

A Case Study on Efficacy of *Karpur Tilataila Uttarbasti* 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 *Ayurved 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 *karpurtilataila* 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 *tilatailakarpur Uttarbasti* in *vatashthila* with special reference to benign prostatic hyperplasia is evaluated.

Keywords

Mutraghata, Vatashthila, Karpur Tilataila Uttarbasti, Benign Prostate Hyperplasia.



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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 hyperplasia¹. 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 *Vatashthila*. In *SushrutSamhita*, *vatashthila* is grouped under the title of *Mutraghata*, the general treatment for *mutraghata* include *uttarbasti*². There is a reference in *Bhaishajya-ratnawali* in *mutraghata adhyaya*, *karpur* can be used to cure *mutraghata*³. For the above reason and treatment availability this topic is taken for case study.

AIMS & OBJECTIVES

To study the effect of *karpurtilatailauttarbasti* in *vatashthilaw.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 tendernespresent , liver ,spleen not palpable.

- *Astavidhparikshan* :

Nadi -72/min .

Druka –*samyak*

Mala –samyakaSparsha –anushna
Mutra - AsamyakAkruti –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 Prostategaly, Non tender
 ,smooth, firm, elastic enlargement.

Investigation: - HB-12.5 gm%, BSL (R)=
 96 mg/dl, HIV 1 & 2 – Non reactive,
 HBsAg –non reactive.serumcreatin =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*

*KoshnaTiltaila*20ml(i.e. steam autoclaved)



250 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 1** Subjective criteria: International Prostate Symptom Score (I-PSS)⁴

In the past Month	Not at all	Less than 1 in 5 times	Less than half the times	About half the time	More than half the time	Almost always	Score
Incomplete emptying: How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
Frequency : How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
Intermittency: How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency: How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
Weak stream: How often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining : How often have you had to strain to start urination?	0	1	2	3	4	5	

	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):

Symptoms	Score			
	0 th day	4 th day	10 th day	30 th day
1 Incomplete Emptying	5	5	2	1
2 Frequency	5	2	1	1
3 Intermittency	5	4	2	0
4 Urgency	5	3	3	0
5 Weak Stream	5	4	0	0
6 Straining	5	2	0	0
7 Nocturia	5	2	2	1
Total IPSS Score	35	22	11	3

Table 3 Objective criteria :

Sr. No.	USG Findings	0 th day	30 th day
		(Before Treatment)	(After Treatment)
1	Weight of Prostate	64 gm	52 gm
2	Post Voidal Retention Volume	90 ml	10 ml

Karpur reduces the weight of prostate due to *itstikta, katurasa* and *lekhangu*⁵, so that the pressure over the prostatic urethra is reduced

DISCUSSION

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. *TilatailakarpurUttarbasti* 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. *Tilatailakarpur* 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 BPH⁶.

CONCLUSION

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

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