Case report: Management of moothagha (benign prostatic hyperplasia) with Bala Taila Matra Basti

Joyal Patel, Tukaram Dudhamal, Sanjay Kumar Gupta, Vyasadev Mahanta

Abstract
A case of enlargement of prostate (BPH) was treated with Bala Taila Matra Basti (instillation of medicated oil through rectal route) 60 ml once daily for 21 consecutive days in the morning hours. The patient was assessed on the basis of subjective parameters i.e. IPSS (International Prostate System Score) and objective parameters (USG of Prostate gland and Uroflowmetry). 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 enlargement of prostate with Bala Taila Matra Basti.

Keywords: Ayurveda, Benign Prostatic Hyperplasia, Bala Taila, Matra Basti, Mootraghata.

1. Introduction
The overall incidence rate of 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 pathological condition with an incidence of 92.97% (n=185) and 93.3% (n=200) [1]. BPH is the most common benign neoplasm of senile men caused by excessive growth of prostatic tissue. In modern medicine the management of BPH is either by conservative treatment using drugs (e.g. hormonal therapy, chemotherapy etc.) or through a surgical approach (e.g. open prostatectomy, transurethral resection of prostate-TURP, cryotherapy, etc.) [2]. In old age the surgery is associated with many complications like postoperative morbidity, impotence, retrograde ejaculation [3]. In case of hormonal therapy there are complications like loss of libido, impotence, gynaecomastia and also very expensive. As per etiopathogenesis of moothagha described in classics, there is a deranged function of Vayu, particularly Apana Vayu. Basti (Matra Basti) is authentic treatment for vitiated Vayu where no any strict restrictions are required [4]. In context to Mootraghata as par to BPH Mootravaha Srotudoshti and vitiation of Vata is involved. So, for Vatadosha basti in general and Matra Basti in particular may be helpful in reducing the size of the prostate and enhancing the tone of urinary bladder. So, in this case study Bala Taila Matra Basti showed good result in BPH [5].

Case History
A 48 year old male patient came in OPD on 27/9/2013 with complaints of increased frequency of micturition, nocturia, weak stream, incomplete voiding, dysuria and lower abdominal pain. Patient was suffering from above this complains for 2 years. He has continuous lower abdominal pain. He had consult urologist and taken medicine but no relief. In per rectal digital findings noted with enlargement of both lateral lobe, round shaped, smooth surface, upper border approachable, median groove palpable, fixed mobility, tenderness absent, free rectal mucosa, soft consistency, size of prostate gland mild enlargement.

Procedure of Matra Basti
1. Poorva Karma
- Patient advised to pass their natural urges and nil orally prior administration of Matra Basti.
- Bala Taila was boiled before administration.
- Instruments like rubber catheter, 20cc syringe, gloves were kept ready.
2. Pradhan Kamra

- Patient was asked to lie in left lateral position on table.
- The boiled Bala Taila brings on room temperature.
- Slowly and steadily 60ml Bala Taila was administered through rectal route with plastic syringe and rubber catheter.
- At the time of insertion of the Taila patient was asked to inhale and exhale deeply and keep himself as relaxed as possible.

3. Pushchata Karma

- After Matra Basti patients advised to lie down in left lateral position for 10 minutes.
- Patient was tapped on back and legs were kept in bending position.
- Normal diet was allowed after Matra Basti when he feel hunger
- Patient shifted to ward and hot water bag was provided for local Svedana at lower abdomen and asked to note the time of pratyangama kala of basti (Retention of the Bala taila).

Investigations

The blood investigations like Serum Creatinine, Prostate Specific Antigen (PSA), Ultrasonography (USG) of prostate and Uroflowmetry were carried out before and after the treatment to assess the effect of therapy.

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Volume (Size)</td>
<td>21 cc</td>
<td>15 cc</td>
</tr>
<tr>
<td>PSA</td>
<td>2.06 ng/ml</td>
<td>0.6 ng/ml</td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td>1.21 mg/dl</td>
<td>0.69 mg/dl</td>
</tr>
</tbody>
</table>

Table 2: Reports of Uroflowmetry:

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voided Volume</td>
<td>198 ml</td>
<td>346 ml</td>
</tr>
<tr>
<td>Maximum flow rate</td>
<td>18 ml/sec</td>
<td>28 ml/sec</td>
</tr>
<tr>
<td>Average flow rate</td>
<td>11 ml/sec</td>
<td>13 ml/sec</td>
</tr>
<tr>
<td>Post Voidal Residual (PVR)</td>
<td>30 cc</td>
<td>Nil</td>
</tr>
<tr>
<td>Voiding time</td>
<td>18 sec</td>
<td>25 sec</td>
</tr>
<tr>
<td>Flow time</td>
<td>18 sec</td>
<td>23 sec</td>
</tr>
<tr>
<td>Time to maximum flow</td>
<td>9 sec</td>
<td>6 sec</td>
</tr>
</tbody>
</table>

Results and Discussion

The concept of nodular hyperplasia in pathology of BPH has been established but its exact cause is still unknown [6]. 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 changes in hormones. In old age serum estrogen level is increased which acts on the development of the disease are age and changes in hormones. Moreover, steroid hormone realizing hormone (LHRH) and hence, causing 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 aged male plays part in disrupting balance between dihydrotestosterone (DHT) and local peptide growth factors thus increasing the risk of BPH.

In Ayurveda, Vata is the root cause in the manifestation of all the varieties of mootraghata [8]. In Ayurveda it is mentioned that Matra Basti is choice of treatment in controlling Vata Dosha in all types of Mootraghata. The beauty of Matra Basti has been defined in such a way that it improves the general body health (Balya), nourishes as whole (Bhrihaniya), normalizes the function of Vata and regularize the natural urges like urination, defecation in diseased conditions. Hence in this study Bala Taila Matra Basti was given in a well diagnosed case of BPH. The size of prostate before treatment was 21cc in TRUS findings and after treatment it was 15cc. Thus it can be said that Bala Taila has so much effective to control the growth of prostate gland. In Uroflowmetry findings Post Voidal Residual Urine Volume (PVRU) was 30cc before treatment which was reduced to nil, so it can be said that the function of detrusor muscle of bladder might be improved by controlling Apan Vayu with the help of Matra Basti due to Balya and Brihaniya effect. In Uroflowmetry findings before treatment voided volume (198ml), Maximum flow rate (18 ml/sec) and average flow rate (11ml/sec) was observed, but after treatment all findings are increased 346 ml, 28 ml/sec and 13 ml/sec respectively. It might be possible due to decreased mechanical obstruction and pressure produced by enlargement of prostate. In this formulation, only two drugs Atibala (Abutilon indicum) and Tila Taila (Sesamum indicum) are used. In the management of Mootraghata, it is clearly mentioned to use Tila as Sneha Dravya in the forms of Pana, Abhyanga as well as Basti. Beta Sitosterol has been identified as the active ingredient in Atibala (Abutilon indicum) [9]. Scientifically proved that beta sitosterol has anti-inflammatory effects (through interference with prostaglandin metabolism) and anti-androgenic or anti-estrogenic effect [10]. The active chemical component beta sitosterol in any herbs is proved very effective in BPH. Tila taila (Sesamum indicum) has linoleic acid and oleic acid as a chemical component [11]. They are inhibitors of both 5-α reductase and α blockers activity [12]. The inhibition of 5-α reductase controls the conversion of testosterone to Dihydrotestosterone (DHT). So controlling in DHT ultimately controls the further growth of prostate gland and relief in the symptoms.

Conclusion

This case study highlighted that Bala Taila Matra Basti is safe and effective in symptomatic management of Mootraghata (BPH). As this is the single case study it should be tried in more number of patients for its validation.

References:
5. Pharmacy of Gujarat Ayurveda University, Jamnagar.
6. Das S. A concise Text Book of surgery, 3rd Edi. - 02 Chapter, 59, 1345
10. www.wileyonline library.com, by T wilt, A Ishani, G stark, assessed on 13December 2014, 11:00 PM