



UTTARBASTI: A TRADITIONAL APPROACH IN THE MANAGEMENT OF MOOTRAGHATA (BENIGN PROSTATE HYPERPLASIA)-A SINGLE CASE STUDY

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ABSTRACT Mootraghata or Bladder outlet obstruction (BOO) is the commonest clinical entity in male population after the age of 40 years worldwide. Benign prostate hyperplasia (BPH) has high number of incidences out from various aetiology of bladder outlet obstruction (BOO). In present case study patient has both cardinal symptoms of BPH i.e, Obstructive- weak stream, intermittency and Irritative – high frequency, urgency and nocturia with sexual dysfunction. Per rectal examination and ultrasonography confirm the diagnosis for benign prostate hyperplasia. Uttarbasti (per urethra) is one of the treatment modalities in the management of Mootraghata or various mootravikara. In present case study 20 cc balataila uttarbasti once in day for two weeks in month at one week interval with kanchanar guggulu one gram three times in day for one month has been given to patient for one month. Patient has relief in subjective symptoms as well as in objective findings.

KEYWORDS : Balataila, BOO, BPH, Mootraghata, Uttarbasti

Introduction

Mootraghata is one of the diseases of Basti region or Mootrasansthan (Urinary system)¹. Basti is known as one of the seat of three maha marma (Most important)². As per all acharyas the disease occurred over marma place is naturally having bad prognosis or difficult to cure³. BOO (bladder outlet obstruction) mostly develops in the elder age male due to prevalence of BPH in old people⁴. Old age people are unable to do routine activities properly due to physiological and anatomical age-related changes in the body. Due to irritative and obstructive symptoms, benign prostate hyperplasia makes condition worse in these people. Sexual dysfunctions are associated with the condition of benign prostate hyperplasia⁵. All acharyas advocated the Uttarbasti is the prime treatment option in management of mootrasansta vikara (Urinary system disease)⁶.

Many of treatment modalities or research work done on the treatment of mootraghata (benign prostate hyperplasia). In almost all study patient was older age or above fifty year⁷. In old age physiological and anatomical changes are the hurdle in taking medicine or intervention and changes are responsible for slowing or delaying effect of medicine⁸.

In this case study patient was forty five year of age. Patient was physiologically and anatomical fit for intervention and medicine are effective in earlier old age also.

Patient information

A 45 years male patient presented in OPD of shalya tantra having following symptoms.

Patient having frequency of urine, urgency and hesitancy since one year.

Dribbling of urine and straining since three months
Patient has no any past medical and surgical history.

Past intervention

Patient taking Tamsulosin hydrochloride 0.4 mg once per day for 3 months from government hospital, but symptoms were static. Patient did not have relief so he comes in Ayurveda OPD for further advice and management.

Methodology

Intervention

Table no 1-Two forms of pharmacological Ayurveda formulation were used as treatment drugs.

Drugs	Route of administration	Dose	Duration
Balataila	Uttarbasti	20 cc once in day	For two week at one week interval

Kanchanar guggule	Orally	1 gm three times in day with water	One month
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Uttarbasti- with informed consent patient was given in supine position. With proper aseptic measures painting with povidone iodine and draping done. Twenty cc of 2% xylocaine jelly pushed into urethra. A ten no. feeding tube inserted into urethra about twenty centimetre and twenty ml of sterilized balataila pushed slowly. The feeding tube withdrawal gently and glans penis covered with sterilized gauze piece and Penile clamp was applied for 15 minute after withdrawal of feeding tube.

Assessment criteria

Patient assessment was done with proper method and protocol given in previous study as

Subjective criteria

- International prostate symptom score (IPSS)⁹
- Male sexual function score (MSFS)¹⁰
- International index erectile function score (IIEFS)¹¹

Objective criteria

- Ultrasonography- Prostate size and post voidal residual urine (PVRU)
- Uroflowmetry

Clinical findings

Table no. 2 Per rectal examination

P/R Findings	
Enlargement of lobes	Right lateral/Left lateral
Shape of prostate	Oval
Surface	Smooth
Upper border	Reached
Median groove	Palpable
Mobility	Movable
Rectal mucosa	Free
Consistency	Soft
Tenderness	Absent
Size of prostate	Moderate

Before treatment clinical assessment

Subjective criteria by scoring pattern:

- Assessment was done with proper application and method using IPSS score according to available previous study, 23 out of 36 was a total score of IPSS score in this patient. Quality of life score fall in mostly dissatisfied attitude. Total scoring showed severely symptomatic.
- Male sexual function score was eight out of twenty. Assessment was done with proper application and method using male sexual

people.¹⁹ Kanchanaar guggulu having anti-inflammatory, anti-cholinergic, scrapping, aphrodisiac stimulant, anti-spasmodic, muscle relaxant and effective in urinary disorder²⁰. These properties of drugs are helpful in treat mootraghata with the direct application of drugs to prostate tissue via uttarbasti.

Uttarbasti is a useful route for direct application of medicine in BPH condition and also may useful case of contradiction of other route i.e; acute fissure in ano for anal route or GIT diseases for oral medicine.

Conclusion

The result obtain in this single case study advocate that balataila uttarbasti with kanchanar guggulu having better result on the mootraghata sign and symptoms.

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