



A Holistic Approach for The Management of Asthila W.S.R. To BPH: A Case Report

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ABSTRACT

The Histological term BPH (Benign Prostate Hyperplasia) refers in favour of the expansion of smooth muscle and epithelial cells in the transitory region of the "prostate gland". "lower urinary tract symptoms (luts)" are becoming more common and severe, and they are more likely to affect older people. clinical similarities lead to a correlation with "asthila", one of the kinds of "mutraghata", according to all acharyas. the significance of basti in the treatment of "asthila" is also mentioned by acharyas. in this case study, a man visited the parul ayurveda hospital's opd. and was given an "asthila" diagnosis. the patient was managed with "apamaarg kshar sidhha dashamoola taila uttar basti" then oral medicine for the follow-up phase. the patient's symptoms were improved, and the size of the prostate significantly shrank. this line of management may be adopted for large population which does not want surgical approach for this disease.

Keywords: Asthila, Benign Prostate Hyperplasia, Bph, Dashamoola Sidhha Basti, Apamaarg Kshar.

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INTRODUCTION

In older men, benign prostatic hyperplasia and symptoms of the lower urinary tract play a significant role in illness. Growth factors, oestrogen, and androgen all play a part in the pathophysiology of BPH [1]. The international prostate symptom score (IPSS), a questionnaire form with eight written screening tools used to test for quick diagnosis and follow the symptoms of BPH, provides an accessible definition of the symptomatology.[2] The majority of cases of BPH, which typically affects elderly individuals, include development in the transitory zone of the prostate gland, which further compresses the urethra and can partially or completely clog the urinary tract. When BPH begins in the transitory zone, the peripheral zone's glandular and stromal components compress, suggesting lateral lobe enlargement. On the basis of clinical characteristics and histology, *Asthila* is thought to have a close relationship to BPH among the *Mutraghata*s listed by Acharyas. The prostatic gland expands or acquires neoplastic modifications as a result of changes in hormone levels, especially androgens and oestrogens. When it comes to the aetiopathogenesis of *mootraghata*, *apana vayu*'s malfunction is present, along with the vitiation of *kapha* and *pitta*, leading to *in ama* and, finally, *srotoavarodha*. [3] It is mostly brought on by *Vayu* blockage in the rectum and bladder, which results in mobile, raised tumours and restriction of the route. Both surgery and conservative treatments are options for the therapy. As one of the main therapy techniques for *Mutraghata*, *basti* offers patients a way to avoid or delay surgical treatments in addition to considerable symptom alleviation.

CASE REPORT

A 63-year-old man from a family of upper middle class who works as an executive officer in the public sector presented to the OPD of Parul Ayurveda Hospital with complaints of Urge to urinate frequently, frequently at night, difficulty in holding the urge, feeling of incomplete urine evacuation, dribbling of urine at the end of the stream, weak urine stream, difficulty starting the urine, repeatedly stopping and starting the urine while urinating since seven years. The patient nearly always felt as though he hadn't emptied his bladder upon inquiry. Additionally, the frequency of the urination increased; the patient now feels the urge to urinate roughly every two to three hours. Typically, patients had trouble controlling their need to urinate. He had trouble sustaining the stream of urine since it was so faint. To start urinating, the patient frequently has to exert effort. The patient has irritation due to the frequent need to urinate, the urge to urinate at night, and difficulties resisting the urge to urinate. All the symptoms develop gradually and are of moderate intensity. The symptoms were interfering with both nighttime sleep and day activity. The patient was preventing from drinking anything after 8:00 pm since drinking water increases the patient's urination during the night urge. This suggests that the symptoms worsen with increasing fluid intake and

are somewhat relieved with decreasing fluid intake. The patient's job description required long stretches of time without breaks, intense labour, and the occasional holding of urine for hours. In the last three years patient have seen a larger decline in sleep quality. Patient sought care at a private hospital, where he got a USG that revealed prostatomegaly with a substantial postvoid urine volume and a "PSA" result of (2.1 ng/ml) that indicated no cancer indicative of the diagnosis of BPH. Patient was then advised to choose surgery, but he declined. For the same, the patient was given prescriptions for the tablets "Silodosin 8 mg O.D. and Trazodone 50 mg B.D". After four to five months, he stopped using the medication after finding relief from the symptoms. Since three months ago, the patient has experienced a recurrence of the same type of symptoms, which are interfering with his daily activities. He came to Parul Ayurveda Hospital for further management since he does not want to undertake the surgical intervention recommended by the modern doctors.

ON "General examination"

Gait: normal

Decubitus: sitting

Faces: normal

Pallor: absent

Icterus: absent

Cyanosis: absent

Edema: absent

Clubbing: absent

Lymph nodes: not palpable

Pulse: 80/min with regular rhythm and adequate volume.

Respiration rate: 18/min

Blood pressure: 110/70 mm of hg

Temperature: 98 f

Systemic examination

1. Locomotory system: no abnormality found
2. Respiratory system: Air entry bilateral present and clear
3. Cardiovascular system: S1 and S2 found normal
4. Gastro intestinal system: Abdomen was soft and non-tender
5. Central nervous system: Conscious and oriented
6. Genito urinary system: increased frequency of micturition (Day 5-7 times)
(Night 2-3 times)

Assessment criteria

- **IPSS scoring** (Before treatment IPSS score was 34)
- **Prostate Size** (Before treatment size of prostate was 38cc)
- **Uroflowmetry** (The normal urine flow ranges from 10 to 21 millilitres per second. A slow or low flow rate might indicate a weak bladder, an enlarged prostate, or a blockage in the urethra or at the bladder neck.)

Diagnostic criteria

- **Digital Rectal Examination**
 - Sphincter tone normal
 - No bulging felt
 - Prostate palpable
 - Mucus membrane freely movable over the prostate
 - No sign of prostatitis as well as proctitis.
- **Ultrasonography**
- **Uroflowmetry** (Before treatment post voiding residual of patient was 172 ml)

IPSS questionnaire

Over the past month, how often have you...	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	YOUR SCORE
1. ... had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
2. ... had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
3. ... stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. ... found it difficult to postpone urination?	0	1	2	3	4	5	
5. ... had a weak urinary stream?	0	1	2	3	4	5	
6. ... had to push or strain to begin urination?	0	1	2	3	4	5	
7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None	Once	Twice	3 times	4 times	5 times or more	
TOTAL							
8. QUALITY OF LIFE DUE TO URINARY SYMPTOMS							
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?							
Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied & dissatisfied	Mostly dissatisfied	Unhappy	Terrible	
0	1	2	3	4	5	6	

13

MATERIAL AND METHODS

1. "PURVA KARMA"
2. "PARDHAAN KARMA"
3. "PASCHAAT KARMA"

PURVA KARMA

Patients was instructed for free from all natural urges. Apamarg Kshar Sidhha Dashmool Tail Uttar Basti was made lukewarm before administration (Doub boiler procedure).

Equipment:

50ml Disposable syringe,
Sterile gloves and gauze piece,
Sponge holding force,
Sterile green reusable hole sheet and towel clamp,
Bowl,
Kidney tray was kept ready.

Patient was asked to lie in supine position.

Monitoring of vitals was continued till the completion of our approach.

PRADHAAN KARMA

Thoroughly painting and draping the genitalia including surrounding area with antiseptic solution. UTTAR BASTI was administered in the time duration of 30 matra kala (approximately 30 second) through urethra with the help of syringe.

PASCHAAT KARMA

Patient was instructed to lie in a supine position for 10 to 15 minutes after the procedure.

Vitals was monitored, all were in with in normal limits.

General condition of patient was good.

Pratyagamana kala of Basti was noted.

Intervention given to the patient

from 22/12/2022 to 29/12/2022

1. Uttar basti of Dashmool taila with Apamaarg kshar
2. Shiva gutika 2 BD
3. Punarnavadi Kashaya 30 ml BD

OBSERVATIONS AND RESULTS


With therapy, the patient's condition progressively became better. The symptoms of frequent urination, night time urination, difficulty holding the urge, feeling of incomplete urination, weak urine stream, difficulty in starting the urine, dripping urine at the end of the stream, and stopping and resuming the urine flow while urinating, and disturbed sleep were all significantly reduced after the start of the treatment. These symptoms improved again after the follow-up period.

Investigation


BEFORE TREATMENT		AFTER TREATMENT
SIZE OF PROSTATE	38 cc	30.6 cc
IPSS	34	14
POST VOIDAL RESIDUAL	172 ml	50 ml

Before treatment
USG: 38 cc of prostate

172 ml of post voidal residual in uroflowmetry



U-LAB at Medicare Hospital
(A UNIT OF LAHOTI MEDICARE PVT. LTD.)
4/5, Ravindra Nagar, Old Palasia, INDORE-452 018 (M.P.)
Ph.: 0731-4271600, 2490577, 2492621, 4065616-17-18 • Fax : 4266243
Mobile : 88899-12611, E-mail : medicarehospitalindore@gmail.com
Website : www.medicarehospitalindore.com



• PATHOLOGY
• MICROBIOLOGY
• BIOCHEMISTRY
• BLOOD BANK

UHID : 165929
PATIENT NAME : XYZ
AGE/SEX : 62 YEARS/MALE
CONSULTANT DOCTOR : Dr LAHOTI R. K. MS.FRCS,FACS

VISITID : O000428524
ORDER DATE : 07/09/2022 12:19:00
SAMP. DATE : 07/09/2022 12:48:00
SPEC. NO : 10753290
RESULT DATE : 07/09/2022 14:00:00
BILL : 2223013649

DEPARTMENT OF PATHOLOGY
PSA (PROSTATE SPECIFIC ANTIGEN)

SPECIMEN : BLOOD

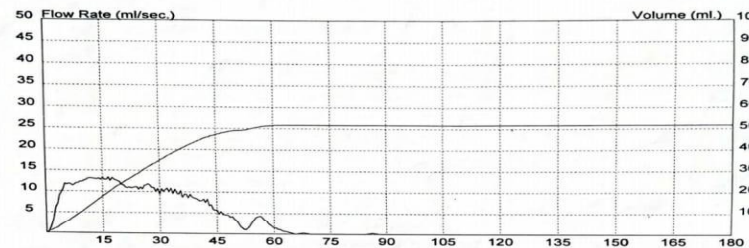
NAME OF TEST	RESULT VALUE UNIT	REFERENCE RANGE
PSA (PROSTATE SPECIFIC ANTIGEN)	2.1 ng/ml	age year range ng/ml 40 49 0 - 2.5 50 59 0 - 3.5 60 69 0 - 4.5 70 79 0 - 6.5

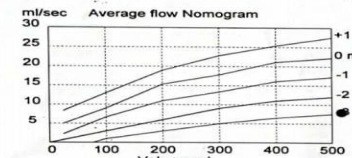
PARUL SEVASHRAM HOSPITAL
LIMDA
WAGHODIA
VADODARA

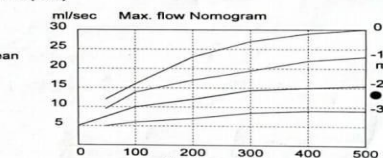
OPD

UROFLOWMETRY REPORT

Patient ID: PSH-288571 Test No: 01 Date: 22/12/2022 Time: 03:34:40
Name: XYZ Address: XYZ Age: 63 Sex: M
Phone: Symptom: Referred by:







CHARACTERISTICS

Voided Volume : 516.9 ml.	Voided Time : 65 secs.
Max. Flow Rate : 13.4 ml/sec.	Flow Time : 65 secs.
Computed Max Flow : 12.9 ml/sec.	Time To Max : 16 secs.
Average Flow Rate : 8.0 ml/sec.	Delay Time : 0 secs.
Computed Av. Flow : 8.0 ml/sec.	Interval Time : 0 secs.

Post Voiding Residual(PVR) : 172 ml

COMMENTS

Santron Meditronic, India santronmeditronic@gmail.com www.santronmeditronic.in



PARUL AYURVED HOSPITAL
Teaching Hospital of Parul Institute of Ayurved
RADIOLOGY DEPARTMENT



USG REPORT

Name : XYZ
Date : 23/12/22 Age / Sex : 63y 1m

Abdominal and Pelvic Ultrasound

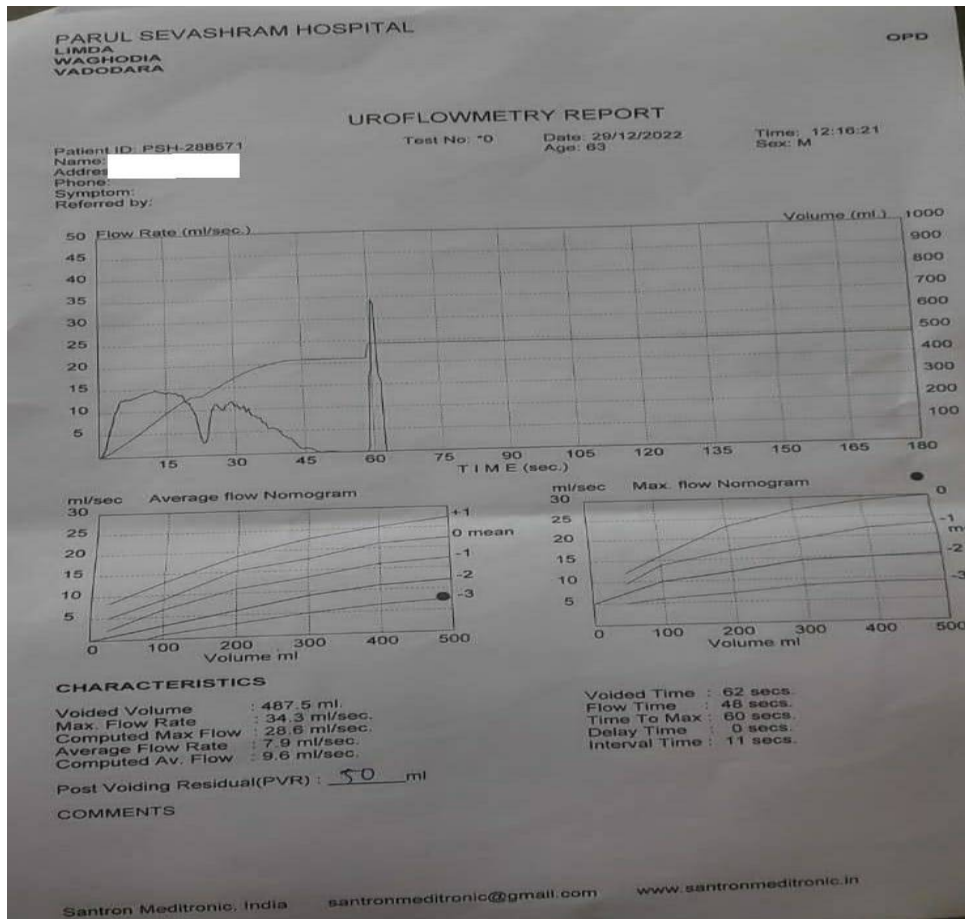
- Liver** : Liver size : (N). The hepatic parenchymal echo texture- fatty. Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.
- GB** : Well distended. No calculus/sludge is seen. The wall thickness is normal. No pericholecystic fluid.
- CBD** : Normal in diameter.
- Spleen** : Size- (N), 91 mm. Normal Echopattern. No focal lesion is seen.
- Pancreas** : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated.
- Kidneys** : Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation. No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.
 (102x51 mm - Rk)
 (104x46 mm - Lk)
- Para aortic region** : Aorta and the IVC appear normal. No lymph node enlargement is seen.
- Others** : There is no ascites.
- Bladder** : Distended, (N) Prevoid - 300^{cc} Postvoid - 172^{cc}
 Prostate - 38^{cc}, enlarged
volume volume
- Conclusion** : → Grade I fatty liver.
→ Prostatomegaly

Dr. Jigaw
Consultant Radiologist

P.O. Limda, Ta. Waghodia, Dist. Vadodara. Phone : 02668 - 260225

After treatment
USG: 30.6 cc of prostate

50 ml of post voidal residual in uroflowmetry



PARUL SEVASHRAM HOSPITAL
(Parul Institute of Medical Sciences & Research)
RADIOLOGY DEPARTMENT
USG REPORT

Name: [REDACTED]
Date: 29/12/22 Age / Sex: 63 / M

Abdominal and Pelvic Ultrasound

Liver : Liver size : 163 mm, enlarged. The hepatic parenchymal echo texture - fatty Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.

GB : Well distended. No calculus/sludge is seen. The wall thickness is normal. No pericholecystic fluid.

CBD : Normal in diameter.

Spleen : Size - N Normal Echopattern. No focal lesion is seen.

Pancreas : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated.

Kidneys : Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation. No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.

Para aortic region : Aorta and the IVC appear normal. No lymph node enlargement is seen.

Others : There is no ascites.

Bladder : Bladder - Distended and shows wall thickness of 3.6 mm. Prostate → 30.6 cc, (enlarged)

Conclusion : → mild hepatomegaly & grade I fatty liver.
→ Changes of cystitis
→ Borderline prostatomegaly (30.6 cc), and shows median lobe projection measuring 10 mm into the base of bladder

Dr. NIKET
Consultant Radiologist

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PARUL AYURVED HOSPITAL
Teaching Hospital of Parul Institute Of Ayurved
Parul University Limda, Vadodara, Gujarat 391760

Patient's Name : [REDACTED]
Referred by : Dr. Vikram (s.t)
Date : 29/12/2022 12:58
Hospital No : 22027524

Ref. No. 7524
Age 63 Years
Sex Male
IPD 224656

HEMOGRAM

Test Name	Result	Units	Biological Reference Interval
Hemoglobin :	12.4	g/dl	[13.0-18.0]
Total RBC Count :	4.35	mill/cmm	[4.7-6.0]
Blood Indices			
P.C.V. :	34.2	%	[42-52]
M.C.V. :	78.62	femtolitre	[78-100]
M.C.H. :	28.51	pg	[27-31]
M.C.H.C. :	36.3	g/dl	[32-36]
R.D.W. :	15.5	%	[11.5-14.0]
Total WBC Count :	9900	/cmm	[4000-10000]
Differential WBC Count			
Polymorphs :	88	%	[60 - 70]
Lymphocytes :	08	%	[20 - 40]
Eosinophils :	02	%	[1 - 4]
Monocytes :	02	%	[2 - 6]
Basophils :	00	%	[0 - 1]
Platelet Count :	167000	/cmm	150000-450000

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Test Name	Result	Units	Biological Reference Interval
After 1 hour :	<u>22</u>	mm	[M: 1 - 7 / F: 3 - 12]

Signature.

DISCUSSION

"ASTHILA":

"Ashtila Uttarapathe Deergha Vartula Pashana Vishesha".

Ashtila is located right below the Basti and above the Guda pradesha. It is a long, spherical, apple-shaped, ball-like, and rocky structure. It is a spherical enlargement. Structure and its place in the body have been very thoroughly elucidated by Acharya Sushruta. It is situated in "Shakrunmarga", or between "Basti" and "Guda Pradesha". [4]

"Deerghavartula pashana visheshaha" - It denotes a long, round, apple-like, and rocky structure. [5]

PROBABLE MODE OF ACTION OF DASHMOOL TAILA

In order to get Apana Vata back to its normal functioning, the major management principles should be Margashodhana and Vatanulomana. The effects of the components in Dashamoola, including Kapha-vatahara, Vatanulomana, Shothahara, Bastishodhana, Balya, and Rasayana, are well documented. Due to the "Tila-Taila" processing method, which possesses the dual attributes of "Karshananam brimhanayalam sthoolanam karshanayacha," these materials are processed in this manner. Gaining direct access to "Basti," the seat of Mutraghata, with the aforementioned qualities of Dashmoola Siddha Taila causes Basti to be

thoroughly cleansed by the "Lekhana" quality of "Tila Taila," which lessens Vimargagami Vata. Since these substances are Balya and Rasayana, they provide the structures of "Basti" "strength," resulting in the right functioning of Apana Vata, and as a result, the act of urination is returned to normal as before. As the names 'Ruksha' and 'Klanta' imply, these people have emaciated channels, which would naturally hinder Vata's ability to pass through them and cause regular functioning. As previously mentioned, the Taila causes the Srotoshodhana and Brimhana acts, cleaning the channels to allow for healthy Vata circulation. The Uttara Basti will unquestionably dissolve the Samprapti of the sickness. [6]

PROBABLE MODE OF ACTION OF KSHAR

Kshara are alkaline substance extracted from the water-soluble ash of drugs. In Ayurveda, kshara is considered as supreme among all Surgical and Para surgical measures due to its chedya (excising), bhedya (puncturing), lekhyia (scraping), and tridoṣahara property and can be employed for treating specific conditions. Kshara results in the elimination of aggravated doṣas in the basti (Urinary bladder) because of its cleansing and corrosive property.

Due to its chedana, bhedana and sodhana property, it can reduce the size of prostate. The Ushna, Tikshna property of Kshara helps to break dosha Sanghata, thereby reducing the pain. Ropana property of Kshara helps in reducing the haematuria. Vatasamaka property of the drug normalises the function of Apana vayu. [7]

PROBABLE MODE OF ACTION OF PUNARNAVADI KASHAAY

The Punarnavadi decoction reported in Chakradatta Shotha Chikitsa includes Guggulu as an adjuvant along with Punarnava, Devadaru, and Shunthi. Punarnava's roots are said to contain laxative and diuretic effects, which might have helped with the most prevalent presenting ailment—swelling—by reducing it. The anti-inflammatory, immune-modulating, and diuretic effects of devadaru are present. Devadaru contains vitamin C as an active ingredient. Studies have demonstrated that by enhancing thyroid function, "natural antioxidant" treatment, such as vitamin C, can cure thyroid damage and stop harmful effects on health. Devadaru also contains Lekhana activity. These qualities of Devadaru may have aided in weight loss. Shunthi has gastrointestinal, analgesic, and Vata-Kapha pacifying effects that stop the development of Ama. The pathogenesis itself can be corrected by preventing the production of Ama. [8]

PROBABLE MODE OF ACTION OF SHIVA GUTIKA

According to myth, "Lord Shiva" is said to have given his son "Lord Ganesh" the "Shiva Gutika" remedy to treat "Premeha", a syndrome that includes clinical disorders such as diabetes, metabolic syndrome, and obesity. Other than this, there hasn't been more information of the traditional applications for this herb combination. Shilajathu, the main ingredient in the Shiva Gutika, is said to increase immunity by soothing the three humours.

It possesses antioxidant, analgesic, immuno-modulatory, antiviral, antimicrobial, antivenom, anti-diabetic, anti-venom, anti-hypolipidemic, and anti-venom properties.

Additionally, it is said to strengthen the body (Balya), enhance skin tone (Varna Prasadana), scrape off excess tissue, split, and eliminate unhealthy substances from the body. [9]

CONCLUSION

Life's science is ayurveda. Ayurveda's ultimate goal is to provide everyone with advice on how to maintain and develop their health as well as prevent diseases, which are the greatest roadblocks to achieving dharma. [10] The Ayurveda have the special branch which deals with the preparation of formulations. Oral drugs and parasurgical treatments, which are minimally invasive in Ayurvedic Surgery, have been reported to improve patient "quality of life" and lessen disease symptoms. The patient may have been able to avoid or delay the need for surgical intervention thanks to the care, or they may have been deemed unfit for the procedure. The fact that a patient who was advised to undergo surgical intervention responded favourably to a straightforward treatment procedure boosts faith in the Acharyas' views. The results were positive, opening up the possibility of more research on a sizable sample to generalise the aforementioned management strategy for BPH.

DECLARATION OF PATIENT CONSENT

The patient has provided his approval for the publishing of the case and other clinical information in the journal, the author attests to having acquired a patient consent form. The patient is aware that while every attempt will be made to keep his identity a secret and that only his initials will be used, anonymity cannot be guaranteed.

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