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Role of Ayurvedic Treatment in Management of Prostate Enlargement

Vd. Sarita Gaikwad / Sonale, M. D., PhD (Sch)
e-mail : sarita.pgaiikwad@gmail.com

Assistant Director, Ayurved, Nagpur* Pune & HoD 20 bedded Ayurvedic ward, Sassoon General Hospitals, Pune

Introduction :- Geriatric age group is increasingly associated with both benign & malignant alterations of prostate gland. Globally, benign prostatic hyperplasia affects about 210 million males as of 2010 (6% of the population).^[1] The prostate gets larger in most men as they get older. For a symptom-free man of 46 years, the risk of developing BPH over the next 30 years is 45%. Incidence rates increase from 3 cases per 1000 man-years at age 45–49 years, to 38 cases per 1000 man-years by the age of 75–79 years. While the prevalence rate is 2.7% for men aged 45–49, it increases to 24% by the age of 80 years.^[2] Most males with benign & malignant conditions of prostate gland are not diagnosed during their life time. Autopsies of men in the 8th decade of life show hyperplastic changes in >90% & malignant changes in 70%.^[3] Prostate grows in two different ways. In the first type of growth, cells multiply around the urethra and squeeze it; much like you can squeeze a straw. The second type of growth is the middle-lobe prostate growth, in which cells grow into the urethra and the bladder outlet area. This type of growth typically requires surgery.

One of the main functions of the prostate gland is to produce prostatic fluid, one of the components of semen. There is no cure for Prostate enlargement and once prostate growth starts, it often continues, unless medical/ surgical treatment is given.

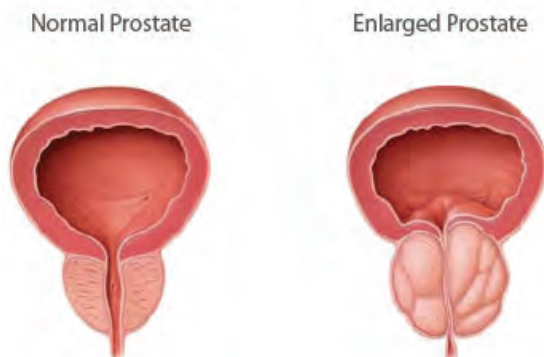
Causes of Prostate enlargement: - The actual cause of prostate enlargement is unknown. It is believed that factors linked to aging and the testicles themselves may play a role in the growth of the gland. Men who have had their testicles removed at a young age do not develop BPH.

Throughout their lives, men produce both testosterone, an important male hormone, and small amounts of estrogen, a female hormone. As men age, the amount of active testosterone in the blood decreases, leaving a higher proportion of estrogen. Studies done on animals have suggested that BPH may occur because the higher amount of estrogen within the gland increases the activity of substances that promote cell growth.

According to Ayurved, *Ashtila Vridhil* prostate enlargement is caused by vitiated Vayu & mostly Apan vayu,^[4] which in term caused by forcibly controlling natural urge of defecation

/ urination, sexual- *Vegavarodh*, persons having chronic constipation, persons taking *Ati-Tikshna*, *Ati-Ushna*, *Ati-Ruksha*, *Ati- snigdha*, *Ati- guru aahar* (diet), *Ati shram*, persons involved in travelling- *Ati pravasa*, indulgence in alcohol, etc.

Symptoms of Prostate enlargement:- Frequent of urination, particularly at night (i.e.Nocturia), Hesitant, interrupted or weak urine stream caused by decreased force, Blood in the urine (i.e. haematuria), caused by straining to void, Dribbling after voiding, feeling that the bladder has not emptied completely after urination, Pushing or straining to begin urination, Recurrent, sudden, urgent need to urinate, Leakage of urine (i.e. overflow incontinence).



Aims & objectives:- 1. To effectively treat cases of Prostatic enlargement by ayurvedic line of treatment.

2. To develop alternate line of treatment to Prostatic enlargement, obviating need for conventional surgical line of treatment.

Material & methods

Study design: - A prospective study was undertaken in 20 bedded Ayurvedic ward, Sassoon General Hospitals, Pune

Study period: - Jan 2008 to Dec 2012

Study subjects:- 27 Patients having suggestive symptoms of prostatic enlargement reporting to Ayurvedic OPD of Sassoon General Hospitals, Pune were investigated.

Investigations: - Clinically 'Per rectal examination' was carried out & those who had clinical evidence of prostatic enlargement were subjected for sonography examination before & after voiding urine. Tests like Prostate Specific Antigen which lacks specificity were not carried out. Routine blood & urine examinations were carried out. Renal function tests like Blood urea, serum creatinine were also carried out. Written consent was obtained & those who

agreed to be included in the study were included in the study. Thus 21 cases were diagnosed as cases of Prostatic enlargement & included in the study.

Table No.1 showing Age composition of study subjects

Age group	No. of patients
55-59	2
60-64	11
65-69	6
70-74	2
Total	21

Table No.2 showing symptoms of study subjects

Symptoms	No. of patients
Nocturia	20
Frequency of urination	20
Reduced urinary flow	19
Hesitancy	4
Straining for initiating micturition	17
Feeling of incomplete emptying	20
Dribbling of urine	1
Hematuria	2
Loss of libido	19

Many patients experienced more than one symptom.

Treatment prescribed :-

1. Sadhho vaman was given to pacify vitiated kapha,
2. Gokshuradi guggul 500mg twice daily for 2 months
3. Gokshur + Punarnava + Varun + Sariva 500mg each with Gorakhmundi quath 40 ml twice daily for 2 months
4. Triwang bhasma 125mg + Shudhha Shilajeet twice daily 500 mg for 2 months
5. Matra Basti & Nirooh alternate day for 5 days -Matra basti by Narayan tail 50 ml. 1st ,3rd & fifth day followed by

6. Nirooh by Dashmool+Erandmool quath 300ml + Saindhav 3 gm+ Madhu 5ml +sahachar tail 20 ml on 2nd & 4th day
7. Uttarbasti by Sahachar tail twice weekly for 2 weeks

Treatment period - 2 months

Criteria for assessment - Excellent relief- complete cure of symptoms

Moderate relief - > 75% of symptomatic relief

Mild relief - > 50% of symptomatic relief

No relief- no changes in symptoms.

Follow up :- Clinical follow up every month after completion of treatment for 3 months, followed by sonography examination done at the end of 3 months

Observations & Discussion :-

There was Symptomatic Upashay/ relief in all the 21 patients.

Table No. 3 showing symptomatic relief after 3 months follow up

Excellent relief	Moderate	Mild	No relief
17	4	Nil	Nil
80.95%	19.05%	-	-

The study revealed that ayurvedic treatment had given excellent relief to more than 80% patients. There was one patient of urinary retention with constant dribbling of urine, who also showed symptomatic relief within 2 weeks of treatment. Further there was one patient who had developed hydronephrotic changes due to massive prostate enlargement was put on dialysis by urologist. It was a case of sheer negligence. This condition could have been prevented if the case was properly investigated. This case was also had symptomatic relief & the dialysis was stopped within a week.

Table No. 4 showing result of treatment on weight of prostate after 3 months follow up

Weight of Prostate	Before treatment	After treatment
Range	38-82 gm	27-39 gm
Average	61.52 gm	33.15 gm

The normal weight of prostate is 25-30 gm. In the present study the weight of prostate in the study subjects as noted by sonography had range of 38 to 82 gm with average weight 61.52 gm before treatment. After completion of treatment, there was marked reduction in weight of prostate having range of 27-39 gm with average weight 33.15 gm, this reduction in weight of prostate after treatment was found to be **statistically significant (p <0.05)**

Baseline N=21 (Mean±SD) Prostate Weight	Post Interventional (N= 21) (Mean±SD) Prostate Weight	p value based on paired t test
61.52 (±15.17)ml	33.15(±3.47)ml	<0.05 Significant

Table No. 5 showing post voided residual volume after 3 months follow up

Residual urine	Before treatment	After treatment
Range	60-500 ml	31-54 ml.
Average	92.23 ml.	40.42 ml.

Post voided residual volume of >50 ml is indicative of significant Prostatic enlargement. In the present study the Post void residual volume was in the range of 60-500ml, the average being 92 ml. One extreme value has affected the mean however better average here was median that was 70 ml. After completion of treatment the post voided residual volume was within range of 31-54 ml with an average 40.42 ml & median 41 ml that is indicative of non significant enlargement. Statistically also this difference was found to be significant. It gave strong evidence that the disease has regressed to almost normal state.

Baseline Residual urine (Mean ± SD) N = 21	Post Interventional Residual urine (Mean ± SD) (N = 21)	p value based on paired t test
92.23(±15.17)ml	40.42(±3.47)ml	<0.05 Significant

Conclusion:- The present study proved that Ayurvedic line of treatment is quite effective in treating prostate enlargement. Further it has given evidence that such ayurvedic line of treatment obviates the need of unnecessary surgical treatment.

Summary:- A prospective clinical trial was undertaken in 20 bedded Ayurvedic ward, Sassoon General Hospital, Pune, to treat 21 patients of prostate enlargement proved clinically & confirmed by ultra sonography, The vitiated dosha Vat & kapha, Dhatu- Rakta & Mans were pacified by giving Sadhho vaman, followed by Ayurvedic management with Basti chikitsa. > 80% of the cases had excellent results with complete symptomatic relief while the rest of them received moderate relief with > 75% relief of symptoms. The cases were subjected for sonography after 3 months of completion of treatment. The average weight of prostate was reduced from 61.52 gm to 33.16 gm. Further the post voided residual volume the average being 87 ml. was reduced to an average of 48ml. It gave strong evidence that the disease has

regressed to almost normal state. The present study proved that Ayurvedic line of treatment is quite effective in treating prostate enlargement. Further it has given evidence that such Ayurvedic line of treatment obviates the need of unnecessary surgical treatment.

* The then Assistant Director, Ayurved, Pune & HoD 20 bedded Ayurvedic ward, Sassoon General Hospitals, Pune

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