Role of Ayurveda in the management of Vatashthila W. S. R. to benign prostatic hyperplasia: a review study

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ABSTRACT

In Ayurvedic texts vatashthila [i.e.; benign prostatic hyperplasia (BPH)] is a one of major urinary disorder described in mutraghata (i.e.; decreased urine flow due to obstruction in urinary passage). It is a very major common problem in geriatric age group in males (usually in 60-70 years of age). Histo-pathologically the prevalence of BPH is age dependent, initiate usually after 40 years of age. More than 50% of men in their 60s and upto 90% of men in their 70s and 80s have some symptoms of BPH. In contemporary science conservative and surgical treatment are given to the patients suffering with BPH. The symptoms of vatashthila have been described in mutraghata resembles to the benign prostatic hyperplasia in modern science. The aim of the study is to focus on various studies done on vatashthila (i.e.; BPH) between 2016-2021. The various studies have been done on efficacy of Kanchnar guggulu, Trikantakadi guggulu, Veertarnadi gana kshaya, Varun bark decoction (Kwath), Ushiradi taila as Uttarbasti and Dhanyak gokshur ghrita yavkshar as Uttarbasti in the management of Vatashthila (BPH). These studies may be very beneficial to improve the toxicity of urinary bladder and to reduce the size of the prostate.

Keywords: Vatashthilla, Benign prostatic hyperplasia, Ayurvedic drugs, Uttarbasti

INTRODUCTION

Sushruta the father of Indian surgery mentioned the urinary disorders in the Mutraghata (suppression or obstruction of urinary flow). The term mutraghata is made up of two words i.e.; mutra (i.e.; urine) and aghata means obstruction of urinary passage. Vatashthila has resembles similar symptoms to benign prostatic hyperplasia (BPH). BPH is a non-malignant enlargement of the prostate caused by cellular hyperplasia. BPH is an ailment commonly encountered in old aged males. Some epidemiological studies have shown that, to a large extent lifestyle factors associated with metabolism including obesity, blood glucose, exercise, and diet also contribute substantially to the development of these conditions. The prevalence of histopathologic BPH is age-dependent, initially starts developing after 40 years of age and more than 50% of men in their 60 years and upto 90% of men in their 70-80 years of age have several symptoms of BPH. It diminish patient’s quality of life. It may also be associated with certain male urologic cancers such as prostate cancer and bladder cancer. Some studies suggested that hormones, inflammation, metabolic syndrome are likely to play a role in BPH and prostate cancer. It is the most common cancer worldwide and the number one cause of death for men in the developed countries.

International surveys study have revealed that a high rate of prevalence of moderate to severe obstructive symptoms in men over the age of fifty years. BPH is a proliferative process that involves both stromal and epithelial elements of the prostate gland. It includes obstructive and irritative urinary symptoms like urinary retention, dribbling of urine, burning micturition. The main symptoms of BPH are increased nocturnal frequency (5-10 times during the night) followed by day and night due to ineffective emptying of the bladder, urgency (urgent desire to pass
urine), hesitancy (difficulty in initiating the urinary stream), pain due to cystitis in suprapubic and loin region. The standard line of treatment of BPH is surgical intervention. It is very difficult to treat them with surgery in old age and possibilities of complication are always present. Hence preferred line of treatment is conservative in these types of patients or those are not suitable for surgical intervention. Sushruta has mentioned various etiological factors like suppression of natural urges (i.e.; vegavardhaka), excessive exercise (i.e.; ativyayam), excessive sexual intercourse (i.e.; ativyavav), too much intake of astringent, bitter, and pungent foods (i.e.; katu and teekshna rasa ahara), excess use of wine and fleshy meat leads to vatsatheela (i.e.; BPH).14 Above mentioned causative factors leads to vitiation of vata dosha that are mainly involved in the pathogenesis (samprapti) of benign prostatic hyperplasia.15 Presence of vitiated vata along with kapha and pittaja undergoes process of cellular proliferation. The action of vitiated Vata over fibrous part, results into hardening of tissues.

According to Ayurveda literature, mutragnaha should be treated with ausadha chikitsa, vastikarma and lifestyle modification. Sushruta has described general guideline for management of all type of mutragnaha (i.e.; obstructive uropathy) with use of kashaya, kalka, avaleha, kshar, madya, asava, snehana, swedana, basti and uttarbasti.16 Sushruta has mentioned the uttarbasti in urological disorders, it is the best treatment modality for vitiated vata dosha and various decoction kalka ghee, avaleha, milk, kshar, alcohol, upnah, sweda, uttarbasti.17 Sneha virechana should be used in all types of urinary disorders.

METHODS

Literary research was done regarding the geriatric healthcare in India and other countries. Emphasis has been given on importance of AYUSH system healthcare in geriatric care in India. Various researches, reports, findings, articles, etc. are studied. Collection of data was done from ayurvedic classical texts/manuscripts, reputed journals, modern medical texts related to treatment on vatsathilaha (i.e.; BPH). Various studies are found on veertarvadi gana kshaya, varun kwath, kanchnar guggulu and ushiradya tail uttarbasti shown beneficial effects in the management of vatsathilaha (i.e.; BPH).

RESULTS

Gupta et al in their study ‘A clinical study to evaluate the efficacy of Trikantakadi guggulu in the management of Vatsathila W. S. R. to benign prostatic hyperplasia, they focused on the effective result of this herbal drug on symptoms of vatsathila like hesitancy and decrease in post residual volume.18,19 The therapy is effective without any adverse effects. Meena et al in their study ‘A clinical study of Veerarvadi Gana Kashaya and Basti therapy in the management of Vatsathila W. S. R. to benign prostatic hyperplasia’.20 In their study they concluded that oral use of veertarvadi gana kashaya and matra basti of mulaka taila is clinically safe and effective therapy. It may be effective in imbalanced level of sex hormone and may improve bladder muscle tone. Shaikh et al in their study ‘Management of vatsathila by Varun bark decoction (kwath): a case report’, in this study they concluded that Varun bark decoction is very effective to improve the symptoms of BPH. Bind A et al in their study ‘A case study of Ushiradai tail Uttarbasti on Vatsathhilla W. S. R. to BPH.21 This study is very effective to give the symptomatic relief and need to be further research on more number of cases for its validation.

Javed et al in their study ‘A clinical study to evaluate the effect of Kanchnar guggulu and Veerarvadi gana kashaya in the management of BPH’, in their study excellent action of vartarvadi kashaya and kanchnar guggulu due both on hormonal and physiological level due to their anti-androgenic and anti-inflammatory effect.22 The effect of drug is also on prostatic size. Jaiswal et al in their study a clinical study on Dhanyak gokshur ghrita and Yavakshar uttarbasti in the management of mutraghata W. S. R. to BPH.23 In their study scientifically they have proven the symptomatic relief in BPH. The prostate size and residual volume was decreased. The trial drug and procedure are effective for treating BPH.

DISCUSSION

BPH is a very burning health problem in geriatric population. The symptoms which affect quality of life of patients are dribbling/scanty micturition, urgency of micturition, hesitancy, nocturnal micturition etc. which are similar to symptoms mentioned in mutraghata like vatakundalika, mutrasanga, vatsathilha, and mutrasteela.24 In Ayurvedic literature the Bladder outlet obstruction (BOO) mentioned under the heading of Mutraghata (obstructive uropathy). Dosh is the main causative factor in the genesis of benign prostatic hyperplasia. To pacify the vitiated vata, vatanulomana drugs and Basti karma (uttarbasti) is the best modality. Vata pacifying Basti (i.e.; uttarbasti) is effective in reducing the symptoms of BPH with decoction of Dasmool, Gokshuradi and Varunadi gana drugs etc, vata and kapha pacifying ayurvedic medicines such as Yavakshara, moolak kshara etc.25 can be prescribed in BPH. Mootra-virechaniya (i.e.; diuretics) and mutra-visodhaniya (i.e.; antiseptics) are also beneficial in BPH like Gokshuradi guggulu, Punarnavdi guggulu etc.27-30

CONCLUSION

BPH affects the quality of life and physiology of urination. Prolonged BPH may result in bladder calculi, haematuria, retention of urine etc. may results into development of hydronephrosis and lastly renal insufficiency. Prostatectomy is a choice of treatment in modern science for the condition. The results of various research studies reviewed on mutraghata especially vatsathheela (i.e.;
BPH) and revealed that vatastheela (i.e.; BPH) can be treated very effectively with Ayurvedic drugs and uttarbasti conservatively. Ayurvedic drugs like Kanchnara guggulu, trikatankadi vati and ushiradi uttarbasti, Varun bark decoction (kwath), veerartvadi gana kashaya, dhanyak gokshur yavakshar uttarbasti shown better results in the improvement of symptoms of BPH to reduce the size of prostate and post residual volume. Other studies also have revealed beneficial effects to improve the symptoms of vatastheela like scanty micturition, hesitancy, nocturia and pain. So Ayurvedic formulations have a great effect in the treatment of BPH without any adverse effect.

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REFERENCES

1. Sushrut S, Ambikadatta S, Chaukhamba Sanskrit Sansthhan. Varanasi: Chaukhamba Sanskrita Sireej; 2011: 538-549.
2. Das S. A concise Text Book of surgery. 3rd ed. Kolkata: Dr. Somen Das Publications; 2016: 1269-1293.
3. Chapple C. Medical treatment for benign prostatic hyperplasia. BMJ. 1992; 304:1198-9.
4. Parsons JK. Modifiable risk factors for benign prostatic hyperplasia and lower urinary tract symptoms: new approaches to old problems. J Urol. 2007;178(2):395-401.
5. Berry SJ, Coffey DS, Walsh PC, Ewing LL. The development of human benign prostatic hyperplasia with age. J Urol. 1984;132(3):474-9.
6. National Institute of Diabetes and Digestive and Kidney Diseases. Prostate enlargement: benign prostatic hyperplasia. USA: NIH Publication; 2006: 7-3012. Available at: http://www.niddk.nih.gov. Last accessed on 02 November 2021.
7. Fenter TC, Naslund MJ, Shah MB, Eaddy MT, Black L. The cost of treating the 10 most prevalent diseases in men 50 years of age or older. Am J Manag Care. 2006;12(4):90-8.
8. McVary KT, Roehrborn CG, Avins AL, Barry MJ, Bruskewitz RC, Donnell RF, et al. Update on AUA guideline on the management of benign prostatic hyperplasia. J Urol. 2011;185(5):1793-803.
9. Tseng CH. Benign prostatic hyperplasia is a significant risk factor for bladder cancer in diabetic patients: a population-based cohort study using the National Health Insurance in Taiwan. BMC Cancer. 2013;13:7.
10. Alcaraz A, Hammerer P, Tubaro A, Schröder FH, Castro R. Is there evidence of a relationship between benign prostatic hyperplasia and prostate cancer? Findings of a literature review. Eur Urol. 2009;55(4):864-73.
11. Siegel R, Naishadham D, Jemal A. Cancer statistics, 2012. CA Cancer J Clin. 2012;62(1):10-29.
12. Das S. A concise Text Book of surgery. 3rd ed. Kolkata: Dr. Somen Das Publications; 2016: 1274.
13. Samhita S, Sharma A. Sushrut vimarshini hindi commentary. 1st ed. Varanasi: Chaukhamba Surbharati Prakashan; 2001: 454.
14. Ørsted DD, Bojesen SE, Nielsen SF, Nordestgaard BG. Association of clinical benign prostate hyperplasia with prostate cancer incidence and mortality revisited: a nationwide cohort study of 3,009,258 men. Eur Urol. 2011;60(4):691-8.
15. Ratnakar Y. Vidiotini Hindi commentary. Laxmipati Shastri Mutraghat Chikitsa, Chaukhamba Sanskrita Sireej Office: Varanasi; 1973.
16. Samhita S, Sharma A. Sushrut vimarshini hindi commentary, Volume II. 1st ed. Varanasi: Chaukhamba Surbharati Prakashan; 2001: 237.
17. Sharma AR, Cuttarantar. Sushruta Samhita. Varanasi: Chaukshumba Surbharati Prakashan; 2008: 29-72.
18. Shastri L. Yogratnakar with Vidiotini Hindi commentary. UTTRA. 2016:443-7.
19. Rajeev K, Rakesh R, Sharma PK, Gupta AK. A clinical study to evaluate the efficacy of trikantakadi guggulu in the management of vatsathila W.S.R. to benign prostatic hyperplasia (BPH). Int J Tech Res Appl. 2016;4(3):43-7.
20. Meena R, Sharma PK, Verma V, Verma S, Sourmi, Sharma SK. A comparative clinical study of veerartvadi gana kashaya and basti therapy in the management of vatsathileha with special reference to benign prostatic hyperplasia. World J Pharma Res. 2018;7(12):516-32.
21. Jyotik OS, Borse NV. A case study of nirgundi (vitex negundo linn.) taila in the management of dushta vrana. Int J Res Ayu Med Sci. 2020;3(3):154-6.
22. Danish J. To evaluate the effect of "kanchnara guggulu and vir-tarvadi gana kashaya" in management of b.p.h (benign prostate hyperplasia). Unique J Ayurvedic Herbal Med Clinical Study. 2015;10.
23. Gupta A, Goyal C, Singh A. A comparative clinical study of Khanda Shunthi and Prasarni Avaleha in the Management of Ama Vata w.s.r. to Rheumatoid Arthritis. Int J Ayurvedic Med. 2010;12(2):954-60.
24. Samhita S, Sharma A. Sushrut vimarshini hindi commentary. Chaukhamba Surbharati Prakashan, Varanasi 1st ed. Varanasi: Udavarta Pratisedha Adhyay; 2001: 454.
25. Samhita S, Sharma A. Sushrut vimarshini hindi commentary. Chaukhamba Surbharati Prakashan, Varanasi 1st ed. Varanasi: Udavarta Pratisedha Adhyay; 2001: 454.
26. Samhita S, Sharma A. Sushrut vimarshini hindi commentary. Chaukhamba Surbharati Prakashan, Varanasi 1st ed. Varanasi: Udavarta Pratisedha Adhyay; 2001: 454.
27. Sushruta S. Ambikadutt S. Chaukhamba Sanskrit sansthahn. Varanasi: Chaukhamba Sanskrita Sireej; 2011:547.
28. Samhita S, Ambikadatta S. Chaukamba Sanskrit Sansthan. Varanasi: Chaukhamba Sanskrit Sireej; 2011: 544-549.

29. Samhita S, Sharma A. Sushrut vimarshini hindi commentary. Chaukhaba Surbharati Prakashan, Varanasi 1st ed. Varanasi: Udavarta Pratisedha Adhyay; 2001: 454.

30. Das S. A concise Text Book of surgery. 8th ed. Kolkata: Dr. Somen Das Publications; 2014: 1277-8.

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