

## ROLE OF VARUNADYA TAIL MATRABASTI IN THE MANAGEMENT OF BPH

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### ABSTRACT

In old age, decline in each organ ensues independently resulting into multiple diseases like HTN, DM, Osteoporosis, Cataract etc. because of impaired compensatory mechanism. Urinary problems due to Benign Enlargement of Prostate is most common and frequent problem faced by old male person, which often significantly reduces quality of life. In Ayurvedic texts various uropathies and their management have been described under title of “Mutraghata and Mutrakriccha”. Mutraghata, a clinical entity predominated by the symptom of “Aghata” (either suppression or obstruction) to the flow of urine due to the vitiated Vata has been extensively described by all the Acharyas. Out of these Mutragranthi (Type of Mutraghata) resemble with prostatic hyperplasia on the basis of symptomatology. Therefore thought to be managed by Vata-alleviating procedures especially incorporating a set of principles based on the Chikitsa Sutra of Mutraghata. Acharya Sushruta and other Acharyas explained the management of Mootraghata in which Basti is one of the chief treatment modality. So present clinical study was planned to be conducted for evaluating the effect of Varunadya tail MatraBasti in the management of Benign Prostatic Hyperplasia.

**Keywords:** Varunadya Tail, Matrabasti, Benign Prostatic Hyperplasia.

### INTRODUCTION

Benign prostate hyperplasia is one of the most prevalent obstructive uropathy confined to lower urinary tract of advanced age group people. Multi factorial hypotheses and heterogeneous pathology in manifestation of disease creates problem in the development of universally effective remedy. A number of theories have been proposed to explain its occurrence like hormonal, neoplastic, inflammatory, metabolic, nutritional etc. According to Sushruta samhita (Dalhana), मूत्राघातो मूत्रावरोधः।, सु. 3. ५८/१ (डल्हण) [1].

Mootraghata means obstruction to the urinary passage. Acharya Sushruta (600 B.C.) has well defined clinical entities leading to retention of urine i.e. Mootraghata. Mootragranthi is one of them. It's clinical symptomatology closely resembles with signs & symptoms of Benign Prostatic Hyperplasia.

Studies conducted on Benign Prostatic Hyperplasia patients from India suggests Benign Prostatic

Hyperplasia as the most common pathological condition with an incidence of 92.97% (n=185) and 93.3% (n=200). (Endocrinology Division, Central Drug Reserch Institute, Chatrapati Sahu Maharaj Medical University (CSMMU), Lucknow [2].

The management of Benign Prostatic Hyperplasia is divided into conservative, medical and surgical with latest technological advances but each of them has its own limitations. Prostatectomy involves transurethral or open surgical removal of hyperplastic tissue. Although it is found effective in 85 – 90 % of patients, the procedure is not free from complications. There may be early complications (Paralytic ileus, Haemorrhage, Clot retention, Wound infection etc.) [3].

Ten patients having mild to moderate symptoms of BPH were treated with Varunadya tail Matrabasti. The statistical analysis as well as clinical study shows that Varunadya Tail significantly help to reduce the symptom complex of Benign Prostatic Hyperplasia [4].

## MATERIALS AND METHOD

Patients suffering from Benign Prostatic Hyperplasia were selected for clinical study on random basis attending the OPD and IPD of Govt. Ayurved Hospital, Nagpur. A special proforma was prepared in which detail examinations of Benign Prostatic Hyperplasia patients recorded. The International Prostate Symptom Score based on the 'American Urologists Association' score-sheet was used to assess the Subjective complaints before and after the treatment schedule. For Objective parameters Ultrasonography of prostate was carried out and parameters such as prostate size (in terms of volume), weight, residual urine were recorded before and after the treatment schedule.

### Sample Size

Total 10 patients were selected on the basis of symptoms of BPH & treated with Varunadya Tail Matrabasti.

### Treatment Plan

**Drug-** Varunadya Tail  
**Dosage form –** As a Matrabasti  
**Dose –** 60 ml  
**Route of administration–** Anal  
**Time of administration –** Once a day, after meal  
**Duration of therapy –** 15 days.

Varunadya Tail was prepared by Snehapaka Vidhi as the standard method of preparation. i.e. The ratio of Kalka, Sneha and Kwatha was 1:4:16.

### Investigations

The patients were advocated to undergo following laboratory investigations for the diagnosis of Benign Prostatic Hyperplasia.

**Haematological Investigations -** Blood Investigations such as CBC, ESR, blood sugar, blood urea level, serum creatinine, alkaline phosphatase were done to rule out any other pathology.

**Urine examination -** Urine was subjected for routine and microscopic examination.

**Radiological Investigation –** Ultrasonography of prostate was done for size (in terms of volume), weight and residual urine, before and after treatment schedule.

### Criteria of Assessment

On the basis of proforma, improvement in the clinical features of the disease was noted biweekly to have a final conclusion. The major criteria of assessment of therapeutic trial were based on International prostate symptom score & Ultrasonography of prostate.

### Ultrasonography

1. Size of the Prostate (In terms of Volume)
2. Weight of the Prostate
3. Residual Urine.

The Obtained Results have been discussed and analyzed on the basis of following parameters-

### Subjective parameters

- (1) Complete relief: - 100% relief in the symptoms and signs of patients.
- (2) Marked improvement:- More than 50% relief in the symptoms and signs of the patients.
- (3) Improvement:- 25-50% relief in the symptoms and signs of the patients.
- (4) Unchanged: - upto 25% relief in the symptoms and signs of the patients.

### Objective parameters

- (1) Complete relief:- 100% reduction in the size and weight of the enlarged Prostate and 100% improvement in the Residual urine volume.
- (2) Marked improvement:- More than 50% improvement in the Residual urine volume and other investigations respective/ irrespective to the size, weight of the Prostate.
- (3) Improvement:- 25-50% improvement in the Residual urine volume and other investigations respective / irrespective to the size, weight of the Prostate.
- (4) Unchanged: - upto 25% improvement in the Residual urine volume and other investigations respective / irrespective to the size, weight of the Prostate.

### Procedure of Administration Of Matrabasti

The procedure of administration of Matrabasti in general is as follows-

### Purva Karma

Preparation of The Patient: First patient was instructed to pass his natural urges. Patient was advised to take light meal.

### Selection of Basti Dravyas

Varunadya tail was taken as a bastidravya.

### Pradhana Karma Basti Pranidhana

The prepared lukewarm medicated oil was kept ready in syringe. Now patient is advised to lie down in left lateral position. The left leg of the patient should be straight and right semi flexed leg is to be kept over it. Patient was not allowed to keep pillow under head instead of pillow he was asked to keep flexed left arm below the head like a pillow. The right hand should be kept straight over the body. The body should be kept in relaxed position.

For the present study 60cc plastic syringe with simple rubber catheter no. 8 was used for MatraBasti. The tip of the simple rubber catheter (netra) was lubricated by oil (Varunadya Tail). The Guda (Anus) was also lubricated

by the same. The catheter was inserted into the rectum keeping parallel to vertebral column. It may be inserted up to 4 fingers i.e. 3-4 inches according to the age of the patient. Then piston of the syringe has been pressed slowly with rhythmic force. During administration of Basti patient was asked to take deep breath with mouth opened, so that drug easily gets entered into the large intestine. When some liquid had left in the syringe the nozzle should slowly removed from the rectum so that air may not enter. Thereafter few taps were given over the thigh region and on buttock and then patient was asked to lie down on supine position for 5-10 minutes.

### Clinical Observations

In present clinical study all the patients were subjected to thorough clinical evaluation and their parameters were assessed in phases duly. The changes so occurring clinically and radiological were recorded for assessment and the data collected during the study, summarized and statistically analyzed as follows –

During this study period no any complications were arise.

### RESULTS

- ❖ 54.16% relief was observed from Incomplete Emptying.
- ❖ 68% relief was observed from Frequency.
- ❖ 72.22% relief was observed from Intermittency.
- ❖ 81.81% relief was observed from Urgency.
- ❖ 83.33% relief was observed from Weak Stream.
- ❖ 76.47% relief was observed from Straining.
- ❖ 55.17% relief was observed from Nocturia.
- ❖ 12.46% relief was observed from Size of Prostate.
- ❖ 29.42% relief was observed from Weight of Prostate.
- ❖ 35.98% relief was observed from Residual Urine.

### Statistical Analysis

Statistical analysis was found to be highly significant for the symptoms & objective criterias by paired 't' test ( $p < 0.0001$ ).

**Table 1. Treatment plan**

Drug	Varunadya Tail
Dosage form	As a Matrabasti (Medicated enema)
Dose	60 ml
Route of Administration	Anal
Time of Administration	Once a day, After meal
Duration of therapy	15 days.

**Table 2. International Prostate Symptom Score (IPSS)**

Over the past month symptoms	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
1. Incomplete emptying	0	1	2	3	4	5
2. Frequency	0	1	2	3	4	5
3. Intermittency	0	1	2	3	4	5
4. Urgency	0	1	2	3	4	5
5. Weak Stream	0	1	2	3	4	5
6. Straining	0	1	2	3	4	5
7. Nocturia	0	1	2	3	4	5
Total IPSS Score						

**Table 3. Observations Before & After treatment with SD, Paired 't' & 'p' value in Subjective Criteria**

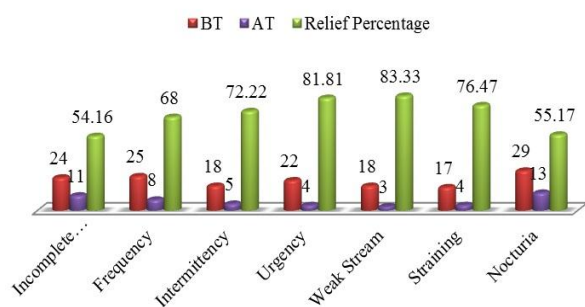
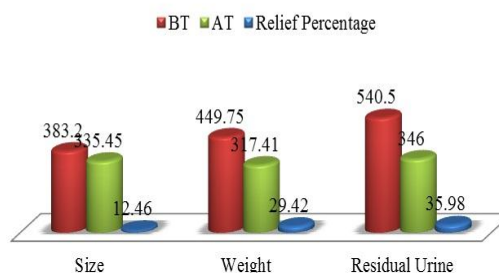
Sr. No.	Symptoms	BT	AT	SD	Paired 't'	'p' Value
1	Incomplete Emptying	24	11	0.48	8.51	<0.0001
2	Frequency	25	08	0.48	11.12	<0.0001
3	Intermittency	18	05	0.48	8.51	<0.0001
4	Urgency	22	04	0.63	9.00	<0.0001
5	Weak Stream	18	03	0.52	9.00	<0.0001
6	Straining	17	04	0.48	8.51	<0.0001
7	Nocturia	29	13	0.51	9.79	<0.0001
8	Total IPSS	153	48	1.35	24.52	<0.0001

**Table 4. Observations Before & After treatment with SD, Paired 't' & 'p' value in Objective Criteria**

Sr. No.	Criteria	BT	AT	SD	Paired 't'	'p' Value
1	Size	383.2	335.45	1.576	9.58	<0.0001
2	Weight	449.75	317.41	2.270	18.43	<0.0001
3	Residual Urine	540.5	346	4.890	12.57	<0.0001

**Table 5. Observations Before & After treatment with Relief Percentage**

Sr. No.	Criteria	Total Score			Relief Percentage
		BT	AT	Diff.	
1	Incomplete Emptying	24	11	13	54.16
2	Frequency	25	08	17	68
3	Intermittency	18	05	13	72.22
4	Urgency	22	04	18	81.81
5	Weak Stream	18	03	15	83.33
6	Straining	17	04	13	76.47
7	Nocturia	29	13	16	55.17
8	Size	383.2	335.45	47.75	12.46
9	Weight	449.75	317.41	132.34	29.42
10	Residual Urine	540.5	346	194.5	35.98

**Graph 1: Symptoms Before & After treatment with Relief Percentage****Graph 2: Objective Criteria Before & After treatment with Relief Percentage**

## DISCUSSION

In the present study, the disease Mootragranthi which is one of the type of Mutraghata has been taken with respect to Benign Prostatic Hyperplasia which shows similar symptomatology as that of Mootragranthi and the same was selected for the clinical trials. This situation is common in the ageing male population. Prostatectomy (especially the transurethral resection of the Prostate) is the Gold standard in the treatment of bladder outflow obstruction secondary to BPH. Although producing marked improvements in the symptoms and urinary flow parameters, Prostatectomy is associated with considerable post-operative morbidity including retrograde ejaculation, impotence, infection, stricture, fistula and incontinence.

In Ayurveda too wide range of therapeutic measures are defined for the management of Mutraghata which are easily assessable and is without any adverse effect. Keeping all these facts in mind a clinical study was designed to evaluate effect of Varunadya Tail Matrabasti in the management of BPH.

## Probable Mode of Action of Varunadya Tail

The ingredients of Varunadya Tail possess Kapha Vatahara, Bhedana, Vatanulomana, Mootrala, Shothahara and Balya effects. As evident in the Samprapti of Mutraghata, there is deranged functioning of Vata leading to vitiation of other Doshas and Ama formation and Sroto Avarodha. Thus, vitiated Doshas travel through the Sukshma Siras and Dhamani to get Lodged in (Khavaigunaya Sthana) i.e. Basti where upon further vitiation of Vata leads to Vimarga Gamana and therefore Mutraghata. With aided Mootrala and Vatanulomana effects, the drug helps to expel the accumulated Mutra with greater force. Thus, it will definitely break the Doshadushya Sannivahana of Mutraghata.

## CONCLUSION

From this study it can be concluded that

1. *Varunadya Tail Matrabasti* is clinically effective in the management of BPH.
2. This treatment is devoid of any side effects.

3. This treatment can be used as a supportive treatment modality for early recovery from the bothersome symptoms of BPH.

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**CONFLICT OF INTEREST**

The authors declare that they have no conflict of interest.

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