

**MANAGEMENT OF BENIGN ENLARGEMENT OF PROSTATE (BEP) BY DASHMOOL  
TAIL UTTARBASTI - A CLINICAL REVIEW STUDY****Maheshkumar N. Chaudhari\***

M.S., Ph.D. (Shalya- Tantra), M.A., Ph.D. (Sanskrit- Scholar)

Professor &amp; Head of Shalya-Tantra Dept. Chaitanya Ayurved College &amp; Hospital, Bhusaval (Maharashtra).

**\*Corresponding Author: Dr. Maheshkumar N. Chaudhari**M.S., Ph.D. (Shalya- Tantra), M.A., Ph.D. (Sanskrit- Scholar) Professor & Head of Shalya-Tantra Dept. Chaitanya Ayurved College & Hospital, Bhusaval (Maharashtra). **Email Id:** [nilvasu2010@rediffmail.com](mailto:nilvasu2010@rediffmail.com)

Article Received on 11/10/2022

Article Revised on 01/11/2022

Article Accepted on 21/11/2022

**ABSTRACT**

Necessity is the mother of invention. One of every 5 senior citizen is suffering from BEP. Many causes are behind this. Uttarbasti (induction of drug in urinary bladder) is the part of *Panchakarma Chikitsa*. There are medicines available for Benign Enlargement of Prostate (BEP) but no medicine available to avoid BEP and its related symptoms. TURP is not the final solution for that. But for this, there are a perfect experience based solution available in Ayurveda. Acharya Sushruta & Achary Charak. elaborated a technique of **Uttar-basti** in his scripture. This technique is totally new for modern world. BEP is a disease of old age, after 50 years of age. Though the pathology has been well established that it is nodular hyperplasia, but its cause is not known definitely. It is disease process with a well defined age incidence. BEP is uropathic disorder illustrated as one of the type of *Mutraghat* in Ayurveda. i.e. *Vatashthila*. Hesitancy, frequency and urgency, rarely haematuria, retension of urine and residual post void urine are common symptoms. There is no definitive treatment available and for minimum invasive surgical procedure like TURP has limitations. Patient may not be fit for surgery at this age. But in *Vatashthila* (BEP), the choice of treatment is Uttarbasti as *Shodhan chikitsa*. Uttar-basti is non-invasive, inexpensive, para-surgical, OPD basis procedure in which some medicinal preparations are administered in urinary bladder through catheter. In this study, we managed the patients of BEP with *Dashmool taila Uttara-Basti* came to our OPD & got encouraging result. Due to vitiation of Apan vata dosha. Prostate gland enlarged as per Ayurveda pathogenic theory. We observed that Dashmool tail Uttar-basti is effective in BEP. Dashmool taila normalizes / controlled vitiated Apan Vata dosha, bladder neck, which enhances the function of Apan-vayu and relieved from all BEP symptoms and increased urine flow and decreased post void urine residue & hence avoids further serious complications of BEP.

**KEYWORDS:** Ayurved Urology, BEP, Uttarbasti, Dashmool taila.**INTRODUCTION**

“ शकृन्मार्गस्य बस्तेश्च वायुरन्तरमाश्रितः ।  
अष्ठिलावद् घनं ग्रंथिं करोत्यचलमुन्नतम् ॥  
विण्मुत्रानिलसंगश्च तत्राध्मानश्च जायते ।  
वेदना च परा बस्तौवाताष्ठीलेति तां विदुः ॥”  
सु. उ. 58/7-8

*Ashthhila* (Prostate gland) situated in the middle of rectum and urinary bladder, Apana Vayu enlarges a dense (hard) gland like *Ashthhila*, which is somewhat movable and raised. Due to the enlarged gland, there is obstruction of stool, urine and vayu. Below the navel region, there is distension and intense pain in the bladder. So this disease is called '*Vatashthhila*'.

*Vatashthhila* (Enlarged Prostate) is one of the type of *Mutraghat* (Retension of Urine) among all 12 types.

**Benefits of Uttar-Basti**

“ मुत्राघातान्मूत्र दोषान् प्रवृद्धान्  
योनिव्याधि संस्थिति चापरायाः ।  
शुक्रोत्सेकं शर्करामश्मरीं च  
शूलं बस्तौ वन्क्षणे मेहने च ।  
घोरानन्यान् बस्ति जांश्चापि रोगान्  
हित्वा मेहानुत्तरो हन्ति बस्तिः ॥ ”  
सु. चि. 37/ 125-126

Uttara Basti destroys retension of urine and other urinary disorders, vaginal diseases, spermatorrhea, calculi & its gravals, colicky pain in loin & groin region and other dangerous diseases of bladder.

“वृषाश्मभेदवर्षाभूधान्यगंधर्वहस्तकैः ।

दशमूल बलमुर्वायवकोलनिशाच्छदैः ॥  
.....  
.....

तूर्णमास्थापनं कार्यं संसृष्टबहुरोगिनाम् ।  
गृध्रसीशर्कराऽष्ठीलातूनीगुल्मगदापहम् ॥ ”  
सु. चि. 38/67-70

Uttar-Basti (Induction of medicines in urinary bladder) of Dashmool Tail (Oil) eliminates the benign enlargement prostate. *Ashthila* (अष्ठीला) means Prostate gland.

*Ashthila* is a Sanskrit term.

## INTRODUCTION

Benign prostatic hyperplasia is the commonest problem of the era worldwide. This is a senile disease. Modern science evaluate it with hormonal imbalance. Ratio of BEP is significant eventhough there is only few remedy are available to reduce the increased size of prostate and symptomatic relief from it's symptoms. Most of the patient undergo for TURP. This procedure is being performed with the help of endo-urolological scopes, cameras and instruments. But this is temporarily solution. Most of the TURP operated patient have continue same complaints in mild or moderately. TURP only available solution for enlarged prostate now a days but it again increases.

Here Ayurveda works, according to Ayurveda science, urinary bladder is reside of Vata and entire life urinary bladder is working. Due to Vata vitiation, there is dryness in bladder muscles, veins, arteries and accessory part of lower urinary system. Urine is acidic, this also helps to vitiate Vata and tail (Oil) is the best for Vata mitigation. So we decided to work over this burning problem with *Dashmool oil Uttar-basti*.

Regarding this Acharya Sushruta & Acharya Charak quoted very good formulaes to overcome on this problem. Among of these, we choose Dashmool Tail for Uttar-basti.

In above version, Acharya Sushruta clearly mention, that after giving Dashmool tail Uttar-basti – BEP reduces and patient gets complete symptomatic relief. 40 years back, there was only open prostatectomy, which was very expensive, meticulous ,risky surgery & annoying for patients. Morbidity rate of this open prostatectomy was also high. After resection of prostate, residue gland may increases again and develop the symptoms. Not only this but patient is suffer BEP complications like development of inguinal hernias, haemorrhoids, atonic bladder, other LUTS (lower urinary tract symptoms), infection, insomnia, hydro-ureter, hydro-nephrosis, etc. These complications are life threatening / fatal. One intelligent can take regular Uttar-basti since mid age to avoid BEP and it's complications as advocate by Acharya Sushruta.

BEP symptoms are frequency & urgency of micturation, Nocturia, poor urine stream or dribbling. The prostate is composed of glandular tissue in a fibromuscular stroma. It surrounds the first part of the urethra (Prostatic urethra). It measures about 3x4x2 cm in diameter vertical, transverse & antero-posteriorly respectively. It consists of 5 lobes.

In BEP, hormonal influence on the prostate should be considered. The principal hormone, which acts on prostate, is testosterone secreted by the Leydig cells of the testis under the control of luteinising hormone (LH) of anterior pituitary, which is again under control of luteinizing hormone - releasing hormone (LHRH) of hypothalamus. An enzyme Called 5 $\alpha$ -reductase, which is present in high concentration in prostate. Converts testosterone to 5-dihydrotestosterone (DHT). In old age serum oestrogen is increased which acts on hypothalamus decreasing the secretion on of LHRH and hence LH, causing ultimately decrease in serum testosterone level. Moreover oestrogenic steroids secreted by the adrenal cortex in aging male pay a part in disrupting. The balance between DHT and local peptides growth factors thus increasing the risk of benign prostatic hyperplasia (BPH).

BEP is overgrowth of the glandular elements and overgrowth of connective tissue elements. Enlargement of the gland is due to formation of one or more nodules. The two lateral lobes and median lobes are frequently involved. This is one of glandular combined with fibrous & muscular overgrowth.

Those who are not responding to oral medications & not fit for surgery for those people needs alternative therapy. This Uttar-basti would be the choice of treatment in BEP for them.

According to Ayurveda, due to vitiation of Vata specially Apan Vata this condition arises.

## Aims and Objects

1. To study the symptomatic relief from BEP.
2. To study the reduction of prostatic size & weight.

## MATERIALS AND METHODS

This is single blind, single drug study.

Total 30 patients is selected according to inclusion criteria.

### Material

Dashmool Tail = 40 ml. (i.e. 1 Pal as per advised by Acharya Sushruta)

Sterile gloves, Foley's rubber Catheter no. 16, Xylocaine jelly 2 %, 50 cc syringe.

**Methods – (Study Design)** - In supine lying down (slightly head up position as per advised by Acharya Sushruta)

- Procedure should perform in OT & with following all aseptic precautions are to be carried out.

- Patients should be micturated prior to procedure. (Evacuation of bladder is mandatory.)
- Well lubricated Foley's rubber catheter with xylocaine jelly 2% is to be introduced in urinary bladder gently, till the little amount of urine is come out. (this is for confirmation that catheter is in situ.)
- Complete evacuation of bladder should be done by gentle pressure by fist given over hypogastric region of the patient.
- After confirmation – already loaded 50 cc syringe of 40 ml of warm Dashmool tail is to be pushed in bladder without air.
- Then slowly Foley's catheter is to be removed.
- Patient should keep in same position for 15 minutes
- The procedure continues for 7 days with the gap of next 7 days. Same procedure repeated after 7 days.
- Total 2 sessions should be completed for every patients. It take 28 days.
- Then screening by clinically & ultra-sonographically done after 28 days. No any other drug given during therapy. (Orally or Parenterally.)

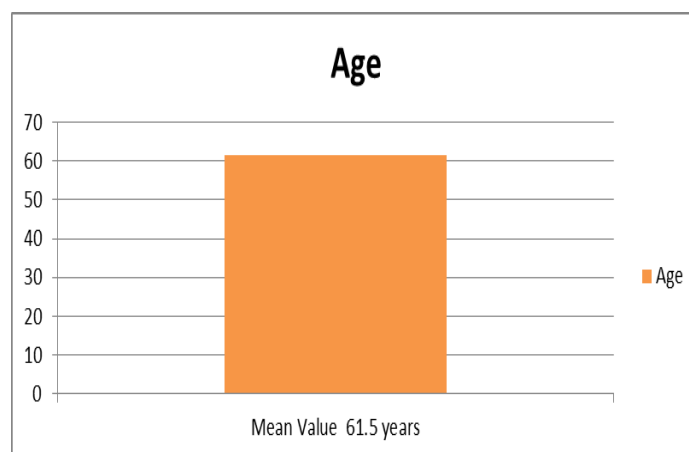
#### Criteria for assessment

- Hesitancy,
- Urgency & frequency of urination,
- Nocturia,
- Poor urine stream/ dribbling,
- Post void residual urine,

#### Data analysis

##### 1) Age - between 50 to 70 years

Total no. of patients	Mean Value of Age
30	61.5 years



##### 2) Hesitancy of micturation

Total no. of patients	Pre Uttar-Basti hesitancy present	Post Uttar-Basti hesitancy present	Relief in total no. of patients	Result in %
30	26	4	22	84.61 %

- Dysurea,
- Retention of urine,
- Reduce wt. & size of prostate gland.

#### Inclusion criteria

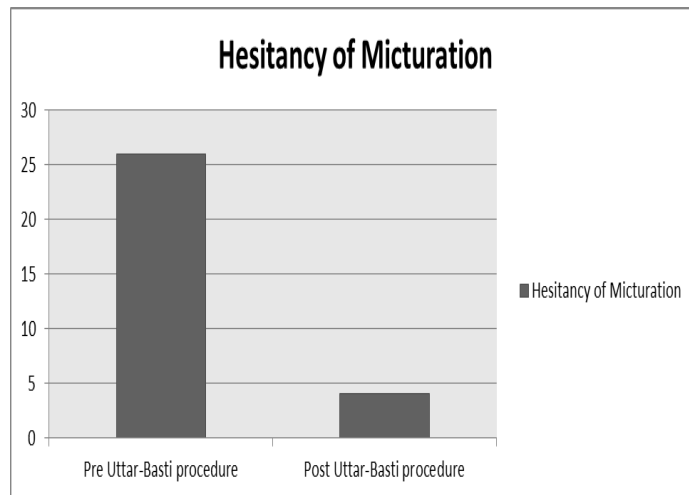
- Age between 50 to 70 years,
- Patient has clinical symptoms of BEP,
- USG Report – Prostate size between 20 to 40 gms.
- Post void residual urine quantity should > 25 to < 100 ml
- RFT should be in normal range.

#### Exclusion criteria

- Age = > 50 & > 70 years
- Prostate malignancy, Bladder Carcinoma, Bladder tumour, any other bladder related diseases,
- Renal failure and other complications.
- Haematuria
- UTI ( Urinary Tract Infection)

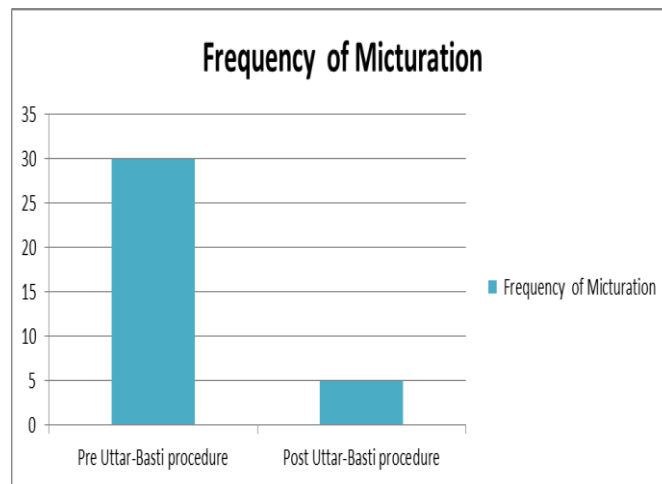
#### Investigations

- Sr. BUL,
- Sr. Creatinine,
- Sr. PSA,
- Urine ( Routine & C/S)
- USG (Abd. & pelvis) - ( Pre and Post procedure ),
- Tumour marker ( if necessary),
- Urine Flowmetry Test (if necessary)



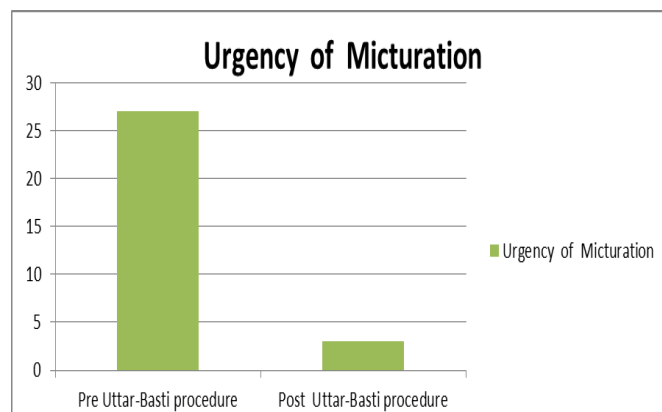
3) Frequency of micturation

Total no. of patients	Pre Uttar-Basti frequency present	Post Uttar-Basti frequency present	Relief in total no. of patients	Result in %
30	30	5	25	83 %



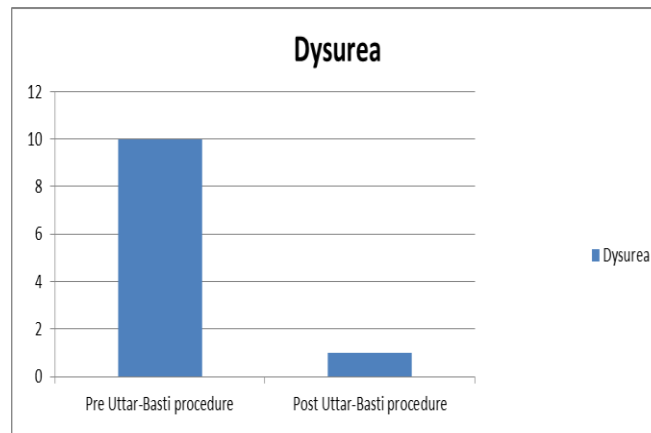
4) Urgency of micturation

Total no. of patients	Pre Uttar-Basti Urgency present	Post Uttar-Basti Urgency present	Relief in total no. of patients	Result in %
30	27	3	24	88 %

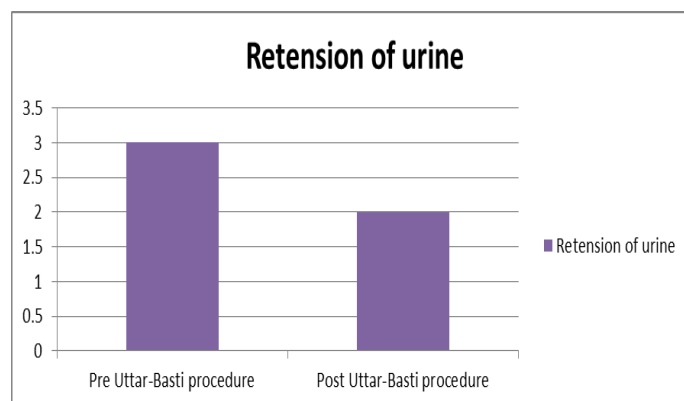


5) **Dysurea**

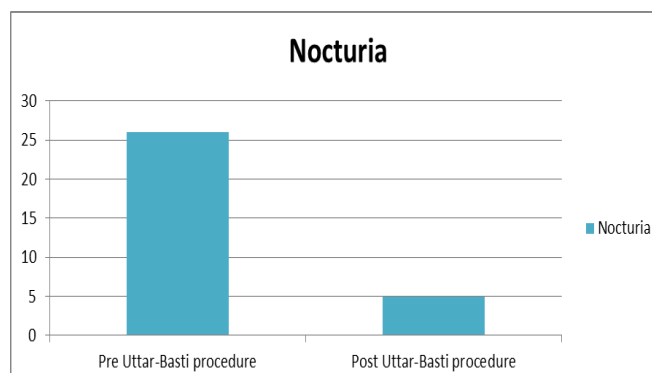
Total no. of patients	Pre Uttar-Basti Dysurea present	Post Uttar-Basti Dysurea present	Relief in total no. of patients	Result in %
30	10	1	9	90 %

6) **Retention of urine**

Total no. of patients	Pre Uttar-Basti Retention of urine present	Post Uttar-Basti Retention of urine present	Relief in total no. of patients	Result in %
30	3	2	1	33 %

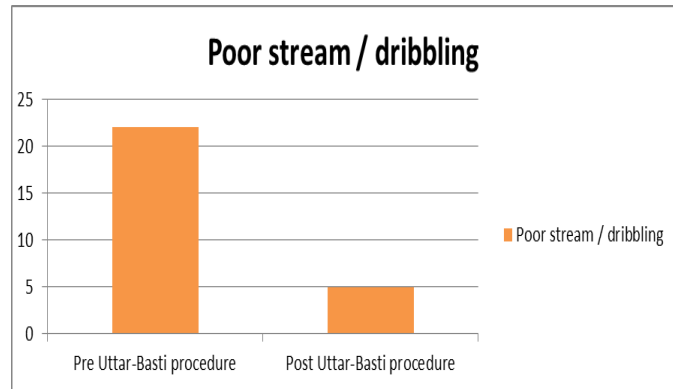
7) **Nocturia**

Total no. of patients	Pre Uttar-Basti Nocturia present	Post Uttar-Basti Nocturia present	Relief in total no. of patients	Result in %
30	26	5	21	80 %



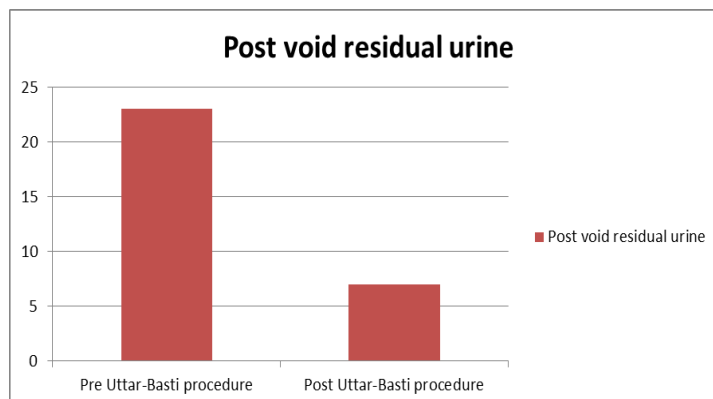
## 8) Poor Stream/Dribbling

Total no. of patients	Pre Uttar-Basti Poor stream / dribbling present	Post Uttar-Basti Poor stream / dribbling present	Relief in total no. of patients	Result in %
30	22	5	17	77 %



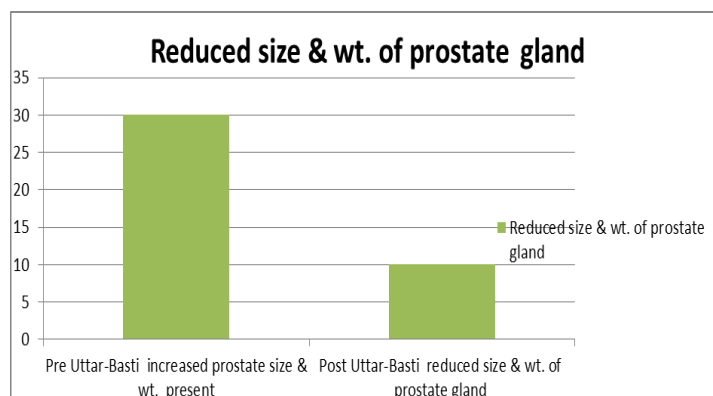
## 9) Post void residual urine

Total no. of patients	Pre Uttar-Basti Post void residual urine present	Post Uttar-Basti Post void residual urine present	Relief in total no. of patients	Result in %
30	23	7	16	70 %



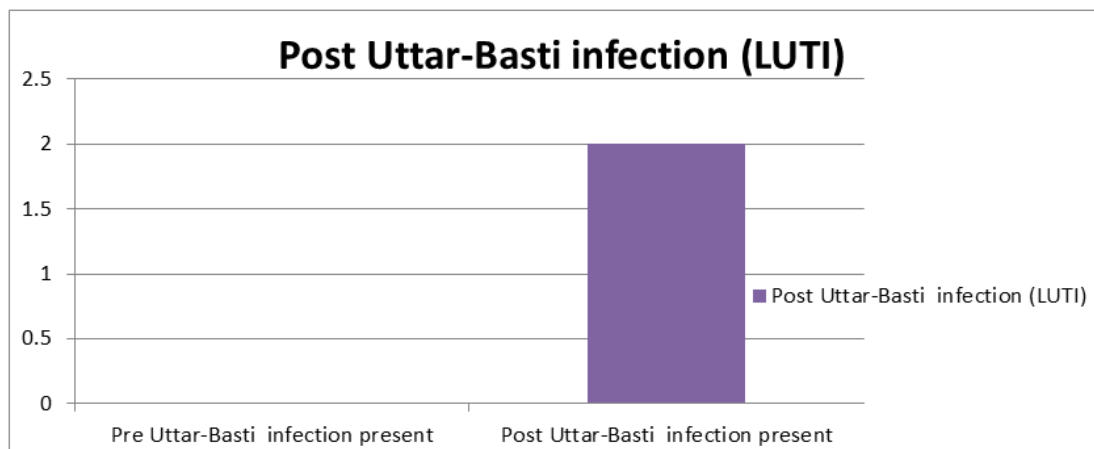
## 10) Reduce size &amp; wt. of prostate gland

Total no. of patients	Pre Uttar-Basti increased prostate size & wt. present	Post Uttar-Basti Reduced size & wt. of prostate gland	Relief in total no. of patients	Result in %
30	30	10	10	33 %



## 11) Post Uttar-Basti infection (LUTI)

Total no. of patients	Pre Uttar-Basti infection present	Post Uttar-Basti infection present	Post Uttar-Basti absent infection	Infection is %
30	0	2	28	6.66 %

**OBSERVATION**

- Uttarbasti (Induction of drug in urinary bladder) is the part of *Panchakarma Chikitsa*.
- Uttar-basti, mitigate the vitiated Apan Vata & strengthen to detrusor muscle.
- The wall of the bladder is comprised of smooth muscle fibres oriented in multiple different directions. These smooth muscles fibres are collectively known as the detrusor muscle. This inter woven orientation provides the bladder with the ability to stretch in response to the presence of urine.
- The musculature of the bladder plays a key role in the storage and emptying of urine.
- Drug introduced through Uttar-basti directly acts on internal mucous membrane of bladder and prostate & helps in reducing inflammation.
- Dashmool tail, oleates urinary bladder & Prostate to work smoothly. This is very good for neurogenic bladder and atonic bladder.
- Due to the vitiation of Apan Vayu in bladder and other causes like hormonal imbalance, Prostate size increases. Sacculation, trabeculation and diverticulum are the late complications due to long standing severe retention of urine and this is due to enlargement of prostate and this diverticulum further causes infection, bladder calculi, bladder carcinoma, etc.

*Vatashthila* includes the term Vata and tail is the best mitigative drug for Vata.

This Uttar-basti procedure takes 15-20 min. Other all medications of BEP was omitted and this study carried out for 7 consecutive days with gap of 7 days in 2 sessions. This study takes total 28 days to complete this therapy for a patient.

We observed that Dashmool tail Uttar-basti is effective in BEP. Dashmool taila normalizes / controlled vitiated

Apan Vata dosha. Dashmool tail contains - roots of 10 medicinal plants. These are Bilv, Agnimanth, Shyonak, Patala, Kashmiri, Shalparni, Pithavan, Dorli, Kantakari & Gokshur. Roots of these plants are best Vata-shamak (mitigative). Til tail is also best Vataghna (Vata mitigative).

They have Bladder cleaner, lithotriptic, diuretic, Vilayan and anti inflammatory properties. Obstruction is removed from *Mutra-Vaha Strotas* (i.e. urinary system). Specially at bladder neck, which enhances the function of Apan-vayu and relieved from all BEP symptoms and increased urine flow and decreased post void urine residue.

Dashmool taila is absorbed by mucosal layer of bladder and toning to detrusor muscle.

No any adverse drug reaction (ADR) were found during this therapy.

**RESULT**

- Age did not differ significantly.
- Age wise mean value is 61.5 years.
- Hesitancy (wait for urine to start) relief in 84.61% of patients.
- Frequency of micturation reduced in 83% patients.
- Urgency of micturation reduced by 88% patients.
- Dysuria- relief in 90% of patients.
- Retention of urine decreased in only 33% patients.
- Nocturia reduced by 80% patients.
- Poor urine stream / dribbling decreased in 77% patients.
- Post void residual urine decreased by 10 cc in 70% of cases.
- Reduced weight and size of prostate gland in only 33% patients.
- Post procedure infection found in only 2 patients i.e. only 6.66 % of patients.
- Total 30 patients were screened for participation in this study. On OPD basis, after applying the

eligibility criteria, informed consent was obtained from all participants with due risk.

- According to above result, we can clearly say that BEP can be well managed by Uttar-basti treatment. Butone must be cautious about introgenic infection.
- This procedure should perform by only surgeon or skilled person .
- -To confirm the result, this study is not enough. It should be performed on large sample size for its validation. This is encouraging result and good option for current treatment for BEP.
- Further study needs to confirm this data.

### CONCLUSION

*Dashmool tail Uttar-Basti* has great significance for symptomatic relief in BEP.

### Data availability

Data are available from the corresponding author.

### Conflicts of interest

The authors declare that they have no conflicts of interest & none source of funding.

### REFERENCES

1. Sushruta Samhita – Ayurveda Tatva Sandipika – Hindi Vyakhya – Uttar-Tantra, Adhyay by Kaviraj Dr. Ambikadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 1997; 11:
2. Sushruta Samhita – Ayurveda Tatva Sandipika – Hindi Vyakhya – Chikitsa Sthan, Adhyay no. 37- Shlok no.125,126, Adhyay no. 38- Shlok no.67-70, by Kaviraj Dr. Ambikadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 1997; 11.
3. Sarth Vagbhat – Author – Dr. Ganesh K. Garde, Reprint, Anmol Prakashan, Pune, 2003; 1.
4. Bailey's & Love's – Short Textbook of Operative Surgery- by R.C.G. Russell, Published by Arnold Publishers, 338, Euston Road, London NW1 3BH, 2000; 23.
5. Farquharson's Textbook of operative surgery – by R.F. Rintoul Published by Churchill Livingstone publications, Edinburgh, 1995; 8.
6. Principles of Surgery – by Schwartz, Shires Spencer, 5: II.
7. Maingot's abdominal operations, by Michael J. Zinner, Seymour I. Schwartz, Harold Ellis, MC Graw Hill publication, 2001.
8. Shalya Shalakya Tantra – Vaidya S. G. Joshi, 2001; 2.
9. Oil-lubricated colonoscopy: easier and less painfull ? – Brocchi E, Pezzilli R, Endoscopy, 2005; 37(4): 340-5. PMID: 15824944, DOI: 10.1055/s-2005-861051 (Indexed for MEDLINE)
10. Manipal Manual of Surgery by K. Rajgopal Shenoy – CBS Publishers, New-Delhi – First Edition- Reprint, 2004.
11. A Concise Textbook of Surgery – S. Das, Jan. Published by Dr. S.Das – Kolkata, 2014; 8.