



TILANALA KSHARA IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA (BPH) – A CASE STUDY

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ABSTRACT

Benign Prostatic Hyperplasia is associated with ageing process and most frequently seen in 5th and 6th decade of men. It has significant impact on the health as well as it decreases the quality of life of the person suffering from it. Ayurveda classics have described it under the heading of *Mutraghata* and have similarity to its subtype *Vatashthila*, with predominant symptoms of urgency, dribbling micturition, urine retention etc. There is no permanent and safe cure with modern medicine, except surgical invasion, which will lead to more complications. A 65 years patient diagnosed with prostatomegaly has visited the O.P.D. of Bharati Ayurveda Hospital, Bharati Vidyapeeth University, Pune. The presentation of patient was comparable to *Vatashthila*, a subtype of *Mutraghata* and the treatment was carried out as per the classics. The patient was given *Tilanala Kshara* along with regulated diet and lifestyle. Assessment was made using International Prostate Symptom Score (IPSS) on 0, 5, 10, 15 day of treatment. At the end of the treatment there was considerable improvement in the subjective parameters. The observations revealed that the use of *Tilanala Kshara* can play a key role in the management of patients suffering from BPH. Further controlled pilot studies are required to establish the proof of efficacy in a systematic way. @

SUMMARY

Benign prostatic hyperplasia is among the most common urological diseases in men and estimated to be 26.2% in men between the age group of 40-60 and above. There is a benign overgrowth of prostatic tissue resulting in lower urinary tract symptoms. The condition further leads to interference in daily activity of patients and create a negative impact on the quality of life. The management of BPH can be done by medical and surgical interferences but they are associated with few limitations. Ayurveda has its own principles in treating the condition, among which use of *Kshara* is one of them. The present paper deals with administration of *Tilanala Kshara* in a patient with clinical presentation of BPH. The assessment score using International Prostate Symptom Score (IPSS) has shown significant improvement in the subjective parameters. Hence, the use of *Tilanala Kshara* can be used as an alternative treatment protocol for the disease BPH.

KEYWORDS : Benign Prostatic Hyperplasia, Mutraghata, Vatashthila, Tilanala Kshara, Ipss

INTRODUCTION

Benign prostatic hyperplasia is one of the most common urological diseases affecting millions of men worldwide. The pooled prevalence of BPH worldwide is estimated to be 26.2%, where the prevalence is 14.8 % in younger males aged 40 and it is 36.8 % in males aged 80 and above. It is characterised by a benign overgrowth of prostatic tissue around the urethra which ultimately constricts the urethral opening, resulting in lower urinary tract symptoms. The symptoms associated with LUTS include urgency, frequency, nocturia, incomplete urination and weak stream. The condition is associated with interference in daily activity of patients to produce a negative impact on quality of life. Many other complications associated with BPH include acute urinary retention, chronic urinary retention, urinary tract infections (UTIs), formation of bladder calculi, hematuria and damage to bladder walls and kidneys. The management of BPH is divided into conservative, medical and surgical with latest technological advances but each of them has its own limitations. Approximately, 10% of patients who have undergone Transurethral Prostatectomy or open Prostatectomy for BPH has subsequently develop cancer. Although, surgery is the choice for treatment, but due its expensiveness and number of complications, ayurvedic approach towards the disease can provide promising results. In Ayurveda classics, there is vast description of group of obstructive uropathies under the heading of "*Mutraghata*". In *Vatashthila Vyadhi*, which is a type of *Mutraghata* may have some similarity with Benign Prostate Hyperplasia on the basis of symptoms like *Achala Unnata Granthi* (singly movable and elevated swelling), *Vinmutranilasanga* (retention of urine, faeces and flatus), *Bastiadhmana* (distention of urinary bladder), *Vedanachaparabastou* (excretion pain in bladder).

In *Vatashthila*, the predominant feature is "*Vibandha*" or "*Avarodha*". According to *Acharya Dalhana*, *Vata* is the main factor in the pathogenesis of *Mutraghata*. In the classics, *Acharya Sushruta* decided general line of management of all types of *Mutraghata* by use of *Kashaya*, *Kalka*, *Sarpi*, *Bhakshaya*, *Avaleha*, *Payasa*, *Kshara*, *Madya*, *Asava*, *Swedana*, *Basti* and *Uttarbasti* and formulations told in context of *Ashmari* and *Mutrodavarta* diseases. Hence keeping all these in mind, clinical study using *Tilanala Kshara* mentioned in *Rasatarangini*, which advocates its use in managing urine obstruction, was designed as a treatment modality in BPH.

CASE REPORT

CASE 1:

A 65 years old male patient with chief complaint of Dribbling micturition, frequent micturition and Nocturia since 5 months was presented in institute hospital. On examination, patient was afebrile, conscious, well-oriented, responding to verbal commands. The patient was treated on the basis of OPD. The patient is known case of Hypertension and Diabetes since 6 years. He was on anti-hypertensive drug Telma 40 (40mg) once daily and Glycomet (500mg) twice a day. On examination, pulse rate was 80/min and blood pressure was 170/100 mmHg. On the basis of his clinical presentation, Routine Haematological investigations, Blood sugar (F&PP), Urine Routine and Microscopic, serum PSA and was investigated. Ultrasonography for prostate enlargement was performed. All the haematological and biochemical investigations were within normal limits. His serum PSA level was also in normal limit. The ultrasonography reveals Prostatomegaly (measures 4.3 x 5.0 x 3.7 cm, volume 42cc). After getting diagnosed with BPH, the treatment with *Tilanala*

Kshara was carried out for 15 days along with follow up.

MATERIAL AND METHOD

Tilanala Kshara was prepared as per classical text and administered in dose of 500 mg half an hour before meal orally with Luke warm water for 15 days.

ASSESSMENT CRITERIA

Sign and symptoms on the basis of relief of nocturia, frequency, dribbling, and urgency were scored by using International Prostate Symptom Score (IPSS) sheet on 0, 5, 10 and 15th day.

In the past month	Not at All	Less than 1 in 5 Times	Less than Half the Time	About half the Time	More than half the Time	Almost Always
1. Incomplete Emptying (How often have you had the sensation of not emptying your bladder?)	0	1	2	3	4	5
2. Frequency (How often have you had to urinate less than every two hours?)	0	1	2	3	4	5
3. Intermittency (How often have you found you stopped and started again several times when you urinated)	0	1	2	3	4	5
4. Urgency (How often have you found it difficult to postpone urination?)	0	1	2	3	4	5
5. Weak Stream (How often have you had a weak urinary stream?)	0	1	2	3	4	5
6. Straining (How often have you had to strain to start urination?)	0	1	2	3	4	5
	None	1 time	2 times	3 times	4 times	5 times
7. Nocturia (How many times did you typically get up at night to urinate?)	0	1	2	3	4	5
Total I-PSS						

Score: 1-7: Mild 8-19: Moderate 20-35: Severe

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that	0	1	2	3	4	5	6

OBSERVATIONS AND RESULT

IPSS	0 Day	5th Day	10th Day	15th Day
Incomplete Emptying	3	3	3	2
Frequency	2	2	2	1
Intermittency	1	1	1	2
Urgency	2	2	2	2
Weak Stream	2	2	2	2
Straining	2	1	1	2
Nocturia	3	3	2	2
Quality of life due to Urinary Symptoms	4	3	3	3
Total	19	18	16	16

DISCUSSION

B.PH. is a frequent finding in older men and about three fourth of all men over 60 years of age experience its symptoms. Prostatectomy, the primary approach to the management of BPH, accounts for 38% of all major urological surgery in USA. In India, it has been reported that post-operative mortality is 3% and a high morbidity of nearly 20% is found in immediate post-operative phase with 2-3% late complications including incontinence and up to 15% of potency problems (Ref. D. D. Karanjwala 1990). All these considerations provided a firm launch pad to foray in to the therapeutic alternatives, which could be provided from the heritage of Ayurveda, the science of life.

Kshara is alkaline substance obtained from ash of plants, minerals and animal products. It is superior among the sharp and subsidiary instruments because it can perform *Chedana* (excision), *Bhedana* (incision), *Lekhana* (scraping) and destroys the *Tridoshaja* disorders. *Tila* possess *Madhu-katukashaya-tikta Rasa*, *Guru-snigdha guna*, *Ushna virya*,

Madhura vipaka and have *Vatahara* property, thereby balances the vitiated *Vata* in *Mutraghata*. The *Kshara* being alkaline substances have high content of potassium, thereby they act as diuretics, hence relieves the obstruction present in BPH.

Thus, by above all the properties of *Tilanala kshara*, it acts effectively in reducing the sign and symptoms of BPH and improves the quality of life of them patient suffering from this disease.

CONCLUSION

However, the exact etiology of BPH is unknown, being a disease caused by vitiated *Vata* and urine obstruction being the predominant symptom, the oral administration of *Tilanala Kshara* proves effective to lessen the sign and symptoms. In IPSS score, there was relief in incomplete voiding, frequency, Intermittency, straining, weak stream and nocturia along with improvement in the Quality of life.

Since, there is need for an alternative tool which is less invasive and with minimal complications; this study could be utilized in the management of BPH patients. This study can provide a stepping stone for further research in adopting Ayurvedic drug for the management of BPH.

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