



Review Article

MUTRAGHATA: AN AYURVEDIC REVIEW W.S.R TO BPH

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ABSTRACT

Lower urinary tract symptoms (LUTS) are quite common in aging males and these affect the quality of life of an individual. Among various etiologies of LUTS, benign hyperplasia (BPH) has a high prevalence. The term *Mutraghata* stands for low urine output due to obstruction in the passage of urine. *Mutraghata*, a disease of *Mutravaha Srotas* (urinary system) described in Ayurveda, closely resembles with benign prostatic hyperplasia (BPH) of the modern medicine. It affects men above the age of 40 years. Histo-pathologically the prevalence of BPH is age dependent, initiate usually after 40 years of age. More than 50% of men in their 60s and upto 90% of men in their 70s and 80s have some symptoms of BPH. In contemporary science conservative and surgical treatment are given to the patients suffering with BPH.

INTRODUCTION

BPH is common condition in men above 50 years of age and is characterized by a non malignant enlargement of the prostate resulting from excessive cellular growth of both the glandular and stromal elements of the gland.^[1] It is commonly encountered in old aged men; approximately 50% of men aged 60 years and 90% of those aged 85 years present with BPH. In India, prostatic hypertrophy is common over the age of 60 years^[2]. The aetiology of BPH is unknown. One hypothesis infers that the prostate converts testosterone to a more powerful androgen, dihydrotestosterone (DHT) which stimulates cell growth in the tissue that lines the prostate gland (glandular epithelium) and is the major cause of the rapid prostate enlargement.^[3] Some epidemiological studies have shown that, to a large extent lifestyle factors associated with metabolism including obesity, blood glucose, exercise, and diet also contribute substantially to the development of these conditions which diminish patient's quality of life.^[4] It may also be associated with certain male urologic cancers such as prostate cancer and bladder cancer.^[5]

Some studies suggested that hormones, inflammation, metabolic syndrome are likely to play a role in BPH and prostate cancer.^[6]

BPH is the most common cancer worldwide and the number one cause of death for men in the developed countries.^[7] The main symptoms of BPH are increased nocturnal frequency (5-10 times during the night) followed by day and night due to ineffective emptying of the bladder, urgency (urgent desire to pass urine), hesitancy (difficulty in initiating the urinary stream), pain due to cystitis in suprapubic and loin region. The standard line of treatment of BPH is surgical intervention. It is very difficult to treat them with surgery in old age and possibilities of complication are always present. In India, it has been reported that post-operative mortality is 3% and a high morbidity of nearly 20% is found in immediate post-operative phase with 2-3% late complications including incontinence and upto 15% of potency problems. The methods like TURP (Trans Urethral Resection of Prostate), TUNA (Trans Urethral Needle Ablation) Trans Urethral Microwave Thermotherapy (TUMT), high- intensity focused ultrasound, Trans Urethral Electro vaporization (TUE),^[8] water induced thermotherapy and prostatic stent insertion are in practice but still not comprehensive. Hence preferred line of treatment is conservative in these types of patients or those who are not suitable for surgical intervention.

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The term *Mutraghata* is made up of two words i.e.; *Mutra* (i.e.; urine) and *Aghata* means obstruction of urinary passage. *Vatashtheela* is a disease of *Mutravahasrotas* (urinary tract), one among the 12 types of *Mutraghata* (obstructive uropathy) disorders elaborated by *Acharya Sushruta*,^[9] closely resembles to Benign Prostatic Hyperplasia (BPH) of modern medicine in its signs and symptoms. *Sushruta* described that *Apana Vayu*, situating itself in the space between rectum (*Shakrina Marga*) and urinary bladder (*Vasti*), produces a hard (like a stone), immobile and

prominent growth. This growth in turn produces obstruction to the stool, urine and flatus (*Vida Mutranila Sanga*) leading to distension and severe pain over suprapubic region (*Vasti Pradesha*). *Sushruta* has used the term *Vatashtheela* for this condition.^[10] The *Vatashtheela Mutraghata* reflects the symptoms of urine retention, incomplete voiding, dribbling, hesitancy, dysuria, straining during urination etc. These are feature of Lower Urinary Tract Symptoms and can be co-related with Benign Prostatic Hyperplasia in modern parlance.

Table I: Classification of lower urinary tract symptoms of BPH

Voiding/ obstructing symptoms		Storage /irritative symptoms
Hesitancy	Straining to pass urine	Urinary frequency
Poor stream	Prolonged micturition	Urgency
Intermittent stream	Terminal dribbling	Urge incontinence
Sense of incomplete bladder emptying		Nocturia

Sushruta has described general guideline for management of all type of *Mutraghata* (i.e.; obstructive uropathy) with use of *Kashaya*, *Kalka*, *Avaleha*, *Kshara*, *Madya*, *Asava*, *Snehana*, *Swedana*, *Basti* and *Uttarbasti*.^[11] *Sushruta* has mentioned the *Uttarabasti* in urological disorders, it is the best treatment modality for vitiated *Vata Dosh* and various *Kashaya*, *Kalka*, *Sarpi*, *Avaleha*, *Ksira*, *Kshara*, *Madya*, *Upanaha*, *Sweda*, *Uttarabasti*. *Sneha Virechana* should be used in all types of urinary disorders.^[12]

Ayurveda Review

Classification of *Mutraghata*

Vatashtheela is a type of *Mutraghata* according to different *Acharyas*. According to *Sushruta* and *Vagbhata*, *Mutraghata* comprises of twelve different conditions, whereas *Charaka* and *Madhavakara* explains thirteen types in which 2 new varieties have been mentioned namely *Vidvighata* and *Vastikundala*.

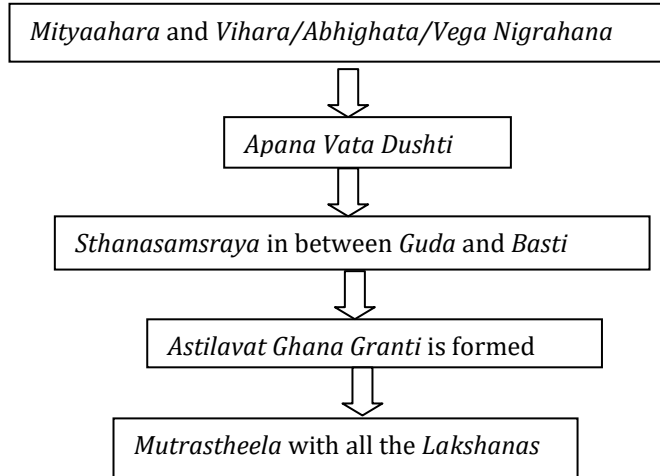
Table II: Types of *Mutraghata* according to different *Acharyas*

SN	<i>Sushruta (S.U/58)</i>	<i>Charaka (Ch.Si./9)</i>	<i>Vagbhata (A.Hr.N/9)</i>	<i>Madhavakara (M.N./31)</i>
1	<i>Vatakundalika</i>	<i>Vatakundalika</i>	<i>Vatakundalika</i>	<i>Vatakundalika</i>
2	<i>Vatashteela</i>	<i>Ashteela</i>	<i>Vatashteela</i>	<i>Ashteela</i>
3	<i>Vatavasti</i>	<i>Vatavasti</i>	<i>Vatavasti</i>	<i>Vatavasti</i>
4	<i>Mutrateeta</i>	<i>Mutrateeta</i>	<i>Mutrateeta</i>	<i>Mutrateeta</i>
5	<i>Mutrajathara</i>	<i>Mutrajathara</i>	<i>Mutrajathara</i>	<i>Mutrajathara</i>
6	<i>Mutrasanga</i>	<i>Mutrasanga</i>	<i>Mutrasanga</i>	<i>Mutrasanga</i>
7	<i>Mutrakshaya</i>	<i>Mutrakshaya</i>	<i>Mutrakshaya</i>	<i>Mutrakshaya</i>
8	<i>MutrAGRAnthi</i>	<i>MutrAGRAnthi</i>	<i>MutrAGRAnthi</i>	<i>MutrAGRAnthi</i>
9	<i>Mutrasukra</i>	<i>Kricchra</i>	<i>Mutrasukra</i>	<i>Mutrasukra</i>
10	<i>Ushnavata</i>	<i>Ushnavata</i>	<i>Ushnavata</i>	<i>Ushnavata</i>
11	<i>Mutroksada pittaja</i>	<i>Mutroksada</i>	<i>Mutrasada</i>	<i>Mutrasada</i>
12	<i>Mutroksada kaphaja</i>	<i>Vidvighata</i>	<i>Vidvighata</i>	<i>Vidvighata</i>
13	-	<i>Vastikundala</i>	-	<i>Vastikundala</i>

Nidana (Causes/Causative factors)^[13]

- *Vata prakopaka ahara-vihara*
- *Vegaavarodha* (suppression of urges)
- *Katu-Teekshna ahara/aushada*
- *Adhyasan* (overeating)
- *Ajeernashana* (having meal after indigestion)

Samprapti^[14]



Presence of vitiated *Vata* along with *Kapha* and *Pittaja* undergoes process of cellular proliferation. The action of vitiated *Vata* over fibrous part, results into hardening of tissues.

Samprapti Ghataka

<i>Dosha</i>	<i>Apana vayu</i>
<i>Dooshya</i>	<i>Rasa, Rakta, Sweda, Mootra</i>
<i>Agni</i>	<i>Dhatwagni, Jatharagni</i>
<i>Sathana</i>	<i>Pakvashaya (GIT)</i>
<i>Adhishtana</i>	<i>Basti (Urinary bladder)</i>
<i>Srotas</i>	<i>Mootravaha srotas</i>
<i>Sroto dushti</i>	<i>Sanga, Vimargagamana, Siragranthi</i>
<i>Sadhasadyata</i>	<i>Krichrasadhya</i>

Risk Factors

Age and presence of circulating androgens are defined as risk factors. BPH does not develop in men who castrated before the age of forty.

Diagnosis

- Medical History: A detailed medical history focused on urinary tract, previous surgical procedures and general health status to be taken.
- International prostate symptoms score (IPSS)/AUA-symptom index.
- Physical Examination
- Digital Rectal Examination (DRE)

The prostate is palpable with significant features.

- (1) Size (normal or enlarged).
- (2) Consistency (soft, elastic, firm or hard).
- (3) Surface (smooth, granular, or nodular).
- (4) Upper limit (approachable or not).
- (5) Rectal Mucosa (free or adherent)

- Urine analysis for routine and microscopic examination
- Ultrasound (KUB), Trans rectal ultrasound(TRUS).
- Histological Examination like Biopsy, FNAC, etc
- PSA assay

Grading of BPH^[15]

1. Grade 1- Easy accessibility of the upper limit, about one finger width depth of lateral sulcus.
2. Grade 2- Accessibility of the upper limit of prostate with little effort. More than one and less than 2 finger depth of lateral sulcus.

3. Grade 3- Upper limit of prostate with difficulty, about 2 fingers.
4. Grade 4- Inability to access the upper limit of prostate even with effort.

Management

Ayurveda approach

- *Nidan parivarjana*
- *Samshamana* Therapy (*Vatashamaka chikitsa*)
- *Samshodhana* Therapy- *Abhyanga, Niruha basti, Uttara basti, Vriechana etc.*
- *Mootrakricchrahara Chikitsa*
- Symptomatic treatment

Drug Formulation

- *Nidigdihikadi swarasa*
- *Amalaka swarasa*
- *Mustadi kalka*
- *Abhyadi kalka*
- *Baladi ghrita*
- *Mahabala ghrita*
- *Pasanabhedadi churna*
- *Shwadanstra ghrita*
- *Vyoshadi choorna*
- *Tilvaka ghrita*
- *Chandraprabha vati*
- *Gokshuradi guggulu*
- *Changeri ghrita*

Recent Research Trials

- *Trikantaktadi guggulu* shows effective in symptoms like hesitancy and decrease in post residual volume.

- *Veertarvadi Gana Kashaya* and *Basti* therapy shows effective in imbalanced level of sex hormone and may improve bladder muscle tone.
- *Virtarvadi kashaya* and *Kanchnara guggulu* shows excellent action in both on hormonal and physiological level due to their anti-androgenic and anti-inflammatory effect. Also effective in reduction of prostatic size.
- *Dhanyaka gokshura ghrita* and *Yavakshara uttarbasti*- The prostate size and residual volume was decreased.
- *Ushiradya taila matrabasti* shows reduction in prostatic size and post voidal residual urine volume.

DISCUSSION

BPH is a very burning health problem in geriatric population. Symptoms such as obstructive and irritative urinary symptoms like urinary retention, dribbling of urine, burning micturition, increased nocturnal frequency, urgency, hesitancy, pain due to cystitis in suprapubic and loin region are similar to symptoms mentioned in *Mutraghata* mentioned by *Acharya Sushruta*. In Ayurvedic literature the Bladder outlet obstruction (BOO) mentioned under the heading of *Mutraghata* (obstructive uropathy). With the help of diagnostic tools, diagnosis of *Mutraghata* can be made precisely on evidence based investigations which may be helpful to correlate BPH.

CONCLUSION

BPH affects the quality of life and physiology of urination. Prolonged BPH may result in bladder calculi, haematuria, retention of urine etc into development of hydronephrosis and lastly renal insufficiency. In Ayurveda *Vatashtheela* is very much similar to Benign Prostatic Hyperplasia. *Sushruta* described that *Apana Vayu*, situating itself in the space between rectum (*Shakrina Margā*) and urinary bladder (*Vasti*), produces a hard (like a stone), immobile and prominent growth which produce mechanical obstruction due to abnormal growth as well as symptoms due to neurogenic stimulation. As the prostate is only structure lying between urinary bladder and rectum and the symptoms of *Vatashtheela* are similar to those of enlarged prostate, the *Vatashtheela* is being considered as enlarged prostate.

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