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# A CASE REPORT ON THE BENIGN PROSTATIC HYPERPLASIA

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## ABSTRACTS

In Ayurvedic texts, various Mutrarogas and their management have described. Mainly eight types of Mutrakrichchhra are described. Krichchhrata (difficulty in voiding / pain full voiding), is the main feature but sometimes some feature of obstructions (mutravibhandhata) is also present. In Mutraghat, obstruction is a major feature. Vatabasti, Mutrajathara, and Vatakundalika resemble obstructive uropathy due to enlarged Prostate on the basis of symptomatology. Benign prostatic hyperplasia (BPH) is the most common condition in aging men, associated with lower urinary tract symptoms (LUTS). The specific approach used to treat BPH depends upon number of factors like age, prostate size, weight, prostate-specific antigen level, and severity of the symptoms. In Ayurvedic classics, several drugs in different dosage forms and combinations are tailored for treating Mutrakrichchhra or Mutraghat. After referring several classical texts, mainly these drugs are elected for present study for oral administration. The selected drugs are: - Varuna stembark (*Crataeva nurvala*), Shigru stembark (*Moringa olerifera)* and Goksuru fruit (*Tribulus terrestris) & Shodhit Shilajit.* These drugs (Varuna, Shigru, Goksuru and Shilajit) will be used in combination and will be formulated with help of ghansatva formation technique so as to make it compatible with present age (In capsule form). Basti therapy will be given, using Dashmool Kwatha & Narayan Tail (for Niruha basti) and Narayan Tail (for Anuvasan Basti). α adrenergic blockers and 5-α reductase inhibitors plays the major role in the treatment of this condition; however, they have serious adverse effects and have limitations for a long term therapy. Hence, there is a need for drugs having good efficacy with low toxicity in this debilitating disorder. Ayurveda has always given the best solutions for chronic disorder. The case described in this article is treated with the same guideline as described in Ayurveda and a satisfactory result was obtained. Though a single case is not enough to prove the efficacy, author has tried to share his experience through this article to state that Ayurvedic treatment for BPH (Benign Prostatic Hyperplasia) is very effective and enhances the quality of life of patient without creating any side effects or with minimal side effects.

**KEYWORDS:** *Mutrarogas, kricchrata, Mutrajathar,Vatabasti, vatakundalika, Mutraghat, Ghansatva, Dashmoola kwath, Narayan Tail* etc.

**Introduction of Benign Prostatic Hyperplasia (BPH)[1]**
It is benign enlargement of Prostate which occurs after 50 years, usually between 60 to 70 years.

**Aetiopathogenesis**
There are two theories to explain BPH.

**1. Harmonal theory-** As the age advances, the levels of androgens comes down. There is a corresponding increase in the oestrogen which stimulate the prostate gland through intermediate peptide growth factor and produces BPH. It can be compared to fibroadenosis in female patients.

**2. Neoplastic theory** –According to this theory, there is proliferation of all the elements of Prostate such as fibrous, muscular and glandular resulting in fibromyoadenoma. The neoplastic theory is old one, not universally accepted now-under debate.

It leads to different lower urinary tract problems including urgency, frequency, incomplete voiding and residual urine, recurrent Urinary tract Infection(UTI) etc and may even progress to prostatic cancer in some cases. The major cause of this BEP(Benign Enlargement of Prostste) is proliferation of prostate smooth muscle, glands due to activation of metabolite of male hormone Di Hydroxy Testosterone(DHT). Other risk factors include increasing age, genetic factors, obesity, excess

testosterone, inflammation, trace elements zinc, vitamin D etc. The treatment modalities include alpha adrenergic, anti DHT drugs, laser therapy and Trans Urethral Resection of Prostate (TURP). These measures lead to improve qualities of many patients but no improvement or even worse in others.

*Ayurvedic* drugs like snehan with Narayan tail, swedan with Dashmoola Kwath, Gokhuradi Guggulu, Varunshigru Kasaya,Basti therapy with luke warm Narayan tail along with madhu and shaindhav lavana(Anuvasan Basti) and Dashmool Kwath along with Narayan Tail, madhu and shaindhav lavana(Asthapan Basti) *etc*., shows comparatively better results over the allopathic drugs. This single case study also shows the better results in providing a better quality of life with minimal side-effect.

## CASE STUDY

A 58 year male patient, from Jaunpur, came to the Shalya Room no. 16A OPD. After taking proper history and proper physical and local examination, was admitted in the *SIR SUNDAR LAL HOSPITAL* with MRD NO. 1033290 at 23/03/2017 and after given proper oral Ayurvedic therapy along with combination of Basti therapy and trained the patients attendent about proper method of giving basti therapy to the patient he was discharged on 28/03/2017**.**

### Clnical Features

C/O:- Increase frequency of micturition,10 to15 times per 24hr (8 to 10 times in day time and 4 to 5 times in night) from 4 to 5 year.

Dribbling micturition
Urgency and sometimes pain during micturition.

### Past History

Initially these symptoms are less or mild before 4 to 5 years but after that gradually these symptoms increases.
No history of Diabetes mellitus, Tuberculosis, Bronchial Asthma, Epilepsy, hypertension etc.
No history of PUC(Per Urethral Catheterization).
No history of Urethral dilatation.

**Drug History:-** No previous drug history.

**Investigations:** Before treatment/ After treatment

- HIV (-)ve
- $HB_SAg$ (-)ve

### A. Hematological

| | First Visit | First follow-up After 30 days | Second follow-up After 60 days | Third Follow up After 90 days |
|---|---|---|---|---|
| Hb(gm/dl) | 14.1 | 14.4 | 14.3 | 14.6 |
| TLC( /ul) | 7400 | 7470 | 7450 | 7350 |
| DLC(%) | N:-71.8<br>M:-6.6<br>L:- 18.2<br>E:-3.1<br>B:-0.3 | N:-63.3<br>M:-7.8<br>L:-23.2<br>E:-5.1<br>B:-0.5 | N:-65.0<br>M:-6.8<br>L:-23.2<br>E:-4.7<br>B:-0.8 | N:-63.0<br>M:-6.0<br>L:-25.2<br>E:-5.7<br>B:-0.5 |
| ESR($1^{st}$hrs) | 11 | 13 | 10 | 14 |
| PLT($\times10^3$ /ul) | 330 | 260 | 285 | 320 |
| FBS | 90 | 93 | 100 | 88 |
| PPBS | 115 | 120 | 108 | 117 |
| BU(mg/di) | 23.4 | 25.3 | 19.8 | 22.9 |
| Sr. Creatinine(mg/di) | 0.98 | 1.25 | 0.93 | 1.05 |
| PSA(ng/ul) | 1.8 | 1.2 | 1.3 | 1.0 |

**Urine Examination- Routine & Microscopic.**

| DATE- | | First Visit | First follow-up After 30 days | Second follow-up After 60 days | Third Follow up After 90 days |
|---|---|---|---|---|---|
| R. | Specific gravity | 1.001 | 1.021 | 1.015 | 1.013 |
| | Reaction | Acidic | Acidic | Acidic | Acidic |
| | Sugar | Nil | Nil | Nil | Nil |
| | Albumin | Nil | Nil | Nil | Nil |
| | Other | --- | --- | --- | --- |
| M. | Pus cells | Nil | Nil | Nil | Nil |
| | Epithelial cells | Nil | Nil | Nil | Nil |
| | R.B.C.s | 1-2/HPF | Nil | Nil | Nil |
| | other | --- | --- | --- | --- |

**Urine Examination:- Culture & Sensitivity.**

| | First Visit | First follow-up After 30 days | Second follow-up After 60 days | Third Follow up After 90 days |
|---|---|---|---|---|
| Culture | Sterile | Sterile | sterile | sterile |
| Sensitivity | Gentamicin,levofloxacin, Nitrofurantoin, norfloxacin etc. | Gentamicin,levofloxacin, Nitrofurantoin, norfloxacin etc. | Gentamicin,levofloxacin, Nitrofurantoin, norfloxacin etc. | Gentamicin,levofloxacin, Nitrofurantoin, norfloxacin etc. |

**USG(KUB) PROSTATE/PVRU**

| | | First Visit | First follow-up After 30 days | Second follow-up After 60 days | Third Follow up After 90 days |
|---|---|---|---|---|---|
| Kidney | | Rt-94×39 mm Lt-95×42mm | Rt-93.7×39.1 mm Lt-100.2×42.8mm | Rt-92×40 mm Lt-97×41.8mm | Rt-95×39 mm Lt-93.2×42mm |
| Ureter | | WNL | WNL | WNL | WNL |
| Bladder | | Wall appears thickened=5mm and irregular | Wall appears thickened=4.8mm and irregular | Wall appears thickened=4.5mm and irregular | Wall appears within normal limit |
| Prostate | Size | Median lobe enlarged | Median lobe enlarged | Median lobe slightly enlarged | Normal in size |
| | Weight | 42 gms | 26.8gms | 22 gms | 17 gms |
| PVRU | | 116 ml | 96 ml | 70 ml | 38ml |

**AYURVEDIC MANAGEMENT**

**For kosth shuddhi**

1. Shadshakar churna[2] 3gm HS with luke warm water.
2. Abhyanga with Narayan tail[3] &
3. Nadi Sweda with Dashmoola kwath.[4]

} for 3 days.

**Oral Therapy**

(Varun + Goksuru + Shigru) ghansatva + shuddh Shilajit 125 mg→ 500mg BD for 21 days.

**Basti Therapy**

Anuvasan Basti
Narayan Tail 50ml + Madhu(1/2 tsf) + Saindhav (1/2 tsf)
Asthapan Basti
Dashamoola kwatha (150ml) + Narayan Tail( 30ml) + Madhu(1/2 tsf) + Saindhav (1/2 tsf)

} Alternate Day for 30 days

**RESULT AND OBSERVATION**

After 7 days management with the above mentioned method, patient got mild symptomatic relief and patient, s attendent is trained about method of Basti Therapy i.e. how to give Basti to the patient at home and so he was discharged from IPD and advised to come in the OPD at the interval of every 15 days and relevant investigations such as CBC with ESR, Ultrasound (whole abdomen and pelvis- specially bladder wall thickness, PVRU and Prostate size ), Urine (routine and microscopic along with culture and sensitivity) were repeated at every one month duration.

**1) FIRST FOLLOW-UP**

**After 1 month: -** Mild Improvements in the previous c/o increase frequency of micturition (reduces up to 8-10 times per day), dribbling after micturition and intermittent flow of urine. He was advised to continue the same management.

**2) SECOND FOLLOW-UP**

**After 2 month -** Improvement in the previous complaints (50% improvements) and no new complains so same treatment continued.

**3) THIRD FOLLOWS-UP**

**After 3 month--** Improvement in the previous complaints (70% improvements) and no new complains so same treatment continued.

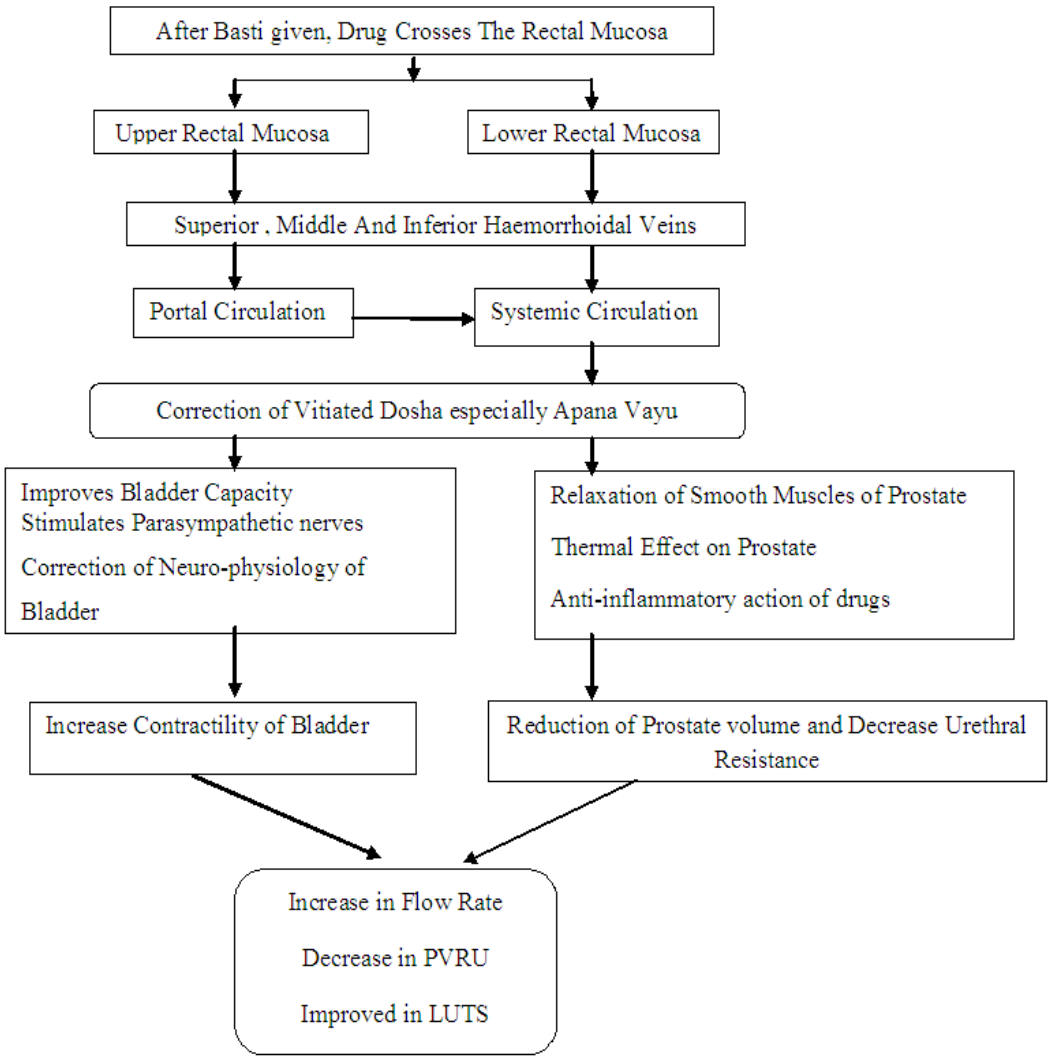
**DISCUSSION**

The active principle of drugs used in Basti therapy are absorbed through Rectal mucosa and these act locally and systematically. Locally some changes occurs in Prostatic tissues leading to decrease level of DHT (Dihydrotestosterone), which is most probably responshible for development of BPH.[5]

Basti is applied in luke warm stage. After absorption through Rectal mucosa, it also effects on Prostatic tissues. Consequently the extra cellular concentration is

higher than intracellular cytoplasmic concentration, so due to these effects the Prostatic size reduced and Prostate tends to normal size.

**Probable Mode of Action of Basti Therapy[6]**




Since in Allopathy, the management of *BPH* is mainly done with the α-Adrenergic blocking Drugs[7] and 5α-Reductase Inhibitor agents[8], these drugs have many side-effect and long term complications. α-Adrenergic blocking Drugs causes Hypotension on standing due to pooling of blood in, dizziness, syncope, reflex tachycardia, diarrhea etc.

5α-Reductase Inhibitor agents causes decreased libido, impotence and decreased volume of ejaculate (each in 3-4% patients) gynaecomastia,skin rashes swelling in lips etc. Such type of side-effects is minimal with the *Ayurvedic* drugs which are used here. So Ayurveda provides better option for the management of the *BPH* over the allopathic drugs in respect to the side effect, symptomatic improvement etc.

## CONCLUSION

Since the management of the *BPH* with the *Ayurvedic* drugs and Basti therapy shows better symptomatic improvements with lesser side effect over the allopathic drugs. So Ayurveda provide better option in the management of *BPH* with lesser side effect or without any side effect.

## REFERENCES

1. Campbell and Walsh Urology vol 1 and 2, 9th edition.
2. Bhaisajya Ratnavali of Kaviraj Govind Das Sen edited with Vidyotini Hindi commentary by Kaviraj Shri Ambikadatt Shastri, Shri Rajeshwar Datt Shastri, reprint 2017, Chaukhamba Prakashan Varanasi, 1247: sloke 74-76. (Athanubhut Yoga Prakaran).
3. Chakradatta of Sri Chakrapanidatta, Hindi

commentary Vaidhyaprabha explained by Indradev Tripathi, 2015, Chaukhamba Sanskrit Bhawan, Varanasi, 143: sloke 120-130. (Vaat Vyadhi Chikitsa Prakaran).
4. Bhaisajya Ratnavali of Kaviraj Govind Das Sen edited with Vidyotini Hindi commentary by Kaviraj Shri Ambikadatt Shastri, Shri Rajeshwar Datt Shastri, reprint 2017, Chaukhamba Prakashan Varanasi, 708: sloke12. (Mutraghat Chikitsa Prakaran).
5. Acharya A.R. et al, An Ayurvedic approach to Urinary Disorders, IMS, BHU, 1987.
6. Acharya A.R. et al, An Ayurvedic approach to Urinary Disorders, IMS, BHU, 1987.
7. Essential of Medical Pharmacology, K D Tripathi, 7th Edition, p no. 142.
8. Essential of Medical Pharmacology, K D Tripathi, 7th Edition, p no. 303.
9. Acharya Vaidya Yadavji Trikamji Editor of Hindi commentary on Sushruta Samhita, of Sushrutacharya with Nibandhsangraha commentary of Dalhanacharya and Nyayapanjika commentary of Gayadas, 4th Edition, Chokhambha Sanskrit Samsthana, Varanasi 1980.
10. Sushruta Samhita – 1 and 2, Hindi Commentary by Kaviraja Ambikadutta Shastri-Chaukhambha Sanskrit Samsthan, 6th Edition – 1987.