

Case Report



Ayurveda management of Benign Prostatic Hyperplasia - A case report

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ABSTRACT :

Introduction: Elderly men often suffer from benign prostatic hyperplasia (BPH), for which there is no effective conservative treatment. The two broad categories of *Mutraghata* (obstructed urine) and *Mutrakrichha* (dysuria) have been used to describe all urinary diseases. **Clinical Findings:** Micturition frequency has increased approximately 8-10 times a day and 3-4 times a night during the last two years. Other lower urinary tract symptoms (LUTS) reported by the patient were dysuria, urgency, hesitation, terminal dribbling, nocturia, and disrupted sleep. **Diagnosis and Therapeutic Interventions:** Clinical examination associated with the patient's symptoms, followed by USG findings, confirms the diagnosis of BPH, which can be closely correlated with *Mutraghata* in Ayurveda. The patient was treated with *Shamana* (Pacification) and *Shodhana* (Purification) therapies, complemented by dietary and lifestyle modifications. **Results:** Remarkable changes were seen as the condition improved from Grade IV to Grade II. The weight reduced from 67.8 grams to 31.44 grams, the post-void residual volume dropped from 178 cc to 18 cc, and the International Prostate Symptom Score (IPSS) improved from 27 to 2. **Conclusion:** The adopted treatment approach for a period of 90 days has improved IPSS scoring and reduction of prostate size, with no adverse events. The patient is performing his normal routine activities without any discomfort, further research is necessary to validate the results.

KEYWORDS: Benign Prostatic Hyperplasia, Urology, Ayurveda, *Mutraghata*, *Mutrakrichra*

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1. INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is a prevalent condition among elderly men, with no definitive conservative cure currently available with a high incidence of 92.97% in India. [1] The involvement of growth factors, estrogen, and androgen are estimated in the pathophysiology of BPH manifestation. [2] This condition is treated with Alpha blockers which work by relaxing the smooth muscle of the bladder neck and prostate. Alpha blockers include alfuzosin, tamsulosin, silodosin and surgical interventions like Transurethral Resection of the Prostate (TURP). [3] Existing surgical and minimally invasive treatments come with their own limitations.

In Ayurveda, the term *Mutraghata* refers to low urine output due to obstruction in the urinary passage. It can be considered a syndrome as it encompasses most of the entities of the urinary system. [4] These features are related to Lower Urinary Tract Symptoms (LUTS) and Bladder Outflow Obstruction (BOO), thus correlating with the disease BPH in modern terminology. [5] *Mootraghata* is believed to develop due to the deranged function of *Vayu*, particularly *Apana Vayu*. [6] *Acharya Sushruta* recommended a regimen consisting of *Kashaya* (decoction), *Kalka* (paste), *Ghrita* (medicated ghee), *Kshara* (alkalizers), and *Basti* (medicated enema). The patients are in search of alternative medicines as it has impact on their socioeconomic status and non-willingness to the surgery. This case is notable for demonstrating the successful application of Ayurvedic principles in managing benign prostatic hyperplasia (BPH). Ayurvedic treatment for benign prostatic

hyperplasia (BPH) is effective with good surgical outcome and improves the patient's quality of life.

2. CASE REPORT

A 63-year-old male, presented with Polyuria i.e., 8-10 times (day) and 3-4 times (night) for the past 2 years. Other lower urinary tract symptom (LUTS) includes urgency, terminal dribbling, dysuria, hesitation, nocturia, and disrupted sleep. The patient experienced discomfort during urination and uneasiness when passing stool. Medical history was non-specific and had irregular dietary habits. He had a history of surgery for renal calculi (12 mm in the left kidney) in 2018 and was on medication for hypertension Telma-Beta 50 i.e., Telmisartan (40mg) + Metoprolol Succinate (50mg).

Clinical Findings

General examination revealed that he was moderately built with good nutrition. Pallor, icterus, cyanosis, clubbing and lymphadenopathy and oedema were absent, with normal vitals. Systemic examination and Genito-urinary showed normal findings. Digital rectal examination revealed an enlarged prostate, further confirmed with ultrasonography.

The International Prostate Symptom Score (IPSS) Symptom which includes the scoring of the symptoms like Incomplete emptying, Frequency, Intermittency, Urgency, Weak Stream, Straining, Nocturia were assessed and it turned out to be 27, which means severe (20-35).

Available investigations – Ultrasonography of abdomen and pelvis showed impression of solitary gall bladder polyp with bilateral mild hydronephrosis and hydroureter with residual back pressure changes. Grade

IV (moderate to gross) prostatomegaly with significant post voidal urine.

Time line

Table 1: Showing the Disease Progression and Treatment

Sl.no.	Year	Symptoms	Intervention
1.	2016 (November)	Polyuria, Increases micturition frequency, Nocturia, Dribbling, Hesitation	Diagnosed as Grade 2 prostatomegaly, started with diuretics and alpha blockers.
2.	2017 (March)	Complaints persisted after discontinuation of Medicine	same medication
3.	2018 (January)	Same complaints	Tab <i>Chandraprabha Vati</i> Varunadi Kashayam Tab <i>Gokshuradi Guggulu</i>
4.	2018 (March)	Complaints Reduced	No Intervention
5.	2018 (September)	Polyuria, Increases micturition frequency etc.	<i>Mutraghat Kashayam</i> Tablet <i>Chandraprabha vati</i>
6.	2019 (November)	Moderate reduction in Symptoms	Patient discontinued the medication without medical advice from March 2019.
7.	2020 (February)	Moderate reduction in symptoms	<i>Mutraghat Kashayam</i> Tablet <i>Chandraprabha vati</i> Prosturon Powder <i>Kashayam</i>
8.	2024	Complete relief. No reoccurrence of the symptoms after a follow up of 4 years.	

Diagnostic Assesment

Urethral stricture, Bladder neck obstruction, Cystitis and BPH were considered as differential diagnosis. BPH diagnosis was established on the basis of presenting symptoms, results of the inspection, IPSS score, digital rectal examination and ultrasonography. The pathogenesis includes *vata kapha dosha* (humour), *dushya* (which gets vitiated) as *mamsa dhatu*, *mala* (excreta) as *purisha* and *mutra*, *Mandagni* (depleted digestive fire), *srotas* (channels) as *mutravaha* and

sukravaha, *Sanga as srotodusti*, *Abhyantara roga marga* (pathway of internal disease) and *krichra sadya vyadhi* (difficult to cure disease). *Mutrakricchra*, *mutragranthi*, *vatashteela* were considered for the diagnosis as the symptoms of all the disease mimics the clinical features of BPH.

3. INTERVENTION

The treatment was planned considering the clinical features and pathogenesis of the disease. *Shamana*, *shodhana* (Table 2) along with dietary considerations

were planned as per the classics. *Mutraghat Kashayam*, *Chandraprabhavati*, *Prosturon Kashaya* were administered orally, *Kala basti* (medicated Enema) pattern was followed with *erandamuladi niruha basti* and *pippalyadi anusvasana basti* for a period of 15 days. The patient received dietary recommendations, advising adherence to regular meal timings and the consumption of freshly prepared, easily digestible foods (Table 2).

Conversely, he was counselled to avoid heavy-to-digest items, including dairy products, jaggery, refined products, sour items, cabbage, cauliflower, and turnip. Lifestyle modifications were also suggested, such as stress avoidance, refraining from daytime sleep, and maintaining a consistent sleep-wake cycle with early awakening.

Table 2: Showing Oral Medication and Panchakarma Therapies.

Sl. no.	Plan of Care	Duration in Days			
		Day 1 st (November 3, 2019 to November 18, 2019)	Day 30 th (December 3)	Day 60 th (January 3, 2020)	Day 90 th (February 4, 2020)
1.	<i>Sarwanga Abhyanga with Moorchita Tila Taila</i> followed by <i>Bashpa Sweda</i> .	✓			
2.	<i>Ushana Jala Avgahana</i> Two times a Day.	✓			
3.	<i>Kala Basti</i> alternate day Sequence <i>Anuvasna Basti</i> at night after dinner. <i>Pippalyadi Anuvasana Taila</i> 80 ml	✓			
4.	<i>Erandamoola Niruha Basti</i> in morning <i>Erandamoola Bharad Kashaya</i> - 500 ml Honey - 40 ml <i>Saindhava</i> - 6 gm <i>Vastiamayantaka Ghrita</i> - 100 ml <i>Shatpushpa Kalka</i> - 30 gm	✓			
5.	<i>Mutraghat Kashayam</i> 100 ml TID before meals	✓	✓	✓	✓
6.	Tablet <i>Chandraprabhavati</i> 250 mg 2 BID after meals	✓	✓	✓	✓
7.	<i>Prosturon Powder Kashayam</i> 100ml TID after meals	✓	✓	✓	✓
8.	<i>Dadimadi Ghritam</i> 5 ml BID before meals with hot water		✓	✓	✓
<i>Kala Basti</i> Pattern (Medicated enema given for 16 days)					

DAYS	1	2	3	4	5	6	7	8
BASTI	A	N	A	N	A	N	A	N
DAYS	9	10	11	12	13	14	15	16
BASTI	A	N	A	N	A	A	A	A
A- Anuvasana basti, N – Niruha basti BID- Twice daily, TID – Thrice in a day								

4. FOLLOW UP AND OUTCOMES

The patient was advised for follow up and the changes in the symptoms were assessed regularly. Substantial improvements were observed in Dysuria, Insomnia, anal

discomfort during follow up after 30th, 60th and 90th days.

Ultrasound examination during follow up showed a marked reduction in the size of prostate (Table 3). No adverse events were reported during follow up period.

Table 3: Showing evaluation of IPSS, Digital Rectal Examination and Ultrasonography

Assessment Particulars	Day 1 st (November 3, 2019 to November 18, 2019)	Day 30 th (December 3)	Day 60 th (January 3, 2020)	Day 90 th (February 4, 2020)
IPSS Scoring				
Incomplete voiding	3	2	0	0
Frequency	4	3	2	1
Intermittency	3	2	1	0
Urgency	3	2	1	1
Weak stream	3	1	0	0
Straining	3	1	0	0
Nocturia	4	1	0	0
Quality of life due to Urinary Symptoms	4	1	0	0
Total Score	27	13	4	2
Direct Rectal Examination	Enlarged prostate, firm in consistency with a smooth surface and rectal mucosa was freely movable.	Enlarged prostate, firm in consistency. No tenderness	Enlarged prostate firm in consistency with a smooth surface & rectal mucosa was freely movable. No tenderness	The prostate feels rubbery and firm, with a smooth surface and a palpable sulcus between the left and right lobes. No tenderness and no nodularity.
Ultrasonography			Prostate weight 67.8gms Bilateral Hydronephrosis and	Prostate weight 31.44gms No evidence of

			Hydro-ureter Grade IV Prostatic Hypertrophy Post void residual urine 178 ml	Hydronephrosis. Grade II Prostatic Hypertrophy Post void residual urine 18 ml
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5. DISCUSSION

This case report showcases several strengths, notably its detailed documentation of the patient's clinical presentation, diagnostic evaluation, and treatment outcomes. The utilization of Ayurvedic principles in managing benign prostate hyperplasia provides valuable insights into alternative therapeutic approaches for Prostate disorders. The successful resolution of symptoms and significant improvements observed in ultrasound findings underscore the effectiveness of Ayurvedic interventions in this particular case. However, several limitations should be acknowledged. This as a single case report, generalizability to broader populations may be limited, and the outcomes observed may not be representative of all patients with benign prostate hyperplasia. Despite these limitations, this case report offers valuable insights into the potential role of Ayurvedic interventions in managing prostate disorders, warranting further research and exploration in larger, controlled studies.

Mutraghata Kashayam contains *varunadi Kashaya* drugs and *trunapanchamula* which is indicated in *Mutraghata* (BPH), *Ashmari* (urinary calculi), *Mutrakriccha* (dysuria). [7]

Chandraprabha Vati exhibits synergistic effects with a range of pharmacological properties, it exhibits anti-

inflammatory effects by inhibiting cyclooxygenase (COX) and prostaglandin pathways, specifically in BPH. [8] Prosturon Powder contains *Varun*, *Shigru*, *Gokshur*, *Kushmanda*, *Shatavari*, *Prishnaparni*, *Tanduliyaka*, and *Kustha*. Each of these ingredients contributes to its therapeutic efficacy like reducing inflammation, and maintaining balance among the *doshas*.

Abhyanga (oil massage), *Swedana* (sudation therapy), and *Basti* (medicated enema) are recommended for managing *Mutraghata*. The ingredients of *Erandamoola niruha basti* which are well-documented for their *Vatahara* (alleviating Vata) and *Shothahara* (anti-inflammatory) actions. [9] The medicated ghee used was *Vastyamayantaka Ghrita*, which is indicated for all types of *Mutraghata* and aids in protection of vital areas. [10] The decision to adopt the *Kala Basti* pattern is based on an assessment of the extent of *Vata* vitiation and its potential to disrupt the haemostatic balance of the other two *Doshas*. This pattern of *Basti* is selected after considering the individual's strength etc.

6. CONCLUSION

The present case was treated *Shamana* and *Shodhana* therapies for a period of 90 days. No adverse events occurred during the course of the treatment. The Improvements were seen in IPSS scoring (Incomplete voiding, Frequency, Intermittency, Urgency, Nocturia

etc.) from 27 to 2 during assessment period on 60th and 90th day. Improvements in ultrasonography showed changes from grade IV to grade II BPH. The positive outcomes observed suggest that adopted treatment can serve as a promising therapeutic option for BPH. Further research and exploration of Ayurvedic interventions in prostrate disorders can contribute to evidence-based findings, formulate policies, and create treatment protocols for treating BPH.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - Initially overwhelmed by discomfort and worries about my health, I found comfort in Ayurveda's holistic approach. The personalized treatment plan, dietary changes, and herbal medicines not only eased my physical symptoms but also made me feel more in control and balanced.

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