Tilvaka Ghrita Matrabasti In The Management Of Benign Prostatic Hyperplasia- A Single Case Study

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Abstract : A case of BPH was treated with Tilvaka ghrita Matra Basti (instillation of medicated ghee through rectum) 50 ml once daily for 7 days. The patient was assessed on the basis of International Prostate System Score and objective parameters. After completion of treatment, significant relief was observed in signs and symptoms of enlarged prostate. This case highlights the fact that it is possible to treat a case of Benign Prostatic Hyperplasia (BPH) with Matra basti.

Key words: Benign Prostatic Hyperplasia; Tilvaka Ghrita; Matra Basti; Mootraghata.

Introduction
The overall incidence rate of Benign Prostatic Hyperplasia (BPH) is 15 per 1000 men per year. The incidence of BPH is at least 50 % for all men at the age of 40 years and above. In India BPH is a common geriatric problem with an incidence of 92.97% (n=185) & 93.3% (n=200). [1] BPH is a non malignant enlargement of the prostate gland caused by excessive hyperplasia of prostatic tissue and is the most common benign neoplasm of senile men. In modern medicine the management of BPH is either by conservative treatment using drugs (hormonal therapy, chemotherapy etc.) and finally surgical intervention (open prostatectomy, TURP, cryotherapy etc.). [2] In case of hormonal therapy there are complications like loss of libido, impotence, gynecomastia. In old age the surgery is associated with postoperative complications like morbidity, impotence, retrograde ejaculation.[3] In Ayurveda etiopathogenesis of Mootraghata(syndrome of obstructive urinary symptoms) is deranged function of Vayu, particularly Apana vayu. Basti (Matra basti) is an authentic treatment for vitiated Vayu where no any strict restrictions are required.[4] In pathogenesis of Mootraghata Mootravaha Srotodushht leads due to vitiation of Vata and Kapha dosha. So, Matra basti with Vata kapha Shamaka drugs may be helpful in reducing the size of the prostate and enhancing the tone of urinary bladder. So, in this case of BPH, the treatment with Tilvaka Ghrita Matra basti was tried.. [5]

Case history
A 59 year old male patient, of Vatakaphaja Prakriti, visited OPD of Shalya Tantra Parul Ayurveda Hospital with complaints of incomplete emptying, frequency of micturation, urgency and weak stream. Patient had all these complaints since last 1 years and gradually became severe as per IPSS score.

Clinical Examination
The per rectal (P/R digital) findings were suggestive of enlargement of Both Lateral lobes, round shaped, smooth surface, upper border approachable, median groove palpable, fixed mobility, tenderness absent, free rectal mucosa, soft consistency and mild enlargement prostate size. After physical and local examination following investigation were carried out to confirm the diagnosis.

Investigations
The following investigations were carried out before and after the treatment to assess the effect of therapy.
1. USG- the size of prostate gland and Post-void residual urine (PVRU) volume
2. Manual measurement of Urine flow rate
3. CBC, Blood urea, Serum Creatinine, Serum PSA,
Materials and Method

Material:
- *Tilvaka Ghrita* [6]
- 50 cc syringe
- Red rubber catheter
- Gloves

Method:
Patient was kept after taking food before administration of *Matra basti* as this *basti* is expected to *Vataanuloman*. It is also mentioned in text that *Matra basti* can be given at any time. Patient was asked to lie in left lateral position on table. The luke warm 50 ml *Tilvaka Ghrita* was administered slowly and steadily through rectal route with plastic syringe (50 cc) and rubber catheter. After that patients advised to lie down in left lateral position for 10 minutes. The *Matra Basti* was repeatedly given daily for 7 days after administration of food.

DISCUSSION

The exact etiology of BPH is not yet clearly understood. The concept of nodular hyperplasia in pathology of BPH has been established but its exact cause is still not known clearly. In fact, the development of BPH is multi-factorial phenomenon as there is no strong evidence for risk factors like smoking, vasectomy, obesity or high alcohol intake for developing clinical features of BPH. [7] The only true factors related to the development of the disease are age and hormonal status. In old age serum estrogen level is increased which acts on the hypothalamus, decreasing the secretion of Luteinizing hormone realizing hormone (LHRH) and hence, causing decrease in serum testosterone level. Moreover, steroid secreted by the adrenal cortex in aging male play part in disrupting balance between dihydrotestosterone (DHT) and local peptide growth factors thus increasing the risk of BPH.[8]

In this case study, the patient was treated with *Tilvaka Ghrita matra basti* for 7 days and it was observed with symptomatic relief in Nocturia, incomplete emptying, Increased frequency of micturation, urgency, weak stream as per IPSS score. In this case the IPSS score before treatment was 17 with poor quality of life which is Moderately Symptomatic. After completion of the treatment with *Tilvaka Ghrita Matra basti* IPSS score was reduced to 7 i.e. patient was asymptomatic with good quality of life. The size of prostate before treatment was 36 cc in USG findings and after completion of the treatment Its Reduced to 34 cc and as there was a structural change and it is expected that treatment can be avoid the further growth. In USG Post Voidal Residual Urine Volume (PVRU) before treatment was 75 cc which was reduced to 30 cc so it can be said that the function of detrusor muscle was improved by Matra Basti. The Average Urine Flow Rate was measured manually and was observed 6 ml/sec before treatment. The normal Average Urine Flow Rate is 15ml/sec which was reduced in BPH. After completion of treatment it was 14ml/sec which indicates that the flow of urine is normal without obstruction and pressure. The serum PSA (Prostate Specific Antigen) was reduced after treatment (from 2.98 ng/ml to 2.09 ng/ml) which showed the effect of therapy. The blood urea and serum creatinine was also decreased after treatment which shows that there is release of urinary obstruction.

Table 1 showing Investigation reports

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Before Treatment</th>
<th>Before Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>USG (Prostate size)</td>
<td>36 cc</td>
<td>34 cc</td>
</tr>
<tr>
<td>USG (Post Voidal Residual Volume)</td>
<td>75 cc</td>
<td>30 cc</td>
</tr>
<tr>
<td>Average Urine Flow Rate</td>
<td>6ml/sec</td>
<td>14ml/sec</td>
</tr>
<tr>
<td>Serum PSA</td>
<td>2.98 ng/ml</td>
<td>2.09 ng/ml</td>
</tr>
<tr>
<td>Blood Urea</td>
<td>60 mg/dl</td>
<td>55 mg/dl</td>
</tr>
</tbody>
</table>
Serum Creatinine | 1.0 mg/dl | 0.9 mg/dl

In Ayurveda it is mentioned that *Matra basti* is choice of treatment for controlling *Vata dosha* in all types of *Mootraghata*. So, it can be said that the function of detrusor muscle of bladder might be improved by controlling *Apana vayu* with the help of *Matra basti*. In this formulation-*Tilvaka Ghrita* Contains other 9 ingredient *(Tilvaka(Lodhra), Shankhpuspi, Trivrut, Saptala, Snuhi, Danti, Dravanti, Shyama Trivrut, Aragvadh)* and pure cow’s ghrita as sneha *dravya*. In the classics it is clearly mentioned that the management of *Mootraghata*, should be done by use of Ghrita as *Sneha dravya* in the forms of *Pana* (orally), *Abhyanga* (local application) as well as *Basti* (Per rectal administration of medicated preparation). [9]

**Discussion on probable mode of action of Drug:**

- *Lodhra* having Loturine and Colloturine which maintains the DHT for enhancing the enlargement of Prostate Gland by the action of the Enzyme 5α-reductase[10]
- *Shankhpuspi* having β- sitosterol which Reducing Prostatic Cholesterol Concentrations, by limiting synthesis of testosterone.[11]
- *Trivrut* and *Shyama* trivrut Inhibits cyclooxygenase Enzyme which Peripherally Produces its Anti-inflammatory effect. [12]
- *Danti, Dravanti* and *Snuhi* Having – Saponin, Triterpenoids and Euphol properties Respectively which shows anti inflammatory action.[13][14][15]

[16] It also directly inhibits the further growth of prostate gland. The active chemical component beta sitosterol in any herbal medicine is proved very effective in the management of BPH. The active principle Diosgenin has been proved as anti proliferative activity against prostate cancer cells.

[17] It also prevents estrogen receptor conditions like urinary incontinence and urogenital atrophy. Hence all these properties of the trial drugs and the action of *Basti* would have helped to control the growth of prostate in the management of BPH in this case. urogenital atrophy.

Hence all these properties of the trial drugs and the action of *basti* would have helped to control the growth of prostate in the management of BPH in this case.

**CONCLUSION**

The Cardinal symptoms of Prostate like increased frequency, Nocturia, Weak stream, Intermittency, Straining, Incomplete voiding was relieved symptomatically in this patient.

So, This case study highlighted the fact that classical treatment *Matra Basti* with *Tilvaka Ghrita* is definitely effective in management of BPH without adverse effect. As this is a single case study, there is need to conduct the study in more number of cases for a concrete conclusion.

**REFERENCES**


