



## EFFECT OF ASHWAGANDHA TAIL MATRA BASTI, ASHWAGANDHA KWATH, AND CAP. URIMAX W.S.R.BPH (BENIGN PROSTATIC HYPERPLASIA)-A CASE STUDY

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### **ABSTRACT**

Diseases are named according to ruja (shoola), varna (Pandu), samathan (nidan), sthana (amashaya), sansthan (aakruti or Swaroop). According to these parameters diseases are innumerable.

Astheela vyadhi is also named according to above given principle because in the case of astheela vyadhi, astheela gland becomes hard, cubic just like a stone.

According to Acharya Sushruta has described Astheela as round stone called astheela. A long & round box of iron which is used by blacksmith is also known as astheela.

A gland of the same structure as above given description is known as astheela

Astheela is a gland when it gets enlarged upwards and gets budge, it obstructs the passage of urine and stool. This disease condition is called as Vaatastheela

*Ashwagandha tail matra basti chikitsa* has a property like *Vata-kapha shaman, vajikaran, shukral, mutral, shothhar, rasayan* rejuvenator (restore youthful Vigor) as well as the pharmacological activity such as anti-inflammatory, alterative (able to restore normal health), Immune modulator activity, anti-ageing, anti-tumor activity, deobstruent (removes obstruction by widening opening of ducts) hence Ashwagandha formulations (*ashwagandha kwath*) with *Ashwagandha tail basti chikitsa* is useful

**KEYWORDS:** -BPH, Astheela, Ashwagandha tail matra basti, Ashwagandha kwath, cap. Urimax

## **INTRODUCTION**

According to modern medical sciences the Benign Prostatic Hyperplasia (BPH) is the disease refers to the adenomatous enlargement of periurethral prostate gland results in obstruction of urethra & urinary bladder opening.

The BPH which is a progressive disease and affects usually in latter age of life. Symptoms of BPH is vary in severity, it includes frequent urination, nocturia, urinary urgency or hesitancy, dysuria (painful urination) and incomplete urination. The exact mechanism behind the BPH is not yet know but probable causes are changes occurs in hormonal activity with age. As the advancement in the age the serum testosterone (male sex hormone) level slowly & significantly decreases along with increased estrogenic level causes enlargement of prostate, Androgens (male sex hormones) most likely play a role in prostate gland enlargement. The prostate converts testosterone in to the dihydrotestosterone (DHT) which stimulates the cell growth in the tissue that lines the prostate gland & it is the major cause of rapid prostate enlargement.

In Ayurvedic texts treatment is not specified but indicated to treat on the basis of indication of mutraghata treatment. According to Sushruta Dravya's are used in the form of Kashaya, Kalka, Sarpi, avaleha, kshara, madya, asava, swedan, basti and the formulations told in the ashmari and mutrodvarta diseases useful.

In mutrastheela a swelling is manifested in between the gudamarga and basti which causes obstruction. The disease presentation reveals that there will be extra growth due to an abnormal functioning of vitiated vata-dosha. According to Samhitas the vitiated vaat dosha is treated with Basti Chikitsa.

The mutrastheela/vaatastheela resembles the disease BPH (Benign Prostatic Hyperplasia). These men need treatment from physicians & urologists.

In most of the cases watchful waiting is carried out along with the use of alpha blockers, unfortunately alpha blockers having limited efficacy and can be associated symptoms like dizziness, hypotension as well impotence. If obstructive symptoms persist surgical interventions may be needed. Hence the Ayurvedic treatment for urinary disorders as well the symptoms associated with the alpha blockers can be considered for study.

## **AIMS AND OBJECTIVES: -**

To study the effect of Ashwagandha tail matra basti and ashwagandha kwath with cap. **Urimax** (tamsulosin hydrochloride) orally on Pain, Tenderness, Urination frequency, Incomplete urination, Nocturia

Study the properties of Ashwagandha tail matra basti like Vaat-Kaph shaman.

Established the additional & effective modality for the management of BPH.

### **MATERIALS AND METHODS**

Patients from OPD & IPD of research institute and hospital.

Methods of selection of study subject-

#### **INCLUSION CRITERIA-**

- ✧ Patients from the age group 50-60.
- ✧ Patients having sign and symptoms & diagnosed with BPH.

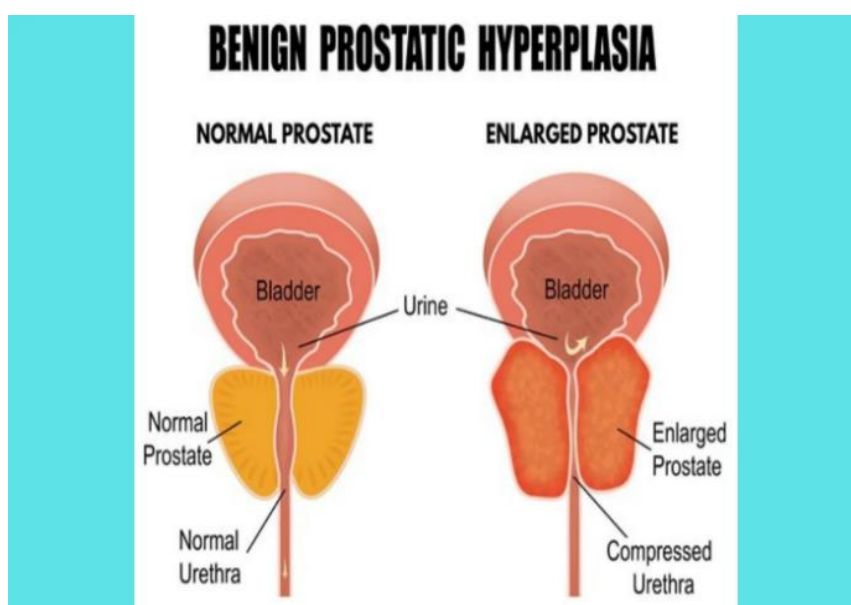
#### **EXCLUSION CRITERIA-**

- ✧ Patients with below age group of 50 and above 70 years
- ✧ Patients suffering from DM, hypertension, TB, Hep.B, HIV, Malignancy, Chronic renal failure.
- ✧ Patients with congenital & acquired urogenital anomalies like CA prostate, prostatic calculi, vesicles bladder diverticuli etc.

**CASE REPORT-** Patient Profile: A 65 years old male patient came with complaints of Increased urinary frequency, nocturia, and weak stream.

**Physical examination-** The Per Rectal examination in BPH shows enlarge and feels firm and hard.

**Clinical Examination -PSA (Prostate Specific Antigen)-03**



### **INTERVENTIONS:**

1. Ashwagandha Tail matra-basti: Administered once weekly for four weeks.
2. Ashwagandha Kwath: 60 ml taken orally once daily for a month.
3. Cap. Tamsulosin Hydrochloride:- **(CAP URIMAX)**: 0.4 mg taken once daily for a month.

### **ASSESSMENT PARAMETERS:**

- International Prostate Symptom Score (IPSS) (From 0 to 5 grades)
  1. **INCOMPLETE EMPTYING** (How often you have the sensation of not emptying the bladder)
  2. **FREQUENCY** (How often you urinate again in less than 2 hours)
  3. **INTERMITTENCY** (How often have you stopped and started again when you urinated)
  4. **URGENCY** (How often you found difficult to postponed urination)
  5. **WEAK STREAM** (How often you had the weak urinary stream)
  6. **STRAINING** (How often you had to strain to start urination)
  7. **NOCTURIA** (How many times do you wake up during the night).
- Uroflowmetry for urine flow rate measurement

### **BASELINE DATA:**

#### **BT (Before Treatment)**

IPSS: 14 (Moderate)

Maximum Flow Rate: 9 ml/s

#### **Post-Treatment (4 Weeks):AT (After Treatment)**

IPSS: 5 (Mild)

Maximum flow rate: 18 ml/s

Adverse Effects: The patient reported minimal dizziness attributed to Tamsulosin, no adverse effects were noted from the herbal medicine treatments.

### **PREPERATION OF DRUG:**

**ASHWAGANDHA TAIL-** According to Bhavaprakash samhita,*karshya rogadhikar adhaya*.Ashwagandha taken in 250 gms with water about 4000 ml.Boil the mixture with

continuous stirring up to 1000 ml of til tail will be added and.Boil it up to the criteria of tail-agni pariksha fulfils.

**ASHWAGANDHA KWATH-** According to *Sharangadhar Samhita*, *kwathadikalpana adhaya*. *Ashwagandha* taken in 40 gms with 16 parts of water I.e.640ml, Boil and stir it well up to the 8<sup>th</sup> parts of mixture remains. The remaining part is called as *ashwagandha kwath*.

### **DISCUSSION-**

According to *Samhitas* the vitiated *vaat dosha* is treated with *Basti Chikitsa*. The *mutrastheela/vaatastheela* resembles the disease BPH (Benign Prostatic Hyperplasia).

In most of the cases watchful waiting is carried out along with the use of alpha blockers, unfortunately alpha blockers having limited efficacy and can be associated symptoms like dizziness, hypotension as well impotence. If obstructive symptoms persist surgical interventions may be needed. Hence the Ayurvedic treatment for urinary disorders as well the symptoms associated with the alpha blockers will be needful for study.

*Ashwagandha tail matra basti chikitsa* has a property like *Vata-kapha shaman*, *vajikaran*, *shukral*, *mutral*, *shothhar* , *rasayan* rejuvenator (restore youthful Vigor) as well as the pharmacological activity such as anti-inflammatory, alterative (able to restore normal health),

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100 Ml syringe for basti karma.

**CONSLUSION**

The combination of *Ashwagandha Tail matra basti* and *ashwagandha kwath* with Cap.Urimax produced significant improvements in urinary symptoms and overall quality of life. The adaptogenic properties of Ashwagandha may support the body's stress response, potentially alleviating symptoms related to BPH. This integrative approach aligns with existing literature advocating for the use of herbal therapies alongside conventional treatments.

The results indicate that the integration of *Ashwagandha Tailmatrabasti* and *Ashwagandha Kwath* with cap. Urimax can effectively manage BPH symptoms. This case study suggests that combining Ayurvedic practices with modern medicine may provide a holistic approach to treating BPH. Further research with larger samples is needed to confirm these findings and explore the mechanisms involved.

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