

CASE STUDY

A Single Case Study of *Tilvaka Ghrita Uttarbasti* on *Mutraghata* w.s.r to Benign Prostatic Hyperplasia

Author: Vaibhavi N Patel¹

Co Authors: Harshit Shah², Rajesh Kumar Sharma³, Anjana Dabhi⁴ and Pratixakumari Chaudhari⁵

¹⁻⁵Department of Shalya Tantra, Government Akhandanand Ayurved Mahavidhyalaya, Ahmedabad, Gujarat, India

ABSTRACT

Benign prostatic hyperplasia (B.P.H) is a common condition found in elderly men above 50 years of age & is characterized by a non-malignant enlargement of the prostate resulting from excessive cellular growth of both the glandular and the stromal elements of the gland. In *Ayurveda*, *Mutraghata* basically presented the features related to the Lower Urinary Tract Symptoms (LUTS) and can be co-related with Benign Prostatic Hyperplasia (BPH) in modern parlance. The clinical feature of B.P.H. includes incomplete emptying, frequency, intermittency, weak stream, straining & nocturia etc are found in *Mutraghata* in *Ayurveda*. In this case study, a patient diagnosed with Benign Prostatic Hyperplasia was treated with a *Tilvaka Ghrita Uttarbasti* 20 ml once daily for three days and then 3 days gap given between two cycles for 21 days. Assessment of patient was done by IPSS (International Prostate Symptom Score) and weight of the prostate and post void residual urine volume. After completion of *Uttarbasti* treatment significant relief was observed in symptoms.

Key Words *Benign Prostatic Hyperplasia/BPH, IPSS, Uttarbasti, Tilvaka Ghrita, Mutraghata*

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INTRODUCTION

The percentage of pathological Benign Prostatic Hyperplasia all over the world is increasing now-a-days due to lifestyle modifications. It is a commonly found in elderly men above 50 years of age & responsible for significant morbidity in older age group. The incidence of BPH is increases after the age of 40 years, with a prevalence of 8% - 60% at age of 90 years. The prevalence of Benign Prostatic Hyperplasia rises markedly with increase age. Autopsy studies from the US, Europe, India, China and Japan

shows a rapid increase in frequency of histologic BPH in fourth decade of life and peak of nearly 100% in ninth decade in all populations studied¹. *Acharya Sushruta* has described a *Mutraghata* in *Uttartantra*. It has been described as group of urinary disorders that reflect the symptoms of retention, incomplete voiding, dribbling, hesitancy, incontinence of urine, etc. These are inherently presented the features related to the Lower Urinary Tract Symptoms (LUTS) and can be co-related with Benign Prostatic Hyperplasia (BPH) in modern parlance.

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The aetiology of B.P.H. is unknown. According to one hypothesis infers that the prostate converts testosterone to a more powerful androgen, Dihydrotestosterone (DHT) which stimulates cell growth in the tissue that lines the prostate gland (the glandular epithelium). It is the major cause of the rapid prostate enlargement².

Due to the enlargement of prostate gland, a group of symptoms develop which are called as prostatism. The clinical features of B.P.H. includes incomplete emptying, intermittency, frequency, weak stream, straining & nocturia. For curative relief – 5 alpha reductase inhibitors like Finasteride and Dutasteride whereas, for Symptomatic relief – Alpha blockers like Terazosin, Tamsulosin, Doxazosin, and Alfuzosin is given. However, long-term therapy is required to maintain the benefits these medicines, along with side effects and adverse effects. Further, there are various surgical procedures like prostatectomy, laser treatment & microwave treatment but, transurethral resection of the prostate (TURP) has been the main stay of treatment. Surgery is associated with a high risk of complications and morbidity, including impotence, retrograde ejaculation, haemorrhage, infection, epididymitis, renal failure, stricture of the bladder neck, impotence etc. Additionally, about 20 to 25% of patients do not have a long-term satisfactory outcome surgery³. Therefore, everyone desires a therapy that will be non-invasive, cost effective, well tolerance without any untoward effects. An authentic treatment option for the management of *Mutraghata* is

Basti Chikitsa where no any strict restrictions are required⁴.

The drugs having *Vata Kapha Shamaka* are to be helpful for reducing the size of the prostate and to enhance the urinary bladder tone. So, in this case studies, *Tilvaka Ghrita Uttarbasti* given for 21 days.

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A 43 years old male patient came to OPD of *Shalya Tantra* Department of Government Akhandanand Ayurveda Hospital, Ahmedabad on 30/10/2021 with the complaints of gradually increased frequency of micturition (8 to 10 times/day and 4-5 times/night), burning micturition, incomplete emptying, and hesitancy. He was having these complaints for last 2 years. Gradually his routine life was disturbed. Preliminary clinical examinations and per rectal examination were done to assess the enlargement of prostate. Routine investigations were done like biochemical and haematological, the values were within normal limit. prostate gland size was 30 cc, postvoidal residual urine was 10cc, IPSS was 11.

PROCEDURE OF *TILVAKA GHRITA UTTARBASTI*:

MATERIALS AND METHODS

Material:

Tilvaka Ghrita -20 ml

Equipments:

Sterile Syringe

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Sterile cotton pad

Sterile penile clamp

➤ **PURVA KARMA:**

- 1) Written informed consent of patient
- 2) Investigation
- 3) Emptying of bladder prior to *Uttarbasti*
- 4) Vitals monitored
- 5) Supine position given to the patient
- 6) Local antiseptic care was taken
- 7) Drapping was done
- 8) Sterile glass syringe and penile clamp

➤ **PRADHAN KARMA**

After *Purva karma* under all aseptic precaution 20 ml *Tilvaka Ghrita* was filled in glass syringe and was taken in right hand and its nozzle was inserted gently into the external urethral meatus and slightly external pressure was given to fix the junction. Luke warm *Tilvaka Ghrita* was inserted slowly with slight pressure. After that penile clamp was applied just proximal to glans penis.

➤ **PASCHAT KARMA**

Patient was kept in supine position for 15 minutes and then penile clamp was removed.

Patient was advised to avoid straining and unsafe intercourses

Patient was instructed not to pass urine for next 2 hours if possible.

Procedure was repeated 3 days continuously and then 3 days gap was given upto the 21 days.

RESULTS AND DISCUSSION

Acharya Sushruta, the pioneer of *Shalya Tantra* (surgery) has enumerated the urology in his

legendary text book of surgery, *Sushruta Samhita* by describing anatomy, physiology and pathology of many diseases related to urinary system like *Ashmari* (urinary stone), *Mutrakrichchhra* (painful micturation), and *Mutraghata* (suppression or obstruction of urine) etc. with their management along with diseases of other systems. Based on the clinical symptomatology, *Mutraghata* can be correlate to Benign Prostatic Hyperplasia (BPH). *Mutraghata* is a broad term that can be termed a syndrome because it encompasses the majority of urinary system pathologies. The proper etiology of BPH is not yet clearly understood. The concept of nodular hyperplasia for pathology of BPH has been established but its cause is still not known clearly. In fact, the development of BPH is multi-factorial phenomenon. Currently, there is no strong evidence for risk factors like smoking, vasectomy, obesity or high alcohol intake for developing clinical features of BPH⁵. The only true factors related to the development of the disease are old age and hormonal status. Because serum testosterone levels and steroid produced by the adrenal cortex decrease with age, there is an imbalance between dihydrotestosterone (DHT) and local peptide growth factors. As a result, BPH is more common among the elderly⁶.

As per the aetiopathogenesis of *Mutraghata* is concern, there is deranged function of *Apana Vayu* along with the vitiation of *Kapha & Pitta* produces ama, which ultimately causes *Srotoavarodha*. The vitiated *Doshas* travel through *Sukshma srotasa* & finally lodge in

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Basti, and further vitiation of *Apana vayu* leads to *Mutraghata*. Because, the *Vata Dosha* is the main responsible to produce the Benign Prostatic Hyperplasia / *Mutraghata* hence in this study the line of treatment is instituted as *Vata Shamaka*, *Vatanulomaka*, *Shothahara*, *Lekhana* & *Mutrala* in the form of *Basti*.

Tilvaka Ghrita contains five ingredients i.e. *Aragvadh*, *Trivruta*, *Mrudvika*, *Tilvaka*, and *Vidari* ⁷. All ingredients have *Vata-Kapha Shamaka* and *Virechana* property. Due to this, *Sanga* gets removed from *Mutravaha srotasa* particularly at *Basti shira*. Which leads to reduction in size of the enlarged prostate. As *Mutravaha Srotas* becomes free from *Avarodha* or *Aavarana* caused by vitiated *Kapha* and *Vata* comes to normal state. Hence in this study *Tilvaka Ghrita Uttarbasti* was given in well diagnosed case of BPH. Before treatment IPSS score was 11 and after completion of the treatment IPSS score was reduced to two (as per shown in table no. 1) i.e. patient was asymptomatic with good quality of life.

Table 1 IPSS score before and after treatment

IPSS SCORE	
BEFORE TREATMENT	AFTER TREATMENT
11	2

Table 2 Prostate size before and after treatment

PROSTATE SIZE	
BEFORE TREATMENT	AFTER TREATMENT
30 CC (PVRU-10CC)	24 CC (PVRU-NIL)

The size of prostate before treatment was 30 cc in USG findings and after treatment it was 24cc (as per table no.2 & figure 3 and 4).The post void residual urine volume before treatment was 10cc and after treatment it was Nil.So it can be said

that *Tilvaka Ghrita Uttarbasti* has symptomatic relief in *Mutraghata*.

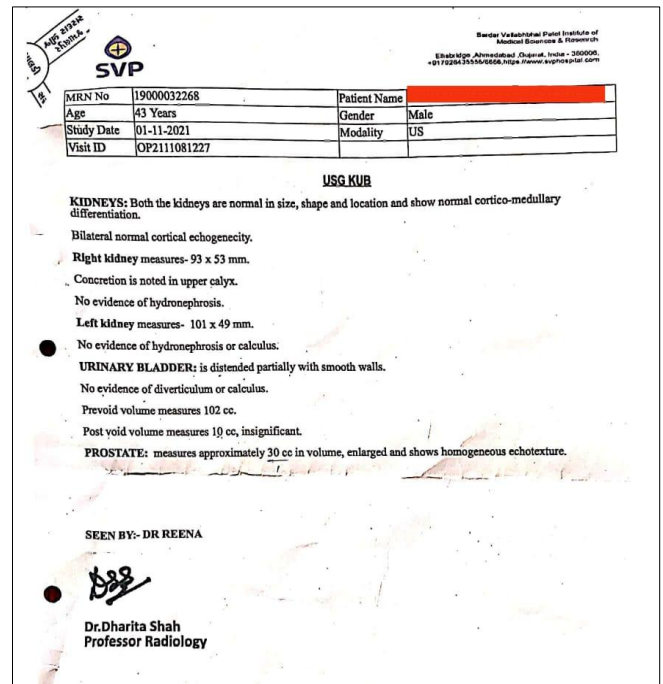


Figure 3 Before Treatment

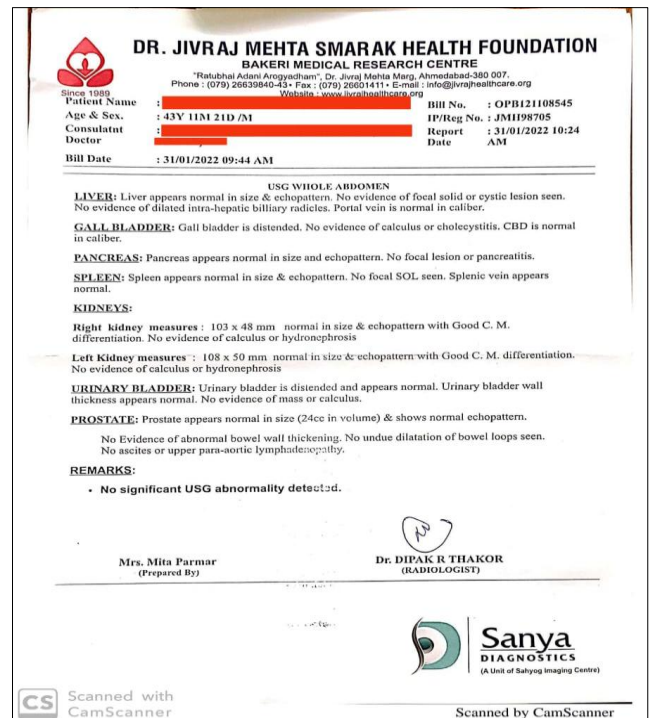


Figure 4 After Treatment

CONCLUSION

This case study highlighted that *Tilvaka Ghrita Uttarbasti* is a simple and effective treatment

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modality for Benign Prostatic Hyperplasia
without any adverse effects.

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