



BASTI THERAPY IN VATASHTHEELA (BPH): A CASE REPORT

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Article Received on 28/07/2020

Article Revised on 18/08/2020

Article Accepted on 08/09/2020

ABSTRACT

Various *Mutrarogas* along with their management have been described in *Ayurvedic* classics, and of these *Mutraghata* is an important anomaly in which *Vibandha* or *Avarodha* (obstruction in the flow of urine) is a major feature. Among all 13 types of *Mutraghata*, *Vatashtheela*, *Vatakundalika*, *Vatabasti* and *Mootrajathara* resembles with obstructive uropathy. Among them, *Vatashtheela* has very close similarity with BPH based on symptomatology. *Vatashtheela* is the very common condition seen in elderly men. The specific approach which is used in the management of BPH depends on many factors such as age, prostate weight, size, severity of the symptoms, etc. In *Ayurveda*, so many drugs in different forms, dosage and combinations are given for the management of *Vatashtheela* (a type of *Mutraghata*). After referring many *Ayurvedic* texts, mainly two drugs *Narayana Taila* & *Dashamula Kwatha* were selected for the treatment of disease *Vatashtheela*. These two drugs were used in combination in the form of *Basti* (per rectum) in view of a long-term effect. In this research article, a patient of *Vatashtheela* was treated with the guidelines which described in *Ayurveda*. A satisfactory positive result was obtained without any adverse effect.

KEYWORDS: *Vatashtheela*, *Narayana Taila*, *Dashamula Kwatha*, *Basti*.

INTRODUCTION

In the field of *Ayurveda* “*Shalya Tantra*” has a unique speciality in which *Maharshi Sushruta* mentioned not only the most knowledgeable principles of surgery but he has also described the conservative management for different anomalies. Various *Mutrarogas* and their management have been mentioned in all most all the *Ayurvedic classics*. *Vatashtheela* (a type of *Mutraghata*) is one of the *Mutraroga* having similarity with obstructive uropathy, based on symptomatology, due to enlarged prostate gland. It is a condition in which *Apana Vayu* vitiation produces an elevated, mobile and glandular swelling that obstructs the passage of faeces and urine^[1] Based on this description, *Vatashtheela* closely related with Benign Prostatic Hyperplasia (BPH).

Samprapti of *Vatashtheela* is not given separately by any ancient authors. Since *Vatashtheela* is a type of *Mutraghata*, therefore its *Samprapti* will be same as the *Samprapti* of *Mutraghata*. According to *Samprapti* of *Mutraghata*, the aggravated *Vata dosha* (esp. *Apana Vayu*) with vitiation of other *Doshas* produces ‘*Ama*’ which ultimately leads to *Sroto-avarodha*. Finally, vitiated *Doshas* get lodged in *Basti* (Bladder) by

travelling *Sukshma Srotasa* and produces *Mutraghata* due to further vitiation of *Vata dosha* on it.

In modern medical science BPH is managed by conservative treatment such as drugs, hormonal therapy, chemotherapy etc, and finally by surgical intervention (TURP, Cryotherapy, etc.).^[2] Loss of libido, impotence, gynecomastia are the complications associated with hormonal therapy, and morbidity, retrograde ejaculation, impotence are the post-operative complications associated with surgery in old age^[3] Due to drawbacks of these modern management, everyone needs an alternative treatment modality which is non-invasive, cost effective, improves the quality of life, well tolerant, long effective and of course without any adverse effects. Since the provoked *Vata dosha* is the root cause of *Vatashtheela*, therefore the line of treatment is constituted as *Narayana Taila* & *Dashamula Kwatha Basti* (per rectum) for 21 consecutive days to obtain the goal of desire treatment.

CASE HISTORY

A 64-year-old male patient, Mr. XXX, from Roorkee, came to the Shalya OPD No.7 on 25-03-2019, Registration No. S-2861/11196, U.A.U. Rishikul

Campus, Haridwar, India, with chief complaints of Increased frequency of micturition 10-12 times per 24 hrs. (8-9 times in day & 2-3 times in night), Weak urine stream, Intermittency, Feeling of incomplete bladder emptying, Urgency and sometimes Straining since last one year. Patient was asymptomatic before one year. After that he had less or mild symptoms which gradually increased and patient was feeling more discomfort and his daily routine work was disturbed. Patient did not take any treatment for this complaint, and he came to Rishikul Hospital, Haridwar for treatment.

Patient was unmarried and a retired government employee of State Bank of India, used to take vegetarian diet, having good appetite and disturbed sleep. General condition of the patient was fair and he was well oriented and his vitals were normal. The weight of patient was 59 kg and height were 5-foot 4 inch (approx. 162.56 cm).

Preliminary clinical examinations and per rectal examination were done to assess the enlargement of prostate gland. Routine haematological and biochemical investigations were done and the values were within the normal range. The total IPSS (International Prostate Symptoms Score) was 22. The voided volume was 307 ml with 7 ml/sec maximum flow rate which was measured by Uroflowmetry. The Prostate volume was 39.1 cc in USG finding and PSA [Prostate Specific Antigen (Total)] was 2.43 ng/mL, which is within the normal range.

Preparation of Trial Drugs

The trial drug *Narayana Taila* was prepared in Hans Herbals Pvt. Ltd, Sidcul, Haridwar under our supervision as per *Sneha-Paka Kalpana*, and *Dashamula Kwatha* was self-prepared daily as per the *Kwatha Kalpana* mentioned in the classical texts.

Basti procedure

Poorva karma

- The treatment with *Basti* procedure was explained to the patients and a **written informed consent** was taken before starting the procedure.
- Patient was advised to go through the natural urges in the morning and to take a light Breakfast before *Basti* in the morning hours.
- *Basti* materials such as prepared *Narayana Taila*, *Dashamula Kwatha*, sterilized Rubber catheter & Syringe (50/60cc), Gloves & Gauze pieces etc. were kept ready before the application, then after patient had been asked to lie down on the table in left lateral position.

Pradhana Karma

Position

- In the classics, the position that must be followed is left lateral. *Charaka* has given explanation that *Grahani* and *Guda* are coming in the same direction. Therefore, one must follow the same position.^[4]

- Left lateral position i.e. with extended left lower limb, flexed right knee & hip towards chest, on a comfortable table or bed. Perianal area was exposed.

Procedure^[5]

- First of all, *Dashamula Kwatha* was prepared as per *Kwatha Kalpana Vidhi*. After that, 20ml *Narayana Taila* (every day) and 200ml/60ml (in alternate day ie. 200ml in first day, 60ml in second day, 200ml in third day and so on ...) lukewarm *Dashamula Kwatha* was taken in a bowl/container and mixed well to form a colloidal mixture, now with the help of 50/60 ml sterile syringe, the nozzle of which was connected with plain rubber catheter no. 8.
- Now, the tip of the rubber catheter was lubricated by oil. Gently the tip of the rubber tube was introduced into the anal orifice for about four *Angula Pramana* (approx. 10 cms). Patient was asked to be in relaxed state and then slowly medicament was pushed into the rectum by avoiding entry of air in a slow steady manner.
- Then slowly the catheter was withdrawn with little quantity of medicament remaining inside the syringe. Then patient was advised to lie down in supine position, keeping pillow below buttock, and a gentle tap given over the buttocks. Further the patient was instructed to lie down in supine position for a while.

Paschata Karma

- After given *Basti*, the patient was instructed to lie down in the left lateral position or in prone position for 10-30 minutes and to hold the *Basti* material for as long as possible. As the patient gets urge for defecation, patient could pass the stool.
- During the course of treatment patient was advised to have *Laghu & Ushna Ahara* on the same day evening and to avoid *Sheet* (to cold), *Vidaahi* (causing burning sensation), *Vishtambhi* (slow movement in G.I. tract), *Ruksha* (too dry & causes aggravation of *Vata*).

Probable Mode of Action

The selected trial drug *Narayana Taila* contains all the ingredients of *Dashamula* (except *Gambhari*), *Ashwagandha*, *Gokshura*, *Punarnava*, *Atibala*, *Bala*, *Gandhaprasarani*, *Shataavari*, *Rasna*, *Shatapushpa*, *Devadaaru*, *Kushtha*, *Mashaparni*, *Mudgaparni*, *Jatamansi*, *Raktachandana*, *Laghu-Ela*, *Tagara*, *Vacha*, *Paribhadra*, *Saindhava Lavana*, *Tila Taila* and *Godugdha*.^[6] The ingredients of *Dashamula Kwatha* are *Bilva*, *Agnimantha*, *Shyonaka*, *Patala*, *Gambhari*, *Brihati*, *Kantakari*, *Gokshura*, *Shalaparni* and *Prishniparni*.^[7]

The maximum ingredients in this formulation have *Katu*, *Tikta* & *Madhura Rasa*. *Madhura Rasa* having the property viz. *Anulomana* and *Vata-Pitta Shamaka*, *Tikta Rasa* having *Dipana*, *Pachana* and *Kapha Shamaka* property and *Katu Rasa* having *Agni Dipana*, *Ama*

Pachana and *Kapha Shamaka* property. *Laghu Guna* is *Kapha Shamaka* in nature, which possesses the *Agni Dipana* and *Srotoshodhana* properties, *Snigdha Guna* having capacity to pacify *Vata* and *Pitta Doshas*. *Katu Vipaka* normalised vitiated *Kapha*. These properties, exerted pharmacological actions viz. *Dipana*, *Pachana*, *Vilayana*, *Lekhana*, *Shothahara*, *Srotoshodhana* *Mutrala*, *Basti-Shodhana* and *Krimighna*, etc. Further, in *Mutravaha Srotasa Sanga* is removed by these actions, specifically at *Basti shira* that leads to reduction in enlarged prostate gland and simultaneously *Agni Dushti* correction takes place. Since *Mutravaha Srotasa* becomes free from *Avarana* (by vitiated *Kapha*), *Avarodha* (obstruction) and vitiated *Vata* comes to their normal state. Therefore, the functions of *Apana Vayu* is normalised, that results proper clearing of urine in the form of increased urine flow rate.

Most of the ingredients of *Narayana Taila* and *Dashamula Kwatha* having the properties of Diuretic, Anti-inflammatory, Anti-oxidative, Analgesic, Anti-urolithiatic, Anti-spasmodic, Anti-stress, Anti-cancerous, Anti-microbial, etc. *Narayana Taila* is one of main ingredient of *Tila Taila*, that having oleic acid and linoleic acid as chemical constituents.^[8] These are inhibitors of both 5- α reductase and α -blockers activity.^[9-10] Conversion of testosterone into dihydrotestosterone (DHT) is regulated by 5- α reductase inhibition. Thus, the regularization of DHT effectively controls the further growth of the prostate gland and provides relief in the signs and symptoms of BPH.

OBSERVATION AND RESULT

Proper observation was done before, during 21 days of *Basti* therapy and after the completion of *Basti* therapy with 2 months of follow up period. After that following results were observed which is given below -

- Before treatment the **IPSS score was 22** and it was **reduced to zero (0)** after completion of treatment. The patient was asymptomatic with good quality of life. It reflects that *Basti* therapy are very effective in reducing all the symptoms which is included in IPSS.
- The **voided urine volume was 307 ml** with the **maximum flow rate 7 ml/sec** before treatment which became **416 ml with maximum flow rate of 13 ml/sec** after the completion of treatment that was assessed with Uroflowmetry. So, it can be said that it may be possible due to decreased mechanical obstruction and pressure caused by the enlargement of prostate.
- **Prostate volume was 39.1 cc** in USG results before treatment and was **reduced to 25.3 cc** after the completion of treatment. So, it can be said that this trial of *Basti* therapy improved the function of bladder muscles.

DISCUSSION

- *Basti* therapy having the potency to pacify the vitiated *Vata dosha* and improved the bladder function by increasing its tone along with reducing the size of the prostate. Ultimately the bladder outflow obstruction (BOO) was improved that's why improvement in incomplete bladder emptying was found.
- In BPH, hypertrophy of muscles of urinary bladder occurs, and bladder tone affected that's why small amount of urine result as urge for urination that leads to increased frequency of urination. Since *Basti* therapy having the potency to pacify vitiated *Vata Dosha* (esp. *Apana Vayu*) as well as properties like *Balya*, *Rasayana*, *Shothahara*, *Krimihara* etc. of the formulated *Basti* drugs, are helpful to improve the function of muscles of bladder and also reducing the prostate size. Therefore, encouraging effect of therapy was found on Frequency of Urination.
- Intermittency shows that the weak bladder muscle which is unable to completely evacuate bladder in a single flow of urine due to stasis, inflammation, & narrowing of the urethra. The effect of *Basti* therapy was seen on *Vata dosha* and the drugs used for *Basti* shows the properties such as *Mutrala*, *Vata-shamaka*, *Bastishodhaka*, *Balya*, *Shothahara* etc. which have the potency to provide strength to the *Basti-Snayu* and improve the function of bladder which lead to easy release of urine from *Basti* (bladder) without much effort.
- As the internal sphincter function is deranged due to prostatic invasion into the bladder that leads to escape of small amount of urine into the prostatic urethra. So, there is an intense urge to excrete this urine immediately which is called urgency (*Muhurmutrata*). Since formulated drugs used as *Basti* per rectum having *Shothahara* property, it reduces the size of prostate, that's why there is no invasion of prostate into the bladder and decrease in this irritative symptoms will indicate relief in *Vatashtheela* (BPH).
- At this time micturition is probably due to vesical introversion of the sensitive prostatic mucosa because of intravesical enlargement of the prostate due to its (prostate) enlargement, elongation of prostatic urethra occurs & its calibre decreases. This alteration in urethra induces weak urine stream. So, reduction in this symptom reveal that *Basti* therapy having the potency to reduce the root causes of this symptom.
- In the case of BPH, the resistance of the bladder outlet increases and the calibre of prostatic urethra decreases, so that patients with BPH strains during micturition will completely empty their bladder. The relief in this symptom show that the *Basti* therapy having the capability to decrease the bladder outlet resistance & enhance the calibre of urethra by reducing the size of prostate gland and other causes which are responsible for this symptom.

- Provoked *Vata dosha* continues to generate unnecessary contractions of bladder, in which some amount of urine & *Shotha* already exists. Collectively, they generate nocturia. *Basti* therapy pacify *Vata dosha* & *Shotha* of bladder. So, patient comes to ease.

CONCLUSION

Since the management of *Vatashtheela* with the help of *Ayurvedic* drugs *Narayana Taila* and *Dashamula Kwatha* in the form of *Basti* therapy shows better improvement not only symptomatic but also over the prostate size/volume/weight. Therefore, we can say that *Basti* therapy provides better option for the successful management of *Vatashtheela* without any side effects and shows long lasting positive results.

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