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

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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 *mootraghata* described in classics, there is 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 Srotodushti* 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. Pradhana Karma

- 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. Pashchata 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 *pratyagamana 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 1: Investigation Findings:

Investigation	Before Treatment	After Treatment
Prostate Volume (Size)	21 cc	15 cc
PSA	2.06 ng/ml	0.6 ng/ml
Serum Creatinine	1.21 mg/dl	0.69 mg/dl

Table 2: Reports of Uroflowmetry:

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

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 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 Dosh* 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 *Taila* 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.

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