

## Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in



Ind to

# Curing Acute Prostatitis by means of Ayurveda - A Case Report

Dr. Soumya M. C., Dr. Pradeep Raj R. S., Dr. Ratheesh P. 3

<sup>1,3</sup>Research Officer (Ayurveda), Regional Ayurveda Research Institute for Life Style related Disorders, Poojappura, Trivandrum, <sup>2</sup>Medical Officer (NHM), Govt. Ayurveda Hospital, Venganoor, Trivandrum, Kerala, INDIA.

### ABSTRACT

Bacterial prostatitis (BP) is a bacterial infection of the prostate gland occurring in a bimodal distribution in younger and older men. It can be acute (ABP) or chronic (CBP) in nature and if not treated appropriately, can result in significant morbidity. Ayurveda is a traditional system of medicine, in which herbal medicines are mainly used for restoring the health. This case report deals with the way of curing acute prostatitis using Ayurveda treatment modalities.

Key words: Bacterial Prostatitis, Ayurveda.

#### **INTRODUCTION**

Bacterial prostatitis (BP) is a bacterial infection of the prostate gland occurring in a bimodal distribution in younger and older men. It can be acute (ABP) or chronic (CBP) in nature and if not treated appropriately, can result in significant morbidity. Prostatitis has a prevalence of approximately 8% to 16%; however, it should be noted that only 5% to 10% cases of prostatitis are identified as bacterial in origin. The organisms which are mostly responsible are E.Coli, Staphylococcus aureus and albus and Streptococcus faecalis. Prostatitis also appears to increase the risk for developing BPH and possibly prostate cancer. Hence proper management of prostatitis is highly significant. In conventional

#### Address for correspondence:

Dr. Soumya M. C.

Research Officer (Ayurveda), Regional Ayurveda Research Institute for Life Style related Disorders, Poojappura, Trivandrum, Kerala, India.

E-mail: drsoumyasheji@gmail.com

Submission Date: 21/11/2018 Accepted Date: 25/12/2018



method, Management of BP involves both choosing appropriate spectrum antibiotics that have good prostate tissue penetration and managing the complications and sequelae of the disease.

Treatment of bacterial prostatitis is hampered by the lack of an active antibiotic transport mechanism and the relatively poor penetration of most antibiotics into infected prostate tissue and fluids. The prostate does have some unique structural and biochemical characteristics that render certain antibiotics less effective. The prostate gland tends to be alkaline, and its capillaries are not as permeable as many other tissue capillaries. So it is the necessity of time to go for a safe and effective alternative for this long term antibiotic therapy.

Ayurveda is a time tested science with plenty of herbal medicines with comparatively less side effects. Since acute prostatitis is an infectious condition, *Krimihara Chikitsa* (anti-infective therapy) mentioned in Ayurveda can be used.

#### **CASE HISTORY**

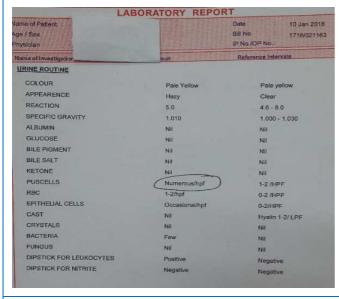
A 62yr old man visited the OPD of Regional Ayurveda Research Institute for Life Style related Disorders with the complaints of fever, chills, increased frequency of micturition and painful micturition.

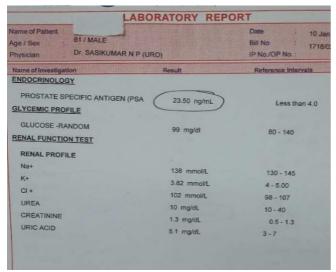
History of the present illness revealed that the symptoms started about one month back as a dull

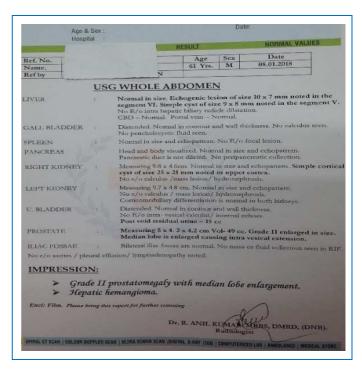
ache in the low back and lower abdominal region. Within one week he felt severe pain during micturition with increased frequency. Then he got fever and chills and the colour of urine became red. He took conventional treatment from a physician and was treated with antibiotics for three days. After three days symptoms got aggravated and his physician referred him to a urologist. The urologist suggested to do the following tests.

- 1. Urine routine
- 2. USG Abdomen
- 3. PSA
- 4. Renal function test

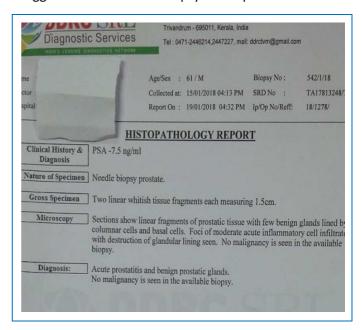
The results are like below.







The doctor prescribed antibiotics for one week and suggested to do needle biopsy of the prostate.



After doing all the above investigations, the case was diagnosed as acute prostatitis and the urologist advised him to do an immediate surgery. The patient was not willing to do that and came for Ayurveda management.

#### **Personal History**

He was a moderately built person with a negative past history of DM and hypertension.

Diet - Mixed

- Appetite Reduced
- Bowel Regular
- Micturition Increased frequency
- Sleep Disturbed

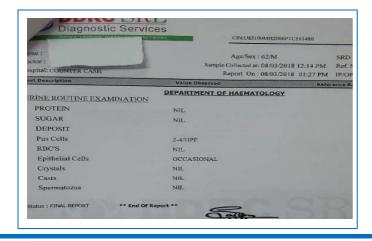
The case was treated considering the line of management of *Jwara* (fever), *Mootrakrichra* (urinary retension), *Krimi* (infection) and *Sopha* (oedema).

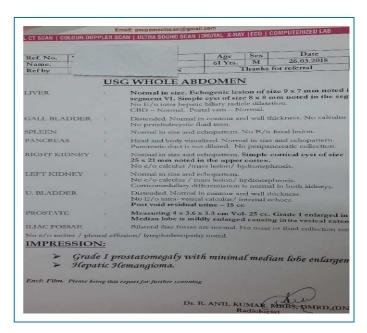
Internal medicines used were

- 1. Nirgundyadi Kashayam
- 2. Gokshurapunarnavadi Gulika 2 0-2
- 3. Punarnavasavam
- 4. Drinking water boiled with Guduchi (Tinospora cordifolia), Sunti (Zingiber officinale), Amalaki (Emblica officinalis), Aswagandha (Withania Somnifera) and Gokshura (Tribulus terrestris)
- 5. Musalee Khadiradi Kashaya

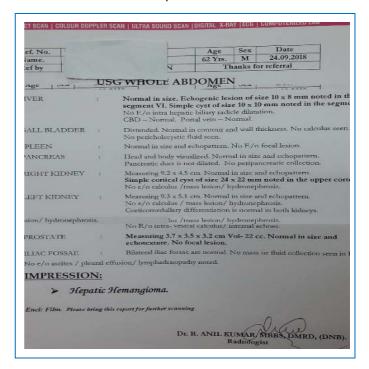
In the first part of the treatment patient was adviced to take *Nirgundyadi Kashaya*, *Gokshura Punarnavadi Gulika* and *Punarnavasavam*. After two weeks, i.e.; after subsiding the severe symptoms *Punarnavasavam* was stopped. He was advised to follow a diet as in the treatment of *Jwara* (fever). A *Laghu* (light), *Pachana* (digestive) type of diet was advised. Patient was also advised to do urine routine checkup twice in a week and the results were monitored. It was found that there was remissions and intensifications of the symptoms.

After 2 months urine routine and USG were repeated and the results were like this.





After the subsidence of the symptoms of infection, patient was adviced to take *Musaleekhadiradi Kashaya* for 2 weeks. At that time he was adviced to drink water boiled with *Guduchi, Sunti, Amalaki, Aswagandha* and *Gokshura*. He was adviced to continue the intake of drinking water for one more month. The final USG report was as follows.



#### **DISCUSSION**

The case was diagnosed as an acute bacterial infection. So *Krimihara Chikitsa* (anti-infective treatment) mentioned in Ayurveda was opted.

Nirgundyadi Kashayam<sup>[4]</sup> is a preparation mentioned in Sahasrayoga in the treatment of Krimi. It contains Nirgundi (Vitex negundo), Agni (Plumbago rosea), Vidanga (Embelia ribes), Devadaru (Cedrus deodara), Rajani (Curcuma longa), Musta (Cyperus rotundus), Akhukarni (Merremia emarginata), (Anisomeles malabarica), bharngi (Clerodendrum serratum), Nagara (Zingiber officinale), Maricham (Piper nigrum), Pippali (Piper longum), Palasa (Butea monosperrma), Sigru (Moringa oleifera), Chavika (Piper chaba), Pathya (Terminalia chebula), Rasona (Allium sativum). This herbal combination is highly effective in treating bacterial infections. Since there was a hypertrophy in the prostate gland, Sophahara Chikitsa (treatment for oedema) was also opted. In practice, Gokshura Punarnavadi Gulika, which is an Ayurvedic patent and proprietary medicine, is found to have Sophahara action. Hence the drug was selected. So as to reduce Sopha, Punarnavasava<sup>[5]</sup> was also given in the first stage as the condition was of an acute origin. There was an incidence of repeated attacks of urinary tract infection. So as to reduce the frequency Amrithadi Kashaya [6] Yoga mentioned in the Mootra Krichra Chikitsa of Sahasrayoga was selected. It was a combination of Amritha (Tinospora cordifolia), Nagara (Zingiber officinale), Dhatri (Emblica officinalis), Vajigandha (Withania somnifera) and Trikandaka (Tribulus terrestris). The patient was advised to take water boiled with these drugs. Musaleekhadiradi Kashaya<sup>[7]</sup> was opted in the final stage of treatment since it was found to be effective in the management of epithelial tissue damages.

### **CONCLUSION**

The management of acute bacterial prostatitis with Nirgundyadi Kashayam, Gokshura Punarnavadi Gulika

and *Punarnavasavam* and *Musaleekhadiradi Kashayam* was found to be safe and effective. No adverse drug reactions were reported during the period of treatment.

#### **REFERENCES**

- Nathan G. Davis; Michael Silberman. https://www.ncbi.nlm.nih.gov/books/NBK459257/
- S.Das A Concise Text book of Surgery, 9<sup>th</sup> edition Ch 50 Kolkata Old Mayors Court, 2016 pg 1291
- https://academic.oup.com/cid/articlepdf/50/12/1641/865819/50-12-1641.pdf
- K.V.Krishnan Vaidyan & S. Gopala Pillai, editors Sahasrayogam Sujanapriya commentary, Krimi chikitsa,26<sup>th</sup> edition, Alappuzha, Vidyarambham publishers, p53
- K.V.Krishnan Vaidyan & S. Gopala Pillai, editors Sahasrayogam Sujanapriya commentary, Asava yoga,26<sup>th</sup> edition, Alappuzha, Vidyarambham publishers, p262
- K.V.Krishnan Vaidyan & S. Gopala Pillai, editors Sahasrayogam Sujanapriya commentary, Mootrakrichra chikitsa,26<sup>th</sup> edition, Alappuzha, Vidyarambham publishers, p99
- K.V.Krishnan Vaidyan & S. Gopala Pillai, editors Sahasrayogam Sujanapriya commentary, Asrigdara chikitsa,26<sup>th</sup> edition, Alappuzha, Vidyarambham publishers, p101

**How to cite this article:** Dr. Soumya M. C., Dr. Pradeep Raj R. S., Dr. Ratheesh P. Curing Acute Prostatitis by means of Ayurveda - A Case Report. J Ayurveda Integr Med Sci 2018;6:189-192.

http://dx.doi.org/10.21760/jaims.3.6.30

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

\*\*\*\*\*\*\*\*\*\*