VASTI THERAPY IN THE MANAGEMENT OF BENIGN PROSTATE HYPERPLASIA

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ABSTRACT: The Vasti therapy is highly effective in the management of benign prostate Hyperplasia. It decreases the weight of prostate, residual urine and free serum testosterone level.

INTRODUCTION

Being prostate hyperplasia (BPH) is one of the most common problems causing many urinary symptomatology according to aging process. Hitherto numerous etiopathological theories have been but forward to explain its occurrence e.g. Metabolic, nutritional neoplastic, inflammatory hormonal etc. However it is clear that there are two major factors responsible for the precipitation of BPH i.e the presence of testes and aging.

In Ayurvedic literature many types of Mutra Rogas are described among of them vatastheela and mutrgranthi are very nearer to the BPH according to symptomatology.

The management of this disease is totally based on the tridoshic principle. The activities in the lower one third part of the body are governed by the function of the vata, where downwards mobility function like paseages of urine flatus faces, shukra garbha etc are concerned with apan vayu. Besides on this Ayurvedic principles most of the urological disorders (Mutra Rogas) are due to vitiation of Apan Vayu. According to charka when vayu is vitiated severely there is no remedy other than vasti for pacification. Under that circumstances vastichikitsa is considered as the treatment of choice for such vitiated vatic diseases for normalization vasti suppress the elevated vata, pitta, Kapha “Rakta and also combination of two and three doshas, predominately vasti used in vatic disorders.

MATERIALS & METHODS

Patients were selected in OPD & IPD of Shalya, Sir Sunderlal Hospital, IMS, BHU, Varanasi with the urinary complaints viz difficulty in micturation, Increased frequency of micturation, Retention of urine, Dribbling, Incontinence etc. Each Patient was clinically examined after taking proper clinical history. Then for supporting the diagnosis various investigations doen like blood Urea, serum testosterone level, Urine analysis, SG etc.

Categorisation of patients

This study was carried out in Hundred patients of benign prostate Hyperplasia. These patients were categörised in two groups:-

Group A- Patients with indwelling catheter
Group B – Patients without indwelling catheter
The grading of the enlargement of prostate were done after USG, which follows:

| Grade | Weight of prostate         |
|-------|----------------------------|
| I     | upto 29 gram               |
| II    | 30-59 gram                 |
| III   | 60-89 gram                 |
| V     | more than 90 gram          |

**METHOD OF TREATMENT**

**1) PREPARATION OF PATIENTS**

Before administration of main procedure, for kostha sudhi satshakara churna was given 3-5 gram with luckewarm water at Bed time for three days.

**2) MAIN PROCEDURE**

1. Abhyanga – Vasti & kati pradesh with Narayan tail
2. Nadi Sweda – Vasti & Kati pradesh with Vaspa of Dashmool kwath
3. Vasti:
   A) Anuvashan Vasti - Narayan Tail 50 ml A.D.
   B) Niruha Vasti- Dashmool Kwath 150 ml Narayana tail 30 ml
   The total vasti karma, Anuvashan and Niruha was given upto 21 days.
4. Varun a Kwatha – 50 ml BD
5. Sudha Kupeelu Churna – 60 – 125 mg BD with honey followed by a glass of milk.

**ASSESSMENT**

After 21 days the indwelling catheter was remove of Group A patients were assessed clinical as well as by physical examination, Patients of both group A&B were also examined by laboratory investigations and finding of pretherapy and post therapy were compared.

**RESULTS**

In the study the results are in this study the results are encouraging particularly reduction in weight of prostate, decrease in residual urine and also decrease in free serum testosterone.

Hundred patients of BPH were included in this study out of 100 cases in and according to grade.

**Table No : 1**

| Group A | 61 Patients |
|---------|-------------|
| Group B | 39 Patients |

**Table No : 2**

| Grade | No of Patients |
|-------|----------------|
| I     | 36             |
| II    | 46             |
| III   | 15             |
| V     | 03             |

**Table No 3:-** Incidence of total number of patients and number of relieved and not relived patients after treatment.

In this study all the patients were subjected to vastikarma and observation of pretreatment and post treatment were evaluated.

Ultrasonographic study of relieved and not relieved patients after treatment revealed that maximum 35 patients 76.09% were relieved and minimum 23.91% (11 patients ) were not relived in Grade II. In grade I 26 patients (72.22%) were relieved and 10 patients were not relieved. In grade III 10 patients (66.66%) were relieved and 5
patients (33.33%) were not relieved. In Grade IV out of three, all patients were not relieved. On grand total 71 patients were relieved where as 29 patients were not relieved. (Table No 3)

| Sr. No | Grade | No. of Patients | Relieved Patients | Not relieved patients |
|--------|-------|----------------|-------------------|-----------------------|
|        |       |                | No | %     | No | %     |
| 1.     | I     | 36             | 26 | 72.22 | 10 | 27.78 |
| 2.     | II    | 46             | 35 | 76.09 | 11 | 23.91 |
| 3.     | III   | 15             | 10 | 66.66 | 05 | 33.33 |
| 4.     | IV    | 03             | -- | --    | 03 | 100   |
| Total  |       | 100            | 71 |        | 29 |        |

After the completion of therapy the USG study shows that those patients who got relief after treatment there was reduction in weight of prostate.

The reduction of weight was uniform. In some cases there were no change in weight and in some cases there were no change in weight and in some increases the weight if prostate.

When the reduction of weight of prostate was more than 10 grams it is significant reduction and when the weight of prostate was reduced less than 10 grams that is insignificant reduction (Table No 4)

**Table No 4** The number of cases having significant reduction of weight insignificant reduction of weight and increased weight after therapy.

| Sr. No | Grade | No. of Patients | Significant reduction in weight | Insignificant reduction in weight | Increased weight |
|--------|-------|----------------|---------------------------------|-----------------------------------|------------------|
|        |       |                | No. of Patients | %     | No. of Patients | %     | No. of Patients | %     |
| 1.     | I     | 36             | 21 | 58.33 | 8 | 22.22 | 7 | 19.44 |
| 2.     | II    | 46             | 33 | 71.74 | 8 | 17.39 | 5 | 10.87 |
| 3.     | III   | 15             | 12 | 80.00 | -- | -- | 3 | 20.00 |
| 4.     | IV    | 03             | -- | -- | -- | -- | 3 | 100 |
| Total  |       | 100            | 66 | | 16 | | 18 | |

When summerised there was significant reduction of weight in 66 patients insignificant reduction of weight in 16 patient and in 18 patients increased the weights of prostate.
Table no 5: The Percentage of significant reduction in weight in each grade.

| Sr. No | Total No. of Patients | No. of Patients | Significant reduction of weight in grams. |
|--------|-----------------------|-----------------|------------------------------------------|
|        |                       |                 | Mean weight in grams B.T | Mean weight in grams A.T | Reduction of weight in grams B.T A.T | Percentage of reduction |
| 1.     | 36                    | 21              | 26.82                      | 14.76                      | 12.03                      | 44.85                      |
| 2.     | 46                    | 33              | 40.31                      | 21.35                      | 18.96                      | 47.03                      |
| 3.     | 15                    | 12              | 67.16                      | 48.49                      | 18.67                      | 27.79                      |
| 4.     | 03                    | --              | --                         | --                         | --                         | --                         |

The maximum percentage of significant reduction of weigh 47.03% was found in grade II. In grade III the percentage of weight reduction were 44.85% and 27.79% respectively. (Table No 5&6)

Table no 6: The Percentage of insignificant reduction in weight in each grade.

| Grade | No. of Patients | No. of Patients | Insignificant reduction of weight. |
|-------|-----------------|-----------------|-----------------------------------|
|       |                 |                 | Mean weight in grams B.T | Mean weight in grams A.T | Reduction of weight in grams B.T A.T | Percentage of reduction |
| I     | 36              | 8               | 27.06                      | 19.98                      | 7.08                      | 26.16                      |
| II    | 46              | 8               | 43.24                      | 38.08                      | 5.16                      | 11.93                      |
| III   | 15              | --              | --                         | --                         | --                         | --                         |
| IV    | 03              | --              | --                         | --                         | --                         | --                         |

In the group of increased weight of prostate there were 43.20% 18.34%, 6.27% and 14.25% weight increases in Grade I, III & IV respectively. On that observation there is increase in grade – III maximum percentage weight increases in grade I while minim percent age of weight.

Table no 7: The Percentage of increase in weight in each grade.

| Grade | No. of Patients | No. of Patients | Increase in weight. |
|-------|-----------------|-----------------|---------------------|
|       |                 |                 | Mean weight in grams B.T | Mean weight in grams A.T | Reduction of weight in grams B.T A.T | Percentage of reduction |
| I     | 36              | 7               | 24.21                      | 34.63                      | 10.42                      | 43.20                      |
| II    | 46              | 5               | 42.57                      | 50.38                      | 7.81                       | 18.34                      |
| III   | 15              | 3               | 76.23                      | 81.01                      | 4.78                       | 6.27                       |
| IV    | 03              | 3               | 92.07                      | 105.19                     | 13.12                      | 14.25                      |
CONCLUSION

The above results may be due to the fact the active principle of drugs used in Vasti are absorbed through rectal mucosa and these act locally and systemically. Locally some changes occur in prostatic tissue leading to decreases level of the Dihydrotestosterone (DHT) the accumulation of DHT is responsible for development of benign prostate hyperplasia. After reduction of DHT at prostatic tissue level the prostate tends to normal. In another way the vasti is applied of Luke warm stage. So some amount of vasti drug are absorbed through rectal mucosa and it reaches the prostatic tissue.

Consequently the extra cellular concentration is higher than intracellular cytoplasmic concentration according to these effects the prostatic size reduced and prostate tends to normal volume (Scheme 1)

So this unique and non invasive modality of management could be considered as effective treatment of benign prostate hyperplasia.

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