



Case Study

AN AYURVEDIC MANAGEMENT OF BPH BY *UTTARA BASTI* THERAPY (UBT)

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ABSTRACT

Benign Prostatic Hyperplasia is the most common disease condition found in aged men that causes difficulty in micturition, urgency, intermittency and weak stream. The symptoms of BPH are coherent with *Vatashtheela*: one of the 12 types of *Mutraghata*, which is clearly defined by Acharya Sushruta as difficulty in micturition due to growth near bladder neck. A single case study of a 43-year-old man having complaint of increased frequency of micturition, nocturia and straining diagnosed with BPH is being presented here. After taking detailed history and thorough examination UBT was planned for this patient with *Shilodbhidadi taila* which produced admirable symptomatic and clinical results and fulfils the critical need of a therapeutic modality as BPH lowers patients' quality of life (QoL) and places a significant socioeconomic burden on the healthcare system.

INTRODUCTION

BPH is prevalent primarily those over 40 years old characterised by enlargement of the prostate gland brought on by excessive growth of the prostatic tissue. It causes lower urinary tract symptoms (LUTS) like increased frequency, intermittency, urgency and weak stream. *Mutraghata*^[1] has been defined as a syndrome of obstructive urinary pathology due to deranged function of *Vata Dosha*. Acharya Sushruta has given regimen consisting of *Kashaya* (decoction), *Kalka* (paste), *Ghrita* (medicated ghee), *Kshara* (alkalizers) and *Uttara basti*^[2] to combat this condition. In our study, UBT was successful in reducing the size of prostate to a level that it caused symptomatic relief as well as clinical improvement. This study was designed with a novel formulation of *Shilodbhidadi oil*^[3] that establishes an effective treatment protocol to reduce *Vata Dosha* and enhance the function of *Mootravaha Srotasa* using the *Vata-Shamaka*, *Vatanulomaka*, *Shothahara*, *Lekhana*, and *Mootrala* properties.

Case Presentation

- A 43-year-old man teacher by profession presented in Shalya Tantra Mutra rog OPD, with chief complaints of increased frequency of micturition 8-10 times during day time and 3-4 times during night since last 2 years. He complained sudden urge to pass urine and delay when rushes to bathroom and usually takes 1-2 minutes to start micturition resulting in straining.
- His international prostate symptom score (IPSS) was calculated as 22.
- He had no history of surgery, haematuria and previous catheterisation.
- No complaints of co-existing conditions like diabetes, hypertension, or tuberculosis were given by the patient.
- In digital rectal examination, prostate was increased in size, firm in consistency with smooth surface and rectal mucosa was freely movable.
- Routine laboratory analysis was within normal ranges.
- His prostate specific antigen was 2.46ng/dl.
- Ultrasonography reported the weight of prostate 49g with significant 75ml PVRU.
- Uroflowmetry was performed wherein maximum urine flow rate was 7.6ml/sec. Urine analysis was found to be normal and *Uttara basti* therapy was planned.

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Timeline: Table 1

Date	Clinical event/ Intervention
11 April, 2022	Initial assessment and diagnosis
25 April-9 May, 2022	<i>Uttara basti</i> with 30ml of <i>Shilodbhidadi taila</i> (1 st sitting)
25 May, 2022	Reassessment and evaluation
1 June to 15 June 2022	<i>Uttara basti</i> with 30ml of <i>Shilodbhidadi taila</i> (2 nd sitting)
1 August 2022	Final assessment and evaluation

Diagnostic Criteria

- International Prostate Symptom Score (IPSS-based on the guidelines of American Urological Association)
- Digital Rectal Examination
- Ultrasonography in consideration with prostate size and post voidal residual urine (PVRU)
- Uroflowmetry considering average urine flow rate and max urine flow rate.

MATERIAL AND METHODS

Therapeutic Focus

Dose: 30ml^[4]

Duration: 15 days once in a day in two sittings with gap of 15 days after each sitting.

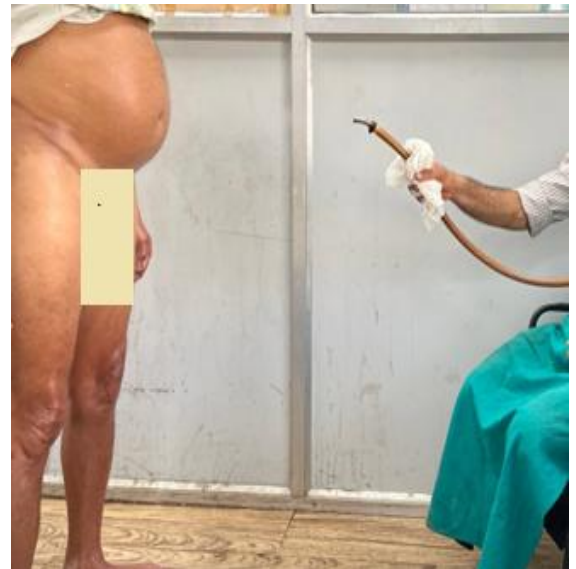
Follow up: 1 month and 2 months

Poorva Karma (Preoperative procedure)

Image 1 (Snehana)



Image 2 (Swedana)



Written consent was taken before the procedure.

- Patient was asked to empty his bladder and perform mild *Snehana* (local oleation) with *Narayan tail* and *Swedana* (local sudation) with *Dashmool kwatha* for 15 minutes over abdomen below umbilicus to mid-thigh.
- **Instruments:** Feeding tube, disposable syringe of 50ml, sponge holding Forceps, bowl for oil, gloves, surgical mask and gown, cotton, gauge pads.
- All the instruments were autoclaved, and procedure was conducted under strict aseptic conditions.

Pradhan Karma (Main operative procedure)



- Patient was kept in supine position exposed from umbilicus to mid-thigh in a well-lit room.
- Antiseptic cleaning and draping was done.
- 2% xylocaine jelly (10ml) was instilled through urethral meatus to achieve lubrication and anaesthesia. Under all aseptic precautions, 30ml of classically prepared lukewarm sterilised *Shilodbhidadi taila* was filled in a 50ml syringe. Its nozzle was fixed to infant feeding tube no. 10 FR

and the tube was inserted gently into external meatus and oil was pushed slowly. Care was taken to avoid the entry of air into the urethra.

Pashchat Karma (Post operative procedure)

- Blood pressure and pulse rate of the patient were recorded.
- Patient was instructed not to void until he feels urge to micturate.
- The patient was assessed for changes in the symptoms at regular intervals

Follow up and Outcome

UBT with *Shilodbhidadi taila* provided:

- Noteworthy reduction in size of prostate from 49g, 40g to 36g on day-0, day-30, day-90 respectively.
- Improvement in Maximum urine flow rate was noted as 7.6ml/sec, 9.4ml/sec and 12.8ml/sec on day-0, day-30, day-90 respectively.
- Reduction in PVRU was noted 75ml, 25ml and 0ml on day-0, day-30, day-90 respectively.
- Improvement in the IPSS score was found as 22 (severe), 15 (moderate) and 9 (mild) on day-0, day-30 and day-90 respectively suggesting significant relief in symptoms.
- Patient did not experience any negative complaint rather than he experienced improvement in sexual function at the conclusion of the study.

Table 2: Effect of Intervention on Assessment Parameters

Parameters of IPSS Score	Day 0	Day 30	Day 90
Incomplete emptying	3	1	1
Frequency	4	2	1
Intermittency	4	3	1
Urgency	1	2	1
Weak stream	4	2	2
Straining	3	2	1
Nocturia	3	2	2
Total	22	15	9

Table 3

Parameter	Day 0	Day 30	Day 90
IPSS Score	22	15	9
Max. Urine Flow Rate (ml/sec)	7.6	9.4	12.8
Prostate Size (gm)	49	40	36
PVRU (ml)	75	25	nil

DISCUSSION

Patients with BPH frequently experience stress and embarrassment from their micturition habits, running in search of a toilet and nocturia that makes matters only worse. There has been great progress in the treatment modalities offered by modern medicine in the last 20 years for the management of BPH one such is Transurethral Resection of the Prostate (TURP) which is considered gold standard, although efficacious, requires the use of anesthesia as well as runs the risk of bleeding, urinary incontinence, retrograde ejaculation, and erectile dysfunction^[5]. Even oral medications complicate by unwanted side effects like impotence, decreased libido, ejaculatory problem and the burden of taking lifelong medications.^[6] To address these treatment shortcomings, non-surgical *Uttara Basti* therapy (UBT) with *Shilodbhidadi taila* is an effective alternative for the patients diagnosed as *Vatashtheela* (BPH).

CONCLUSION

Ayurvedic *Uttara basti* therapy for the management of BPH marks a didactic revolutionary shift in the management of BPH which provides significant reduction in the prostate size, PVRU and improvement in clinical symptoms assessed by IPSS and Maximum urine flow rate. This novel amalgam of UBT with *Shilodbhidadi taila* provides cost effective OPD based minimally invasive procedure for the patients of BPH sparing risks and complications of other therapies available in the present era. It can be a potential bridge between conservative medical treatment and invasive surgical treatment that is practical, effective and may reduce the workload in operating rooms, the burden on the healthcare system, and the need for additional equipment.

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