin and tannins. Has *Vatanashaka*, *Mutrajanana*, *Ashmarighna* and *Shothaghna* properties. It's bark is indicated in *Mutravikaras*.^[13]

Shigrumoola - has *Vatanulomaka*, *Vatahara*, *Kaphahara*, *Mutrajanana* and *Shothahara* properties.

Bala - is *Sheeta Virya* and has *Balya*, *Rasayana* and *Sangrahi* properties.

Chitraka - is *Agnideepaka*, *Rasayana*, *Vata-Kaphahara*.

Yavakshara - is *Agnideepaka*, *Mruduvirechaka* and mild diuretic.

Bala, *Manakanda*, *Punarnava*, *Varuna* and *Yavakshara* are diuretics.

Sirisha, *Citraka*, *Varuna*, *Punarnava*, *Ajagandha* contains β -sitosterol, which has been proved potential in reducing BPH by improving urologic symptoms and flow measures.

CONCLUSION

Ksharapippali, a formulation explained by *Vangasena* indicated in *Vatashteela* contains the ingredients with diuretic properties and the chemical constituents like β -sitosterol. Various studies show β -sitosterol has been proved potential in reducing BPH by improving urologic symptoms and flow measures. Hence *Ksharapippali* can be considered a potent formulation in treating *Vatashteela* (BPH).

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