



**“STUDY ON THE EFFICIENCY OF VARUNADI GANA KWATH
BHAVITAM SHILAJATHU RASAYANA IN THE MANAGEMENT OF
BENIGN PROSTATE HYPERPLASIA (POURUSHA GRANTHI
VRIDDHI)”**

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ABSTRACT

B.P.H. is a condition intimately related to ageing and most frequently seen in men in 7th, 8th, 9th decade but also occurs in 6th and even 5th decade of life. International surveys have found a high prevalence of moderate to severe obstructive symptom in men over 50, which increase with age. In Ayurvedic classics Mutraghat gives the symptoms of low urinary out put either by retention, absolute or relative anuria or oliguria. Mutraghat is predominantly due to the Vata dosha. The Vata dosha is responsible to expel the urine out timely and uniformly. , vitiated Dosha 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. The non-invasive and non-surgical therapy (Varunadi gana kwath bhavitam Shilajathu rasayana) suggested in present study has provided better non-hormonal alternative therapy to the BPH patients without any adverse effect.

KEYWORDS: Benign Prostate Hyperplasia, Pourusha Granthi Vriddhi, Varunadi Gana Kwath Bhavitam Shilajathu Rasayana.

INTRODUCTION

Benign prostatic hyperplasia is a disease of old male person when their hair becomes gray and scanty and when a white zone is formed at the margin of the cornea. This disease refers

to the adenomatous enlargement of the periurethral prostate gland, promoting obstruction of the urethra and bladder opening. As men age, the prostate gland increases in size, making BPH one of the most common age-related conditions in men. The enlarged gland puts pressure on the urethra, acting like a partial clamp and thus causing numerous urinary symptoms. BPH is a progressive disease, but it does not usually cause problems until late in life.

B.P.H. is a condition intimately related to ageing and most frequently seen in men in 7th, 8th, 9th decade but also occurs in 6th and even 5th decade of life. International surveys have found a high prevalence of moderate to severe obstructive symptoms in men over 50, which increase with age. Symptoms of BPH vary in severity and include frequent urination, nocturia (excess urination at night), urinary urgency or hesitancy, painful and difficult urination (dysuria) and incomplete urination. Inflammation and infection of prostatic tissues may also be present.

In Ayurvedic classics Mutraghat gives the symptoms of low urinary out put either by retention, absolute or relative anuria or oliguria. Mutraghat is predominantly due to the Vata dosha. The Vata dosha is responsible to expel the urine out timely and uniformly. If vata gets vitiated, it causes various diseases related to vasti (Su. S. 21/23) and produces mutra roga such as Prameha, Asmari, Mutraghat, Mutrakrichha etc. In Ayurveda the Mutragranthi may have some similarity with BPH. For Mutragrathi Acharya Charka used term Raktagranti. According to him the vitiated rakta due to vata and kapha produces a hard gland (man) in the opening of urinary bladder causing obstruction of urinary out let. Patients pass urine with difficulty and have pain like ashmari (Calculus). According to Sushruta a small rounded, immobile swelling suddenly appears inside the bladder neck and causes pain and sudden obstruction of urinary tract with pain like Ashmari.

Aims and Objective

- Evaluation of efficacy of an ayurvedic formulation Varunadi gana kwath bhavitam Silajathu Rasayana in the management of BPH.
- To reduce the severity of symptom of BPH patient with Ayurvedic medicine.
- To improve the quality of life of BPH patients.

MATERIAL AND METHOD

Literary study: Relevant Medical books, important publication and internet will be consulted.

Disease study

- Types, Symptoms, clinical features and treatment etc.
- Anatomy and pathophysiology of prostate gland.

Drug Study

- Varunadigana is described in su. Soo - 38th chapter (10-11)
 - The varunadigana mitigates kapha and Medas and internal abscess
 - Shilajathu
-
- Described in Su. Chi 13th (5&8)
 - Described in cha.chi Ist (IIIrd)
 - A.H.U. 40th
-
- The combination of these two drug is Kaphamadohara as well as Chedana property that is why we can take this drug for the treatment of BPH.

Clinical Study

Study population – All patient attending Govt. Ayurveda college Tripunithura.

Shalya tantra IPD & OPD with BPH.

Inclusion criteria

- o Aged group 45 to 70 years
- o Patient diagnosed as BPH by clinical and investigative methods will be selected.

Exclusion criteria

Neurological disorder like transverse myelitis, tabes dorsalis, prostate ca. Renal failure, Ureteric calculus, renal calculus, chronic UTI, sec effect of BPH.

Sample Size –30

Nature of work - Clinical study.

Duration of study – 18 months

Sample selection - As per inclusion and exclusion criteria.

Treatment schedule

- *Snehana* - Patients were given gugguluthikthakam ghritham 50gm OD for 3 days.
Swedanam – Abhyanga and mild sweda in the form of hot bath for 1 day.
- *Virechana* - Virechana with avipathy choornam
- *Rasayana therapy* - Varunadi kwath bhavita silajatu rasayana (madhyama matra) 24 gm in varunadi kwath (90ml)daily upto 21 one days .

Criteria of grading the patients

Grade I	-	If the weight within 29 gm.
Grade II	-	29 - 59 gm.
Grade III	-	59-89 gm.
Grade IV	-	More than 89 gm.

Clinical evaluation

For clinical evaluation in present study, Subjective and Objective parameters were used.

Subjective parameters

- Over symptoms like Incomplete evacuation, Frequency, Intermittency, Urgency, Weak urine stream, Straining and Nocturia
- International prostate symptom scoring system (Appendix-1)

Objective parameters

- USG

Physical investigation

Per rectal examination

Special investigation

Ultrasonography, Prostate Specific Antigen test.

Lab Investigation

- Microscopic Urine examination
- Blood □ ESR, TC, DC, HB
- Lipid profile ,S. Urea, S. Creatinin.

Follow up: 1 ½ month after the treatment period.

Assessment: Necessary investigation and symptom score will be done to assess the condition

after treatment.

Table: 1 Assessment criteria for grading according to IPSS (American urological association)

Symptom	Never	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
Incomplete Emptying	0	1	2	3	4	5
Increased Frequency	0	1	2	3	4	5
Intermittency	0	1	2	3	4	5
Urgency	0	1	2	3	4	5
Weak stream	0	1	2	3	4	5
Straining	0	1	2	3	4	5
Nocturia	0	1	2	3	4	5

Concise Observation

Present clinical research work entitled - A Study on the efficiency of Varunadi gana kwath bhavitam Shilajathu rasayana in the management of Benign prostate hyperplasia (Pourusha Granthi Vridhi) was undertaken to reveal the effectiveness of an ayurvedic formulation specially maid on the basis of requirement for the breakdown of the pathogenesis of BPH according to modern and ayurvedic concepts.

The main aims of present study were to evaluate the efficacy of Varunadi ganakwath Bhavitam Shilajathu Rasayana in the management of BPH with special consideration to reduce the severity of symptom, break down the pathogenesis and improve the quality of life of BPH patients.

The above said clinical research work summarized as follow

The Ayurvedic literature was reviewed with special consideration of BPH and the disease was correlated with the Mutra/rakta granthi described under the heading of mutraghata. Effort is made to evaluate the similarities of different types of mutraghata to modern medical science and possible correlations have been described.

1. The detailed analysis of relevant ayurvedic literature was done under the heading of Historical Review, Anatomical status of urinary system in Ayurveda, Classification of Mutra rogas, Description of Mutraghata, Aetio-pathogenesis (Samprapti), Management of Mutraroga and Pathya/ Apathya.

2. The prostate gland and BPH was critically analyzed on the doshik concept of Ayurveda in correlation of the modern description of prostate and BPH.

3. In drug review ingredient of Varunadi ganakwath Bhavitam Shilajathu Rasayana are evaluated with special consideration to their Vrishya and Rasayana properties, Diuretic properties, Anti-inflammatory and Analgesic properties, Vata and Kapha samak properties, chedana and soshana properties, agnimandhya hara etc. along with recent scientific researches.

4. The 30 cases of BPH selected from the O.P.D. and I.P.D. of government ayurveda college, tripunithura with consideration of inclusive and exclusive criteria.

Table: 2 Summarized comparative percentile results

Sr. No.	Parameters	After Treatment	After follow up
1.	IPSS	31.70%	35%
2.	Incomplete emptying	30%	36.5%
3.	Frequency	34%	38%
4.	Intermittency	35%	37%
5.	Urgency	31%	36%
6.	Weak stream	27%	31%
7.	Straining	32%	35%
8.	Nocturia	28%	33%

DISCUSSION

Probable mode of action of Varunadi gana kwath bhavitam Shilajathu rasayana

The actions of contents are already discussed detailed in drug review. The combined effect of study drug had following property which can overcome the subjective and objective parameter of diseases. Action on tridosha, chedana & shoshana, kapha shamak, mutral, yogavahi, Agnimandya nashak, free radical scavenger, Anti-inflammatory action, Antibacterial action, Diuretic action, Nervine tonic, Immunomodulator activity, Bladder tonner, Antioxidant activity, Mineral containing drugs (A lack of Zinc may cause prostate cells to proliferate much faster than they do normally. Silajatu- Fe, Mn, Zn- (Indigenous Drug of India, Col. Chopara; 19). The ingredients of varunadi gana kwath bhavitam Shilajathu rasayana possess tridosh nasak, Kapha Vatahara, chedana and soshna, Vatanulomana, Deepana, Pachana, Mootrala, Sthothahara and Rasayana 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 Dosha

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. Ushna virya has specific action of pacifying Vata and Kapha dosha. It stimulates the system, checks the overgrowth as well as scraps the flesh, breaks any obstruction and widens the srotas.

By the correction of Agnimandaya and alleviates Ama at the level of Mutravahasrotsa. Through its chedana and yogvahi Shodhana property it cleanses the Srotases and provides proper movement of Vata. With aided Mootrala and Vata anulomana effects, it helps to expel the accumulated Mutra with greater force. Thus, it will definitely break the Dosha-Dushya Sammurchana of Mutraghta.

CONCLUSION

- The BPH is a disease of elderly person and more prevalent in vatika and kaphaja individuals. The development of symptoms like incomplete evacuation, frequency, hesitancy, weak stream, nocturia etc. make the life of the sufferer very uncomfortable desiring immediate remedy for that.
- The non-invasive and non-surgical therapy (Varunadi gana kwath bhavitam Shilajathu rasayana) suggested in present study has provided better non-hormonal alternative therapy to the BPH patients without any adverse effect.
- The Varunadi gana kwath bhavitam Shilajathu rasayana selected on the basis of pathogenesis involved in the BPH is very effective in reducing the symptoms of BPH. The quality of life improved with the Varunadi kwath bhavitam Shilajathu rasayana with the reduction in symptom score (IPSS), burning micturation, dysuria, dribbling micturation, pain in lower abdomen.

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