



A Control Study of Apamargakshara in the Management of Benign Prostatic Hyperplasia

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Abstract

Vatashtheela is a type of Mutraghata described in the Sushruta Samhita. It resembles with Benign Prostatic Hyperplasia (BPH) in modern medicine with its signs and symptoms. The study has been carried out in two different groups. Each group made of 30 patients. In group A i.e. trial group 30 patients treated with Apamargakshara. In group B i.e. control group 30 patients treated with capsule tamsulfon. Patients were selected randomly irrespective of religion, race, occupation. In BPH irritative as well as obstructive symptoms like frequency, urgency, staining, weak stream, incomplete emptying, nocturia, residual urine, urine flow rate were observed over the month of treatment from onset of treatment. Observations were made and results were analyzed with the help of unpaired 't' test at 0.05 level of significance.

Keywords: Benign Prostatic Hyperplasia (BPH); Astheela; Vatashtheela; Apamargakshara

Introduction

In Ayurvedic classics Mutraghata is the symptoms of low urinary output either by retention, absolute or relative anuria or oliguria Mutraghata and it is predominantly due to the Vata Dosha [1]. The Vata Dosha is responsible to expel the urine output timely as well as uniformly. If Vata gets vitiated, it causes various diseases in relation with Basti & produces Mutrarogas such as Prameha, Ashmari, Mutraghata, Mutrakruccha. In Ayurveda the Vatashtheela is a type of Mutraghata which may have some similarity with BPH based on symptoms such as Achala Unnata Granthi (singly movable & elevated), Vinmutranilasanga (retention of urine, faeces & flatus), Bastiadhmana and Vedanachaparabastou (excruciating pain in the bladder) [2]. BPH is the most common benign tumor in male patients, and its incidence is age related. Risk factor for the development of the BPH are not clearly understood. Some studies have suggested genetic predisposition, and some noted racial differences [3]. BPH is a senile disorder and chiefly affects individuals above the age of 50 years. The symptoms are those of BOO i.e. increased maturation frequency, dribbling, hesitancy, and the features of chronic urinary retention. In Ayurveda Mutraghata was treated with Bhaishajya

Chikitsa. Acharya Sushruta told general line of management of all type of Mutraghata with the use of Kashaya, Kalka, Avaleha, Kshar, Madhya, Aasava, Swedana Basti and Uttarbasti [4] so, it was decided to use Kshar in current study Apamargakshara is described in various diseases and used in indigenous medicine for treatment of diseases like Udararog, Mutrakruccha, Amadosa, Kaphavatavikar, Amavata, and some other complaints. According to Bhaishajyaratnavali, Apamargakshara is superior and best than other Kshara (alkali) as well as it can be used as a Lekhankarma, and it has diuretic property [5]. Apamargakshara is Katurasatmak in taste and Katu vipak, UshnaVirya, Vata, Kaphaghna in properties

Aims & Objects

- To study BPH & Vatashtheela in details
- To study efficacy of Apamargakshara

Material & Methods

Present clinical study has been carried out in OPD & IPD in the Shalyatantra department provided the patients selected

irrespective of their religion, race, occupation etc., fulfilling the selection & eligibility criteria & informed written consent was taken.

Preparation of Drug

Trial drug Apamargakshara was prepared as classical method mentioned in Samhita⁷ and panchang of Apamarga collected from around area. All the panchang were burnt in open space . burnt ash of Apamarga pancnag was collected and it is dissolved in water

which left for whole night & next day mixture filtered by cotton cloth. The same process of filtration was repeated for 21 days. After 21st day liquid containing ash of Kshara obtained. This liquid was heated on furnace at the base of pot got fine ash of Kshara, this fine ash called Apamargakshara , capsules ware prepared in the dose 500mg. Apamargakshara was sent for standardization in research laboratory, Control drug tamsulosin purchased from market (Table 1) Total 60 patients were studied.

Table 1: Course of administration.

	Apamargakshara	Tab tamsulosin
Dose	500mg BD orally	0.4mg BD orally
Time of administration	Before meal	After meal
Anupana	Lukewarm water	Lukewarm water
Duration	1 month	1 month

Group A- 30 patients treated with Apamargakshara as a trial group.

Group B -30 patients was treated with tab tamsulosin

Laboratory Investigation

- Complete blood count
- Sr. Creatinine
- Urine Routine & microscopic
- Blood Urea
- Prostate Specific Antigen (If Required)
- Ultra-Sonography

Physical examination

- Measurement of residual urine

- Uroflowmetry

- Digital rectal examination

Inclusion criteria

- Patient age group of 50-80 year.
- Patient with mild or moderate symptoms of BPH.
- Patients of Samanya Lakshana's of Vatashtheela.

Exclusion of criteria

- Patient having acute retention, stricture of urethra, prostate malignancies, congenital abnormalities of bladder neck, bladder polyps, cystiti, Hydronephrosis, Urolithiasis.
- Patient with systemic disease like heart disease, DM, Renal failure, HIV-Immuno- compromised patients (Table 2).

Table 2: Criteria of Assessment [8].

	Urinary Symptoms Observed	Grade-0	Grade-1	Grade-2	Grade-3	Grade-4
1	Frequency- how many times patient require to urinate again less than 2hrs.after finishing urination	Not at all	Less than 7 days	15-Jul days	16-21 days	Almost always
2	Urgency- how many times patient found difficulty to postponed urination	Not at all	Less than 7 days	15-Jul days	16-21 days	Almost always
3	Straining- how many times patient have to strain to urination.	Not at all	Less than 7 days	15-Jul days	16-21 days	Almost always
4	Weak Stream- how many times there is weak urinary stream.	Not at all	Less than 7 days	15-Jul days	16-21 days	Almost always
5	Incomplete Emptying- how many times patient sensation of not emptying the bladder completely after finishing urine.	Not at all	Less than 7 days	15-Jul days	16-21 days	Almost always
6	Nocturia- how many times patient got up to urinate	0-1 Time	2-3 Time	5-Apr Times	6-7 Times	More than 7 Times

Assessment of Residual Urine

Grade I	-	0 to 50 ml.
Grade II	-	51 to 100 ml.
Grade III	-	101 to 150 ml.
Grade IV	-	151 to 200 ml.

Assessment of Urine Flow Rate

Grade I	-	15 ml.
Grade II	-	12 to 14 ml.
Grade III	-	09 to 11 ml.

Grade IV - 06 to 08 ml. Grade V - less than 06 ml.

Obtained Results have been discussed and analyzed on following parameters.

- Complete Relief - 100% relief.
- Markedly improvement - more than 50% relief.
- Improvement - 25-50% relief.
- Unchanged - upto 25% relief.

Follow up study: 7, 15, 21 and 30th day

Observation & Results

Table 3: % of Relief According to symptom methodology for Group- A. & Group-B.

S. NO.	Clinical Feature	Group-A				Group-B			
		No.of.pt.	% of relief			No.of.pt.	% of Relief		
			t.val	P<0.05	% of relief		t.val	P<0.05	% of relief
1	Urgency	30	9.11	H.S	64	30	6.52	H.S	64
2	Frequency	30	8.9	H.S	53	30	14.29	H.S	63
3	Straining	30	6	H.S	60	30	7.11	H.S	31
4	Weak stream	30	2.35	H.S	56	30	14.06	H.S	20
5	Incomplete Emptying	30	3.28	H.S	68	30	10.01	H.S	22
6	Nocturia	30	4.97	H.S	65	30	9.18	H.S	50
7	Residual urine	30	14.11	H.S	54	30	7.9	H.S	36
8	Uroflow rate	30	7.9	H.S	31	30	6.78	H.S	38

Discussion

BPH is the common ailment of elderly population, and the advisable treatment of choice is surgery, which is mentally & physically painful. There are number of complications of operative surgery in old age, so many old persons avoid operative treatment for their BPH symptoms. They were seeking a safe & effective treatment for easy lifestyle [6-12]. In this situation, the medicinal treatment may play very important role. Hence to avoid surgery and complication, Apamargakshara can be used as a medicinal treatment and its action can be elaborated as Ushna, Tikshna Guna of Apamargakshara causes Lekhana Karma of Mamsavaha Srotas i.e. it reduces the size of hypertrophied prostate gland and which help in relieving urgency & frequency. Vitiated Vata Dosha creates Kapha Pitta Dushti due to Vishamagni. The Ama formed as a result of Vishamagni settled at Basti causes Vatashtheela. In above all Vishamagni plays important role & Apamargakshara causes Agnideepan with its Ushna, Tikshna Guna. Also Ushna Tikshna Guna of Apamargakshara causes Strotovivaran & Strotoshodhan 8 so weak stream, incomplete emptying of bladder, nocturia decreases.

Conclusion

Use of Apamargakshara for BPH can postpone the surgical treatment. Also Use of Apamargakshara in early stage of BPH help

in prevent the further progressive disease. Apamargakshara gives symptomatic relief in irritative symptoms i.e. urgency, frequency, nocturia, weak stream and incomplete emptying of bladder, Apamargakshara shows less significant effect as these symptoms are obstructive in nature. Most of the patients having associate symptoms i.e. constipation and in that Apamargakshara shown marked improvement for constipation.

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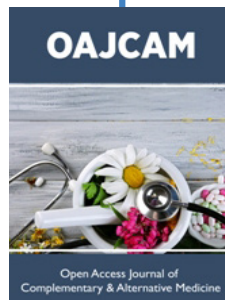


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