A Case Study on Efficacy of Karpur Tilatala Utrarbasti in Vatashthila w.s.r. to Benign Prostatic Hyperplasia

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Abstract

Benign Prostatic Hyperplasia is a common senile disease. The present modern conservative management includes use of alpha blockers and 5 alpha reductase inhibitors. In operative management various type of operative may done, out of which most commonly done now a days is TURP . But both of these modalities cause various side effects. Here, Ayurveda has got definite contribution which encourages us to find solution for this burning problem of society. In Ayurveda Samhitas, symptoms of benign prostate hyperplasia are described under Mutraghata. There are 12 types of mutraghata; one of them is Vatashthila. The general treatment of mutraghata includes uttarbasti. Though uttarbasti is a traditionally used therapy, its efficacy is not yet evaluated with karpurtilatala in management of BPH. Uttarbasti is cost effective and it may avoid surgery which ultimately results in increased quality of life of patients. So, in present clinical study, efficacy of tilatalakarpurUttarbasti in vatashthila with special reference to benign prostatic hyperplasia is evaluated.

Keywords

Mutraghata, Vatashthila, Karpur Tilatala Uttarbasti, Benign Prostate Hyperplasia.
INTRODUCTION

Benign prostate hyperplasia is an enlargement of prostate. Symptoms related to BPH are one of the most common problems in the older males. As the prostate enlarges, it causes the narrowing of urethra & subsequent partial emptying of bladder, results in many of the problems associated with BPH. In modern medicine the conservative treatment is very costly and has side effects. Prostatectomy is the primary approach to benign prostate hyperplasia. Even if the surgery is performed, there may be a risk of complications. Considering the complications, recurrence & cost of surgery, it is the need of society to evaluate an alternative option for this most predominant senile disease. There are 12 types of mutraghata; one of them is Vatasthila. In SushrutSamhita, vatasthila is grouped under the title of Mutraghata, the general treatment for mutraghata include uttarbasti. There is a reference in Bhaishajya-ratnawali in mutraghataadhyaya, karpur can be used to cure mutraghata. For the above reason and treatment availability this topic is taken for case study.

AIMS & OBJECTIVES

To study the effect of karpuritaila uttarbasti in vatasthila s.r. to Benign prostatic hyperplasia.

Place of work: Clinical study done at GAC & H Nanded.

Case Report: A 68 yr male was came at OPD of shalyatantra at GAC & H Nanded, presenting complaint since one month:

c/o –

- Incomplete Emptying
- Frequency
- Intermittency
- Urgency
- Weak Stream
- Straining
- Nocturia

On examination:

- General condition was moderate and afebrile.
- Pulse -72 / min
- Blood pressure -140/80 mmhg
- No pallor, no icterus
- Systemic examination – RS – AEBE
- CVS – S1S2 normal
- CNS – Consiousoriented.
- P/A –Mild tendernesepresent, liver ,spleen not palpable.

Nadi -72/min .

Druka –samayak
Mala – samyaka Sparsha – anushna
Mutra - Asamyak Akruti – madhyam
Jivha – niram Shabda – samyak

- Present Illness:
  - Incomplete Emptying
  - Frequency
  - Intermittency
  - Urgency
  - Weak Stream
  - Straining
  - Nocturia

For its management patient was came in OPD of shalyatantra.

Past history: No H/O HTN/DM/any disease.
No H/O of any surgical illness, no any drug allergy.

Local examination - external urethral meatus - normal.
PR Digital - Sever Prostomegaly, Non tender, smooth, firm, elastic enlargement.

Investigation: - HB-12.5 gm%, BSL (R)= 96 mg/dl, HIV 1 & 2 – Non reactive, HBSAg - non reactive.
serum creatine =1.03 mg/dl, blood urea = 21 mg/dl.

Diagnosis: The condition was diagnosed as a Benign Prostatic Hyperplasia.

MATERIAL AND METHODS

- Dose: 20 ml Tiltaila + 250 mg (2 ratti) Karpur.
- Regime: 2 settings of Uttarbasti (each containing 3 uttarbasti) with gap of 3 days.
  - Duration of study: 30 days.
  - Follow up: 0th, 4th, 10th, and 30th day.

Procedure Of Uttarbasti:

- Purvakarma:
  - Informed & written consent was taken before uttarbasti.
  - Supine position was given to patient.
  - Painting & draping of part done.
  - Tiltaila and all instruments including glass syringe and all materials were steam autoclaved in autoclave machine under all aseptic precautions.

- Tiltaila-Karpur Preparation for Uttarbasti

\[
\text{Koshna Tiltaila 20ml (i.e. steam autoclaved)}
\]

\[
250 \text{ mg karpurchurna (poured)}
\]

(Wait for 10 minutes)
Prepared *Tiltaila-Karpur* for *uttarbasti*

- **Pradhankarma:**
  - In aseptic precautions, syringe nasal lubricated with 2% lignocaine jelly & 20cc glass syringe filled with 20 ml *karpurtilataila* was taken into right hand.
  - Lukewarm *karpurtilataila* 20ml was inserted slowly through *mutramarg.* After that, penis was held firmly atleast for 5 minutes to avoid reverse flow of *karpurtilataila.*

- **Paschatkarma:**
  - Patient was kept in same supine position for 15 minutes.
  - Patient was instructed not to void urine for next 2 hours.

**Criteria for Assessment of Therapy:**

<table>
<thead>
<tr>
<th><strong>In the past Month</strong></th>
<th>Not at all</th>
<th>Less than 1 in 5 times</th>
<th>Less than half the times</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>Almost always</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete emptying: How often have you had the sensation of not emptying your bladder?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Frequency : How often have you had to urinate less than every two hours?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Intermittency: How often have you found you stopped and started again several times when you urinated?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Urgency: How often have you found it difficult to postpone urination?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Weak stream: How often have you had a weak urinary stream?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Straining : How often have you had to strain to start urination?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
None | 1 time | 2 times | 3 times | 4 times | 5 times
---|---|---|---|---|---
Nocturia: How many times did you typically get up at night to urinate? | 0 | 1 | 2 | 3 | 4 | 5

Total I-PSS score

Score : 1-7 : Mild 8-19 : Moderate 20-35 : Severe

**Objective Criteria:**
USG with pelvis before treatment and after treatment was observed for

1) Weight of prostate.
2) Post voidal retention volume.

**RESULTS**

**Table 2 International Prostate Symptom Score (I-PSS):**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0&lt;sup&gt;th&lt;/sup&gt; day</td>
</tr>
<tr>
<td>1 Incomplete Emptying</td>
<td>5</td>
</tr>
<tr>
<td>2 Frequency</td>
<td>5</td>
</tr>
<tr>
<td>3 Intermittency</td>
<td>5</td>
</tr>
<tr>
<td>4 Urgency</td>
<td>5</td>
</tr>
<tr>
<td>5 Weak Stream</td>
<td>5</td>
</tr>
<tr>
<td>6 Straining</td>
<td>5</td>
</tr>
<tr>
<td>7 Nocturia</td>
<td>5</td>
</tr>
<tr>
<td>Total IPSS Score</td>
<td>35</td>
</tr>
</tbody>
</table>

**Table 3 Objective criteria :**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>USG Findings</th>
<th>0&lt;sup&gt;th&lt;/sup&gt; day (Before Treatment)</th>
<th>30&lt;sup&gt;th&lt;/sup&gt; day (After Treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Weight of Prostate</td>
<td>64 gm</td>
<td>52 gm</td>
</tr>
<tr>
<td>2</td>
<td>Post Voidal Retention Volume</td>
<td>90 ml</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

**DISCUSSION**

*Karpur* reduces the weight of prostate due to its *tikta, katurasandiekhanguna*, so that the pressure over the prostatic urethra is reduced.
which helps for emptying of bladder. As a result of that post voidal residual urine volume decreases significantly and therefore it reduces the intermittency, frequency, urgency, weak stream, straining and nocturia. *TilatalakarpurUttarbasti* also act on the muscles of bladder and the sphincter, giving strength to them, so that patient can hold the urine and the urgency is markedly reduced. It behaves as an excellent anaesthetic and is also extremely effective for local anaesthesia. It leads to numbness of the sensory nerves in the area of application. Due to detrusor instability and bladder spasm urgency symptom are seen, camphor acts as antispasmodic, it releases the bladder spasm and also give strength to detrusor muscles of bladder, therefore urgency decreases in BPH patients. *Tilatalakarpur* reduces bladder sensitivity by acting as local anaesthetic there by decreasing nocturia. Camphor whenever ingested, enhances the libido simply by revitalizing those parts of the brain that are accountable for sexual desires as well as urges, due to which ratio of androgen and estrogen level is maintained in body, so that weight of prostate decreases. Antioxidant & Antiphlogistic properties of camphor is also useful for reduction of weight of prostate in BPH.

**CONCLUSION**

From above case study it can be concluded that the *TilatalakarpurUttarbasti* is effective in reducing International prostate symptom score, weight of prostate and post residual volume in *vatashthila* (benign prostate hyperplasia).

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