# **Original Research Paper**



# **Ayurveda**

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

Dr Neeraj Kumar\*

Phd Scholar, department of shalyatantra, institute of teaching and research in Ayurveda, Jamnagar, Gujrat, india.\*Corresponding Author

Dr T. S Dudhamal

Associate professor and I/C hod, department of shalyatantra, institute of teaching and research in Ayurveda, Jamnagar, Gujrat, india.

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 actiology 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 mootrasanstha vikara (Urinary system disease)<sup>6</sup>.

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 year? 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 medicine.

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.

	Route of administration	Dose	Duration	
Balataila	Uttarbasti		For two week at one week interval	

k	Kanchanar	Orally	1 gm three	One month
g	guggule		times in day	
			with water	

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)
- Uroflowmetary

## 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			

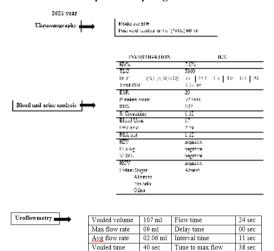
## Before treatment clinical assessment

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

- function score as per available previous study.
- International index of erectile function score was Nineteen out of twenty five. Assessment was done by using IIEF score as per available previous study.

Table no. 3 Time line as per case report guidelines<sup>12</sup>



#### **Objective Criteria:**

#### After treatment clinical assessment

Subjective criteria by scoring pattern:

- 10 out of 36 was a total score of IPSS findings in this patient.
   Quality of life score fall in mostly satisfied. Total scoring showed moderately symptomatic.
- Male sexual function score was eight out of 20.
- International index of erectile function score was 21 out of twenty five

#### Result assessment

# Table no. 6 comparative result of before treatment and after treatment of IPSS findings

S no.	Findings	BT	AT
1	Incomplete emptying	4	2
2	Frequency:	5	2
3	Intermittency:	3	1
4	Urgency	3	1
5	Weak stream	2	2
6	Straining	3	1
7	Nocturia:	3	1
Total score		23	10

Table no. 6 showing findings of IPSS score before treatment and after treatment. Changes in total score showing severally symptomatic prostate has relief to moderate symptoms of prostate.

Table no.7 comparative result of before treatment and after treatment of Male sexual function score

Findings	BT	AT
1. Your interest in sex	4	2
2.Quantity of your erection	3	2
3.Achieving orgasm	3	2
4.Achieving ejaculation	3	2
Total score	13	08

Table no 7 showing difference between before and after treatment result on male sexual function score. Patient finding changes to 13 to eight after treatment.

Table no 8 Comparative before and after treatment findings of International index of Erectile Function Score

Findings	BT	AT
Over the Past six months	4	4
1. How do you rate your confidence that you		
would get and keep an erection?		

_	1	1-0-1-0	
	2. When you had erections with sexual stimulation, how often were your erection s hard enough for penetration?	4	4
	3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	4	4
	4. During Sexual intercourse, how difficult was it to maintain your erection to completion of Intercourse?	4	4
	5. When you attempted sexual intercourse, how often was it satisfactory for you?	3	5
	Total score	19	21

Table no 8 showing difference between before and after treatment result on IIEFS male sexual function score. Patient finding changes from 19 to 21 after treatment.

Table no. 9 Comparative assessment of before and after treatment findings of USG

	BT	AT
Prostate size	43 x 52 x 50	25 x 24 x 32
Prostate volume	55 cc	32cc
PVRU	60 ml	25 ml

Table no. 9 shows changes before and after treatment findings of ultrasonography and PVRU. Prostate size changes from moderate mild size. Post voidal residual urine volume changes to non-significant range.

Table no. 10 Comparative assessment of Uroflowmetary before and after treatment

Findings	BT	AT	Findings	BT	AT
Voided volume	107 ml	180 ml	Flow time	24 sec	42 sec
Max flow rate	09 ml	14 ml	Delay time	00 sec	00 sec
Average flow rate	02.6 ml	5.03ml	Interval time	11 sec	4 sec
Voided time	40 sec	46 sec	Time to max flow	38 sec	32 sec

Table no 10 showing difference in uroflowmetary on given findings.

Table no 11. Intervention tolerability (Assessed by the patient observation by himself)

Day 1	20 min	Day 2	15 min
Day 3	1 hour	Day 4	1hour
Day 5	40 min	Day 6	45 min
Day 7	1 hour		

Patient was asked to hold or retain given balataila uttarbasti as much as possible. Table no. 11 showed day per day holding capacity. No any unwanted sign and symptoms addressed by the patient.

Discussion: IPSS score are divided in irritative and obstructive symptoms, Obstruction due increase size of prostate pressure excreted on bladder and urethra as well irritative symptoms develop due to congestion of mucosa and infection cause by retention of urine.13 Sexual organ of human being has common development and related through physiologically and anatomically with urinary system 14. The prostate is a common organ in anatomy and physiology of Sexual and urinary system15. In Ayurveda basti is called a seat of vata dosha16. Vitiated vata dosha associated with other dosha's are responsible for various disease of basti17. All acharya advocated uttarbasti is a best treatment modality in the case of mootrvaha sansthan roga. Balataila is a compound drug made by tila tail (Sesame oil) and atibala herb (Abutilon indicum linn). Tila taila has vata-kafa shamak ( Tailam vatasleshma prashmanam shrestham)18 produce soothing and relaxant effect on bladder and urethra wall. It soften tissue, increase elasticity, penetrates up to deep tissue and promotes regeneration 18. Sesame oil also has vyavayi (fast in digestion), sukshma (micro) and snigdha (lubricant), which are helps in dilatation of urethra and bladder wall18. Atibala has balya (rejuvenating), bhrungan (nutritive), sothhar (anti-inflammatory) and mootral (diuretric), properties, therefore baltataila has compound properties of anti inflammatary, diuretic, rejuvenating and act as nerve tonic.18 Atibala also have antioestrogenic property which has effect on pathogenesis of benign prostate hyperplasia directly and promote sexual function in male people.19 Kanchanaar guggulu having anti-inflammatory, anticholinergic, scrapping, aphrodisiac stimulant, anti-spasmodic, muscle relaxant and effective in urinary disorder 20. 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.

Acknowledgement: Director, ITRA, Jamnagar

#### REFERENCES

- P.V Sharma, Charak Samhita of Agniveshatantra, Sidhi Sthan, edition-7 part-II, Ch. 09,
- Chaukhambha Orientala varanasi.2005.p.648 P.V Sharma, Charak Samhita of Agniveshatantra, Sidhi Sthan, edition-7 part-II, Ch. 09,
- Chaukhambha Orientala varanasi.2005.p.644 K.K Thakral,Sushruta Samhita of Sushruta, Sharir Sthan,revised edition part-II, Ch. 06, Chaukhambha Orientala. 2019.p. 108 Campbell Walsh, Urology, Prostate, Eleventh edition, Ch. 103, Elsevier, USA; p. 2425
- Campbell Walsh, Urology, Prostate, Eleventh edition, Ch. 103, Elsevier, USA; p. 2440
- 6. K.K Thakral, Sushruta Samhita of Sushruta, Uttartantra, revised edition, Ch. 58, Chaukhambha Orientala.2019.p.567
- Kumar N, Dudhamal T.S, Ayurvedic management of Mootraghata-A systemic review, Asian pacific journal of health science; 2022;09-02.p.01-06.
- Ann L. horgas, Hans-Ulrich Wilms, Marget M. Baltes, Faily life in very old age, The Gerontologist; 1998; 38.05.p.556-568.
  Patel J, Dudhamal T.S, A Standard Controlled Clinical Study of Varuna Shigru Guggulu
- and Balataila Matra Basti in the Management of Mootraghta (Benign Prostate Hyperplasia), Jornal of Research in Ayurveda Science, 2018;2(3):164-171.
- Patrick M, Alexia M, Reproducibility and clinical and concurrent validity of the MSF-4: A four item Male sexual function questionnaire for patient with benign prostate hyperplasia, Value in health;2001;4.p.335-343.

  Joseph C Cappelleri, The International Index of erectile Function (IIEF)-A state of the
- 11. science review, international journal of impotence research; 2002:14.p.226-244
- David S. Riley, Melissa S. Barber, Gunver S. Lienle, Marietta K B, James E C, Joel J G, Care Guideines for Case reports, JCE;2017:89.p.218-235
- Campbell Walsh, Urology, Prostate, Eleventh edition, Ch. 103, Elsevier USA;p.2440-41 Campbell Walsh, Urology, Prostate, Eleventh edition, Ch. 103, Elsevier USA;p.2397.
- 16.
- Campbell Walsh, Urology, Prostate, Eleventh edition, Ch. 103, Elsevier USA;p.2397-98
  Ambikadutt Sastri, Aurveda tattva sandipika, Sushruta Samhita of Sushruta, Sutra Sthan, reprint edition part-I, Nidan sthan Ch. 03, Chaukhambha prakashan.2014.p.314.
- Ambikadutt Sastri, Aurveda tattva sandipika, Sushruta Samhita of Sushruta, Sutra Sthan, reprint edition part-I, Nidan sthan Ch. 03, Chaukhambha prakashan. 2014.p. 315. 17
- Banothe GD, Mahanta VD, Gupta SK, Dudhamal T S, Management of Benign Prostate Hyperplasia with Balataila Matra Basti-A Case Study, IAMJ; 2015:3(3).p.1262-1265
- https://www.bimbima.com/Ayurveda/atibala-indian-mallow-abutilon-indicum-information-uses-and-more/19/
- Tomar R, Kaur G, Sannd R, Singh H, Sarkar B, A review on Guggulu formulation used in
- Ayurveda, Annals of Ayurvedic medicine; 2014:3(4), p.96-107
  Patel J, Dudhamal T S, Gupta S K, Mahanta V, Efficacy of Kanchanaar Guggulu and matra Basti of Dhanyak Gokshura ghrit in Mootraghata (benign prostate hyperplasia), AYU; 2015:36(2). p.138-144