

**A CASE STUDY ON ROLE OF VEERTARVADI GANA KASHAYA IN THE
MANAGEMENT OF VATASHTHEELA (BPH)****Dr. Rakesh Meena*¹, Dr. Pankaj Kumar Sharma², Dr. Vishal Verma³ and Dr. Sunil Kumar Sharma⁴**¹M.S. Scholar, Department of Shalya Tantra, Rishikul Campus, Utrakhand Ayurved University, Haridwar, Uttarakhand.²Professor, Department of Shalya Tantra, Utrakhand Ayurved University, Haridwar, Uttarakhand.³Professor, Department of Shalya Tantra, Rishikul Campus, Utrakhand Ayurved University, Haridwar, Uttarakhand.⁴M.D. Scholar, Department of Kayachikitsa, Rishikul Campus, Utrakhand Ayurved University, Haridwar, Uttarakhand.***Corresponding Author: Dr. Rakesh Meena**

M.S. Scholar, Department of Shalya Tantra, Rishikul Campus, Utrakhand Ayurved University, Haridwar, Uttarakhand.

Article Received on 07/11/2017

Article Revised on 26/12/2017

Article Accepted on 16/01/2018

ABSTRACT

Benign prostatic hyperplasia (BPH) is the most common condition in ageing men, associated with lower urinary tract symptoms (LUTS). In *Ayurveda*, *Vatashtheela* disease closely resembles with Benign Prostatic Hyperplasia of modern medicine in its signs and symptoms. *Vatashtheela* (Benign Prostatic Hyperplasia i.e. BPH) is a senile disorder affects above 50 years of age, having symptoms like retention, incomplete voiding, dribbling, hesitancy, incontinence of urine, etc. There are many drugs described in classical text books of *Ayurvedic* medicine for the management of *Mutraghata*. Among these drugs *Veertarvadi Gana Kashaya* was taken to evaluate the efficacy on *Vatashtheela* (BPH) especially "LUTS" under uroflowmetric guidance. Case Presentation: We report the case of 59-year-old man experiencing lower urinary tract symptoms for 2 years. He was administered *Veertarvadi Gana Kashaya*, a herbal formulation, at a dose of 30ml twice a day for three months and monitored at every 15 days interval during the study period. The irritative and obstructive symptoms of BPH (*Vatashtheela*) like frequency, urgency, staining, weak stream, incomplete emptying, nocturia, residual urine and uroflow rate were observed over the treatment. Analysis of result showed improvement in *Vatashtheela* (BPH). Finally study concluded that *Veertarvadi Gana Kashaya* is effective for symptomatic relief in *Vatashtheela* (BPH).

KEYWORDS: Benign Prostatic Hyperplasia (BPH), *Vatashtheela*, *Veertarvadi Gana Kashaya*.**INTRODUCTION**

Acharya Sushruta describes in detail about the diseases of urinary tract.^[1] *Vatashtheela* is a condition of Obstructive uropathy - (mechanical) which may present with, either partial or complete retention of urine.^[2] The present study is concerned with the subject "*Vatashtheela*, a disease afflicting "*Mutravaha Srota*"^[3]". Therefore this disease, *Vatashtheela* has been the subject of study in the previous years and has shown encouraging results by *Ayurvedic* management. On the basis of the same and with the aim to keep a step forward, the present study has been planned. The clinical entity of "*Vatashtheela* or *Asthila*" has close resemblance to the disease Benign Prostatic Hyperplasia. Hence clinically this study deals with the management of patients of Benign Prostatic Hyperplasia. BPH is a part of the normal aging process in elderly males.^[4] Overall, nearly 80% of elderly men develop BPH. 10% of men have histologic evidence of BPH by 40 years of age, 50% of men shows evidence by age 60 & 90% of men in their 80's.^[5]

The cause of Benign Prostatic Hyperplasia is not well understood. An imbalance between the circulating androgen and estrogen is the most accepted causative factor.^[6] Enlargement causes a gradual squeezing of the urethra where it runs through the prostate and causes urinary symptoms referred to as Lower Urinary Tract Symptoms (LUTS).^[7] BPH expresses both the obstructive and the irritative features of the urinary system. BPH affects the urethra and later on the bladder, and even kidneys are adversely effected retrogradely.^[8] Urinary retention - acute or chronic, is another form of progression.

In *Ayurveda*, the treatment of the diseases affecting the urinary system consists of *Ahara* (Food), *Vihara* (Behavior) and *Aushadha* (Medication). Different *Aushadha kalpanas* like *Kalka*, *Swarasa*, *Kashaya*, *Arishtha*, *Kshara* etc are mentioned by *Sushruta* for the treatment of *Mutraghata*.^[9] The surgical procedure like prostatectomy also has its own complications^[10] such as: Haemorrhage, Incontinence of urine, etc. Some peoples

are unfit for surgery. Here the role of conservative management is of utmost importance. In the modern system different medicines are available for relieving the symptoms of BPH.

But there are some possible adverse effects of modern medicines^[11] like: -Impotence, Abnormal ejaculation, Insomnia, Postural hypotension, Headache etc. Fortunately, in *Ayurveda*, it is established that *Ayurvedic drugs* have no side effects like modern management. Moreover, adopting a healthy lifestyle and diet, decreasing alcohol and caffeine are also helpful. Therefore the aim of the present study is to prepare an effective medicine for *Vatashthila* (BPH) which will relieve the urinary symptoms of the patient within due period. Here lies the need of the present study by clinical evaluation of drug and its effect on LUTS with urodynamic study. The drug used in present study is *Veertarvadi Gana Kashaya*.^[12] This drug is effective in various urological disorders.

MATERIAL AND METHODS

Case Presentation

A 59-years-old, 70-kg male was presented in the OPD(OPD NO. 4286/20333), Department of Shalya Tantra, Rishikul govt. Ayurvedic P.G. college and hospital, Haridwar, ON 16/08/2016. He was experiencing increased frequency of urine and difficulty in micturation since 2 years.

History of Present Illness

The patient states that he was quite well 2 year back. Since then he experienced increased frequency of urine and difficulty in micturation. The patient underwent treatment of many other doctors but could not get relief completely. Now patient approached us for further management.

Past History of the Patient

There was no any relevant history. He was non-smoker and used to work in an environment with no known exposures to chemicals, fumes, dust and other environmental or occupational allergens. He had no known history of allergy to any drug. His family history revealed that there was no such complaint ever.

General Examination

The vital signs showed blood pressure (BP) 146/90 mmHg, Temperature 98°F, Pulse rate 74-beats/minute. Laboratory tests including Blood complete panel report (CP), Urine test came out normal. On the systemic examination no abnormality was detected in the gastrointestinal, respiratory, cardiovascular and nervous system. The *Prakriti* of the patient was diagnosed *asvatapittaja* while *Nadi* was *Vatahikatriidosaja*.

Criteria for Assessment

1. Subjective parameters: The symptoms of BPH were recorded on the basis of International prostate symptom score (IPSS).

Grading on the basis of total score of IPSS (maximum score 35).

Symptom score

<7 -Mild
7-19 -Moderate
>19 -Severe

2. Objective Parameter

(A) Maximum Flow Rate is objective parameter.

Grading –

>15 ml/s -G0
13-15ml/s -G1
10-12ml/s -G2
7-9ml/s -G3
<7ml/s -G4

(B) USG for assessment of weight, volume, size, and residual urine.

Parameters of assessment:- The progress of therapeutic regimen was assessed on subjective and objective parameters. International prostate symptoms score was taken for subjective assessment and Maximum Flow Rate and USG were objective parameter.

Assessment of total effect of therapy:- The overall assessment was calculated on the basis of average improvement in terms of percentage relief of scores.

1. Complete remission - 100%
2. Marked improvement – 76% to 100%
3. Improvement - 51% to 75%
4. Mild improvement – 25% TO 50%
5. Unchanged- 25%

Study Design

On the basis of symptoms, *Veertarvadi Gana Kashaya* was used as a drug for the present case. The dose was decided as 30ml B.D. with for 90 days. The treatment was single blind and the assessment of the patient was done at the interval of the 15 days.

RESULTS

The subjective assessment was done on the basis of International prostate symptom score (IPSS). During treatment, the patient did not develop any other complaint. He reported gradual improvement in all symptoms. After treatment, the patient got significant relief in the symptoms.

Table 1: Progress of patient in every 15 days interval (IPSS).

| Symptom | BT | F1 | F2 | F3 | F4 | F5 | F6 |
|---------------------|----|----|----|----|----|----|----|
| Incomplete Emptying | 4 | 3 | 2 | 2 | 1 | 1 | 0 |
| Frequency | 5 | 5 | 4 | 2 | 3 | 2 | 1 |
| Intermittency | 3 | 3 | 2 | 1 | 2 | 2 | 1 |
| Urgency | 3 | 2 | 2 | 2 | 1 | 0 | 0 |
| Weak stream | 4 | 3 | 2 | 1 | 2 | 1 | 1 |
| Straining | 3 | 1 | 2 | 0 | 1 | 0 | 1 |
| Nocturia | 4 | 3 | 3 | 2 | 1 | 1 | 0 |
| Total | 26 | 19 | 17 | 10 | 11 | 7 | 4 |

The objective assessment was done on the basis of Uroflowmetry (Maximum Flow Rate) and USG.

(A). Maximum Flow Rate**Table 2: Progress of patient in every 15 days interval**

| Duration | BT | F1 | F2 | F3 | F4 | F5 | F6 |
|----------|----|----|----|----|----|----|----|
| Grading | 3 | 2 | 2 | 1 | 0 | 1 | 0 |

(B). USG**Table 3: Improvement in USG findings.**

| Measurements | BT | AT |
|--------------------------------|----------|----------|
| Size(in mm) | 40x46x43 | 37x43x46 |
| Weight(in gms) | 42 | 38.9 |
| Pre Void Urine Volume (in ml) | 236 | 381 |
| Post Void Urine Volume (in ml) | 122 | 44 |

DISCUSSION

In this study *Veertarvadi Gana Kashaya* was taken for the treatment of *Vatashtheela*(BPH). The contents of the drug had different type of mechanism of action which subsides the symptoms of *Vatashtheela*(BPH). *Veertarvadi Gana Kashaya* which contains *Veertaru, Sahachara Dwaya, DarbhA, Vrikshaadani, Gundra, Nala, Kusha, Kasha, Ashmbheda, Agnimantha, Murva, Basuk, Vasir, Bhalooka, Kurantak, Kamala, Kapot Vanka, Gokshuru*. All these drugs have *Vata-kaphahara* properties like *srotoshodhana, lekhana, sophahara, mootrara* and *bastishodhana* along with *deepana-pachana karma* were selected, these properties helps to crack the *samprapti* of *Vatashtheela* as well as pathophysiology of BPH which is generally caused by disturbance in normal HPG axis and bladder outlet obstruction for manifestation of BPH. That's why *Veertarvadi Gana Kashaya* has been taken for the present study which shows significant result in *Vatashtheela*(BPH).

CONCLUSION

So at the end of the study it is assumed that *Veertarvadi Gana Kashaya* is quite effective in managing the symptoms of *Vatashtheela* (BPH).

ACKNOWLEDGEMENT

I acknowledge my gratitude to the faculty members and thankful to my colleague's of P.G. Department of Shalya Tantra, Rishikul campus, U.A.U Haridwar, Uttarakhand.

REFERENCES

1. Shushruta Samhita edited with Ayurveda-Tattva-Sandipika by Kaviraja Ambika Dutta Shashtri, Chaukhambha Publications Reprint 2010 - Nidanasthana Chapter 3 page 311-316, Uttarantra Chapter 58 Page 538-549.
2. SHUSHRUTA SAMHITA edited with Ayurveda-Tattva-Sandipika by Kaviraja Ambika Dutta Shashtri, Chaukhambha Publications Reprint 2010 - Nidanasthana Chapter 1/10 page 305, Uttarantra Chapter 58 /7-8 Page 540.
3. Shushruta Samhita edited with Ayurveda-Tattva-Sandipika by Kaviraja Ambika Dutta Shashtri, Chaukhambha Publications Reprint 2010 - Sharirstahna Chapter 9 Page 97.
4. Baily & Love's Short Practise of Surgery 24th edition, International Students` Edition Edited by R.C.G. Russell, chapter 77 Page 1371.
5. Campbell's urology (4) Chapter 46; 1429.
6. A Concise Textbook of Surgey by S. DAS 7th edition July 2012 published by Dr S. Das chapter 50 Page 1271.
7. Baily & Love's Short Practise of Surgery 24th edition, International Students` Edition Edited by R.C.G. Russell Chapter 77 Page 1372.
8. A Concise Textbook of Surgey by S. DAS 7th edition July 2012 published by Dr S. Das Chapter 50 Page 1273.
9. Shushruta Samhita edited with Ayurveda-Tattva-Sandipika by Kaviraja Ambika Dutta Shashtri Chaukhambha Publications Reprint 2010 Uttarantra Chapter 58 /27-28 Page 544.
10. A Concise Textbook of Surgey by S. DAS 7th edition July 2012 Published by Dr S. Das chapter 50 page 1282.
11. A Concise Textbook of Surgey by S. DAS 7th edition July 2012 published by Dr S. Das chapter 50 page 1277.