

2.9 GENITO-URINARY DISEASES

2.9.1 Benign Prostatic Hypertrophy (*Aṣṭhīlā*)

Introduction

A condition in which a non-cancerous growth of the prostate gland makes urination frequent, difficult and uncomfortable is called benign prostatic hypertrophy (BPH). BPH rarely causes symptoms before age 40, but more than half of men in their sixties and 75% by age of 80 have some symptoms of BPH. It is a common part of ageing. Prevalence rates are 2-7% for men aged 45-49, increasing to 24% by the age of 80 years⁴⁸.

If left untreated, BPH can be a progressive disease. Incomplete voiding may result in urinary tract infections in these patients.

Descriptions of BPH are closely resembles with the clinical features of *Aṣṭhīlā*. It is one of the 13 types of *Mūtrāghāta* (obstructive uropathies) described in *Ayurveda*. *Aṣṭhīlā* is a mobile and elevated swelling, which obstructs the passage of urine and faeces. Generally *vāta prakōpa āhāra* (like dry, cold and light food in insufficient quantities) and *vihāra* (like starvation, over exertion and suppression of urine) aggravate *vāta dōṣa* which leads to *Aṣṭhīlā* (*Pauruṣa granthi vūddhī* - Prostate gland enlargement)

Aetiology

The exact aetiology of BPH is unknown; however, ageing process is an important causative factor for BPH. In addition, prostatic growth is directly related to presence of Dihydrotestosterone (DHT) also. Initially, prostate growth takes place at puberty and again around fifth decade of life, which continues for the rest of man's life. This process involves a heterogenous and glanular hyperplasia of the prostate.



Clinical features

The most common symptoms of BPH are

1. Frequent urination, especially at night
2. Urgency of urination
3. Hesitancy and intermittency
4. Leaking or dribbling of urine
5. Interrupted weak stream
6. Bladder pain/ dysuria
7. Urine incontinence
8. Prolonged emptying
9. Urine retention (in severe BPH)
10. Hematuria

Complications

1. Urinary tract infections
2. Urinary stones
3. Blood in the urine
4. Hydronephrosis
5. Urinary retention

Investigations/Examination

1. Digital rectal Examination
2. Urine analysis
3. Ultrasound : Kidney, Ureter, Bladder
4. Cystoscopy
5. Serum Prostate Specific Antigen (PSA) Blood test
6. Prostate Biopsy
7. Uroflowmetry



Management approaches

a. Prevention of complications of BPH

1. Usage of wheat, old rice, *mudga* (green gram) juice, *kulattha* (horse gram), *yava* (barley) water, *rasona* (garlic), *haridrā* (turmeric), *ādraka* (ginger), *paṭola* (snake gourd), *śigru* (drum stick), coconut, cucumber, watermelon, coriander, cumin seed, sugarcane, grapes, butter milk etc.
2. Consume of adequate liquids
3. Avoid pea, black gram, spinach, *jāmun*, mustard, sesame and excess hot and spicy food

b. Medical management

Line of treatment

1. ***Samśōdhana Cikitsā*** - (Bio-cleansing therapies) /other therapeutic procedures followed by *Śamana cikitsā* (Palliative therapy) should be advocated. But it should be decided by physician according to the condition of the patient whether *Śōdhana* therapy (Bio-cleansing therapies) is beneficial or not.
 - i. *Avapīḍaka snehapāna* with *Vastyāmayāntaka ghr̥ta*, single dose of 200 - 300ml
 - ii. *Avagāha sveda* (Sitz bath) for 15 days with warm water or decoctions like
 - *Pañca valkala kvātha*
 - *Triphalā kvātha*
 - *Daśamūla kvātha*
 - iii. *Vasti*
 - *Uttara vasti* with *Varuṇādi ghr̥ta/ Śatāvaryādi ghr̥ta* 30-50 ml for 3 days (Each *Uttara vasti* is given with a gap of three days).
 - *Mātrā vasti* with *Varuṇādi ghr̥ta/ Śatāvaryādi ghr̥ta* 30-50 ml for 14 days

The dosage (per dose) should be decided by physician according to severity of the disease and condition of the patient.

2. Drug therapy



SINGLE DRUGS

Drug	Dosage (per dose)	MOA ^s / Vehicle	Duration*
<i>Gokṣura (Tribulus terrestris Linn.) cūrṇa</i>	3-6gm	Water	15 days
<i>Paṣāṇabheda (Bergenia ligulata (Wall.) Engl.) cūrṇa</i>	1 -3 gm	Water	15 days
<i>Harītakī (Terminalia chebula Retz) cūrṇa</i>	3 gm	Lukewarm water at bed time	15 days
<i>Varuṇa (Crataeva nurvola Buch. and Ham.) kvātha</i>	10-20 ml	Water	15 days
<i>Punarnavā (Boerhavia diffusa Linn.) kvātha</i>	10-20 ml	Water	15 days

COMPOUND FORMULATIONS

Drug	Dosage (per dose)	MOA ^s / Vehicle	Duration*
<i>Tṛṇapañcamūla kvātha</i>	10-50 gm	Water	15 days
<i>Bṛhatyādī kaṣāya</i>	15-30ml	Water	15 days
<i>Gokṣurādi guggulu</i>	1-1.5 gm	Luke warm water/ <i>Mustaka kvātha</i> (decoction made from <i>Cyperus rotundus</i>)	15 days
<i>Kāñcanāra guggulu</i>	1-1.5gm	Luke warm water	15 days
<i>Chandraprabhā vaṭī</i>	1-1.5 gm	Water	15 days
<i>Śveta parpaṭī</i>	750-1250 mg	Water/ <i>Nārikela jala</i> (Coconut water)	15 days
<i>Dhānvantara ghr̥ta</i>	15 ml	Warm water	15 days
<i>Varuṇādi ghr̥ta</i>	15-30 ml	for <i>uttar Vasti</i>	3 days
<i>Śatāvaryādi ghr̥ta</i>	15-30 ml	for <i>uttar Vasti</i>	3 days
<i>Candanāsava</i>	10-20 ml	Water	15 days
<i>Punarnavāsava</i>	10-20 ml	Water	15 days



§MOA - Mode of administration

* Initially 2 times in a day after meal for 15 days followed by condition of patient and physician's direction.

NOTE: Out of the drugs mentioned above any one of the drug or in the combination may be prescribed by the physician. The duration of the treatment may vary from patient to patient. Physician should decide the dosage (per dose) and duration of the therapy based on the clinical findings and response to therapy.

c. Yogic Practices - The following *yogic* practices are beneficial in BPH; however, these should be performed only under the guidance of qualified *Yoga therapist*. Duration should be decided by the *Yoga therapist*.

1. *Vajrāsana, Siddhāsana, Gomukhāsana, Pādāṅguṣṭhāsana, Guptāsana, Paścimottānāsana, Sarvāṅgāsana, Pavanamuktāsana* etc.
2. *Aśvini mudrā, Mūlabandha, Nāḍī śodhana, Śītalī prāṇāyāma*

Counselling - Advice the patient to

1. Urinate when ever the urge and at regular intervals
2. Take plenty of fluids, but in divided quantities at regular intervals
3. Try to evacuate bladder completely
4. Practice kegel exercise: simply tighten and relax the pubo-coccygeus muscles for 3 seconds about 20-30 times a day for strengthening the pelvic floor
5. Practice *yoga* to reduce stress
6. Restrict high caloric and high fat diet
7. Avoid drinking large amounts of fluid at one time and especially at night
8. Avoid alcohol and caffeine, especially after dinner.
9. Avoid drinking water within 2 hours before going to bed
10. Try to avoid decongestants and antihistamines, which can worsen BPH symptoms

Indications for referral

1. Incontinence of urine
2. Recurrent urinary infection
3. Recurrent blood in the urine
4. Urinary retention



COSTING DETAILS

Approx. costing of BPH management

S.No.	Medicine	Requirement	Unit	Rate in Rs.	Cost in Rs.
1.	<i>Gōkṣura cūrṇa</i>	90-180	gm	0.3	27-54
2.	<i>Pāṣāṇabhēda cūrṇa</i>	90-180	gm	0.7	63-126
3.	<i>Harītakī cūrṇa</i>	90	gm	0.27	24.3
4.	<i>Varuṇa kvātha</i>	300-600	ml	0.3	90-180
5.	<i>Punarnavā kvātha</i>	300-600	ml	0.3	90-180
6.	<i>Tṛaṇapañcamūla kvātha</i>	100-150	gm	0.28	28-42
7.	<i>Bṛhatyādi kaṣāya</i>	300-600	ml	0.23	69-138
8.	<i>Gokṣurādi guggulu</i>	30-60	gm	1.25	38-72
9.	<i>Kāñcanāra guggulu</i>	30-60	gm	1.2	36-72
10.	<i>Candraprabhā vaṭī</i>	30-60	gm	2	60-120
11.	<i>Śveta parpaṭī</i>	22.5-37.5	gm	3	68-104
12.	<i>Dhānvantara ghṛta</i>	450	ml	0.45	210
13.	<i>Varuṇādi ghṛta</i>	45-90	ml	0.41	19-38
14.	<i>Vastyāmayānthaka ghṛta</i>	200-300	ml	0.625	125-188
15.	<i>Śatāvaryādi ghṛta</i>	45-90	ml	0.625	28.5-57
16.	<i>Candanāsava</i>	300-600	ml	0.118	36-71
17.	<i>Punarnavāsava</i>	300-600	ml	0.127	38-76

Approx. costing of *Pañcakarma* procedure in BPH **

S.No.	<i>Pañcakarma</i> procedure	Days	Rate in Rs./ day	Cost in Rs.
1.	<i>Avagāha sveda</i> (Sitz bath)	15	100	1500
2.	<i>Uttara vasti</i>	3	100	300
3.	<i>Mātrā vasti</i>	7	100	700

