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A Comparative Study of *Parpatadhyarista* and *Dugdhiyadi Yog* in The Management of *Ashtheela* W.S.R. To Benign Prostate Hyperplasia

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ABSTRACT: -

The disease known as benign prostatic hyperplasia (BPH) affects males over the age of 50. Prostate gland is an organ of male reproductive system, that grows significantly biologically throughout fetal development and adolescence. The prostate gland matures towards the end of puberty and remains so until benign Prostatic Hyperplasia occurs, which causes the prostate gland to increase in size and weight after the first five decades of life. The vitiation of *Vata Dosha* is the primary cause of the diseases listed in *Mootraghata*. In *Samya Avastha*, *Apana Vata* (one of the five kinds of *Vata Dosha*) is responsible for proper micturition. When the *Apana Vata* is vitiated, it causes different diseases of the *Mutravahasrotas*, such as *Ashmari*, *Prameha*, *Mutraghata*, *Mutrakrichha*, and so on.

According to *Ayurveda*, proper physiological functions can only be achieved when the three *Doshas*, *Vata*, *Pitta*, and *Kapha*, are in a condition of *Samya* (equilibrium). *Apana Vayu* is in charge of *Mutravaha Srotas* functions. The development of various diseases affecting the *Mutravaha Srotas* is caused by the vitiation of *Apana Vayu*. As a result, the concept of treatment for *Mutravaha Srotas* diseases is to pacify the vitiated *Apana Vayu*. *Shodhana* (removal of the vitiated *Doshas*) and *Shamana* (pacification of vitiated *Doshas* by use of oral medicines) are the primary approaches for treating diseases in *Ayurvedic* literature. *Shodhana Chikitsa*, as advocated in *Ayurvedic* Classics, is *Vasti* therapy for the relief of vitiated *Vata Dosha*. Oral medications in various forms for *Shamana Chikitsa* are listed in *Ayurvedic* Classics.

Key Words: *Mutravahasrotas*, *Mootraghata*, *Shodhana chikitsa*, *Shamana chikitsa*, *Mutrakrichha*.



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INTRODUCTION

The older male population has a higher frequency of benign prostate hyperplasia. Only 8% of men in their early forties, 50% of men in their fifties, and 90% of men over the age of 80 have histological evidence of benign prostatic hyperplasia.^[1] “A histological process that over time may result in both anatomic and physiologic alterations in the prostate gland and whole lower urinary tract”, according to the definition of BPH.^[2] BPH is a condition in which the urethra and bladder outlet become obstructed due to adenomatous enlargement of the periurethral prostate gland. After the fifth decade of life, the prostate gland enlarges, making Benign Prostate Hyperplasia (BPH) one of the most common age-related diseases in males.^[3] Prostatism is a term used to describe a group of symptoms caused by abnormalities in the prostate gland in older men. The enlarged gland puts pressure on the urethral tract, causing urethral blockage and a variety of urine symptoms. Frequent micturition, urgency, nocturia, hesitation, sense of poor bladder emptying, intermittent stream of urine or dribbling micturition, poor flow of urine, and other obstructive and irritative symptoms are among them. Many disorders associated to *Basti* have been documented in *Ayurveda*, the *Upveda* of *Atharvaveda*.^[4] In their various scriptures, Acharyas have discussed the etymology, embryology, anatomy and physiology, as well as the pathology of *Mootravaha- Samsthana*.

Mootravega dharan and *Mithya Ahara-Vihara* are the root causes of urinary problems. *Vata Dosha* is responsible for the appropriate excretion of *Shukra* (semen), *Artava* (menstrual flow), *Shakrit* (feces), *Mootra* etc.^[5]

AIMS AND OBJECTIVES

1. To find a low-cost, easily accessible, safe, and effective drug to treat BPH.
2. The purpose of this study was to compare the therapeutic effects of the “*Parpatadhyarista*” and the “*Dugdhiyadi Yog*” in the treatment of *Ashtheela* w.s.r. to BPH.
3. With the use of *Ayurvedic* formulations to disrupt the pathogenesis of benign prostatic hyperplasia on modern concept.
4. To improve BPH patient’s quality of life

Plan Of Clinical Study:

The chosen (40) patients were divided into two groups of equal size (group A & group B). The trial included 20 patients in group A who received oral administration of “*Parpatadhyarista*”^[6] (B.R. 12/119-124) and 20 patients in group B who received oral administration of “*Dugdhiyadi Yog*”^[7] (*B.P. Guduchyadi varg- 275-276*) (*B.P. Haritakyadi Varg*, 196-197),^[8] both of which were prepared according to AFI standards.

• **Group-A** 20 Patients were given 20 ml of *Parpatadhyarista* orally after meal, twice a day with an equivalent amount of water for 60 days.

• **Group-B:** 20 patients were given *Dugdihikadi yog* (500 mg) orally after meals with water twice daily for 60 days.

1. **Trial period:** 60 Days
2. **Follow up period:** 12 weeks.
3. **(Ethical Approval- S.No./DSRRAU/UCA/IEC/19-20/221)**

Selection Criteria Of The Patient:

Inclusive Criteria:

1. A patient who will sign a consent form.
2. Patients who are not willing for surgery.
3. Patients with age b/w 45 to 80 yrs.
4. USG findings suggestive of BPH.

Exclusive Criteria:

1. A patient with prostate cancer (CA- prostate).
2. Patients who are experiencing symptoms and have clinical evidence of heart failure.
3. Poorly controlled Diabetic Mellitus patients.
4. Poorly controlled Hypertensive patients.
5. •Acute Urinary retention, severe urinary tract infections (UTIs), TB, and kidney failure.

With drawl Criteria:

1. The onset or development of a life-threatening illness.
2. Drug's severe side effect during a clinical trial.
3. The patient's refusal to follow up.
4. There is a need for further medicine.

Subjective Criteria

1. Nocturia.
2. Urgency.
3. Urge incontinence.
4. Feeling incomplete emptying of bladder.
5. Straining.
6. Strangury.
7. IPSS (AUA) Score
8. Frequency.

Objective Criteria:

- Ultrasonography (specially KUB region) -
 - a) Change in Prostate volume.
 - b) Change in Post Void Residual Urine.

DISCUSSION

Overall improvement in subjective parameter:

Overall Improvement in Strangury in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	SD±	SE±	't' value	'p' value	Remark
			B.T.	A.T.							
A	Strangury	20	2.00	1.15	0.85	42.5	0.3663	0.081	10.376	<0.0001	ES
B	Strangury	20	2.150	1.20	0.95	44.18	0.3940	0.088	10.782	<0.0001	ES

Overall Improvement in Frequency in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A.	Frequency	20	1.80	1.00	0.80	44.44	0.4104	0.091	8.718	<0.0001	ES
B.	Frequency	20	2.10	1.25	0.85	40.47	0.3663	0.081	10.376	<0.0001	ES

Overall Improvement in Urgency in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A.	Urgency	20	1.75	0.90	0.85	48.57	0.489	0.109	7.768	<0.0001	ES
B.	Urgency	20	1.75	0.85	0.90	51.42	0.552	0.123	7.285	<0.0001	ES

Overall Improvement in Straining in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A.	Straining	20	1.70	0.90	0.80	47.05	0.4104	0.091	8.718	<0.0001	ES
B.	Straining	20	1.70	1.00	0.70	41.17	0.4702	0.105	6.658	<0.0001	ES

Overall Improvement in Nocturia in group A&B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A.	Nocturia	20	1.60	0.90	0.70	43.75	0.4702	0.105	6.658	<0.0001	ES
B.	Nocturia	20	1.80	1.00	0.80	44.44	0.4104	0.091	8.718	<0.0001	ES

Overall Improvement in Urge of incontinence in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A.	Urge of incontinence	20	1.50	0.80	0.70	46.66	0.5712	0.127	5.480	<0.0001	ES
B.	Urge of incontinence	20	1.45	0.70	0.75	51.72	0.4443	0.0993	7.550	<0.0001	ES

Overall Improvement in Feeling incomplete emptying of bladder in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A.	Feeling incomplete emptying of bladder	20	1.55	0.75	0.80	51.61	0.5231	0.117	6.839	<0.0001	ES
B.	Feeling incomplete emptying of bladder	20	1.55	0.80	0.75	48.38	0.550	0.123	6.097	<0.0001	ES

Overall Improvement in AUA Score in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.(±)	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A	(AUA) Score	20	15.30	7.70	7.60	49.67	1.789	0.400	19.00	<0.0001	ES
B	(AUA) Score	20	18.10	8.90	9.20	50.82	1.795	0.401	22.925	<0.0001	ES

Overall improvement in Objective parameter:**Overall Improvement in prostate size in group A & group B:**

Group	Parameter	N	Mean		Df	% of relief	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A.	prostate Size	20	2.150	2.050	0.100	4.65	0.3078	0.0688	1.453	0.0813	NS
B.	Prostate Size	20	2.100	2.050	0.050	2.38	0.2236	0.0500	1.00	0.1649	NS

Overall Improvement in Post void residual urine in group A & group B:

Group	Parameter	N	Mean		Df	relief (in%)	S.D.±	S.E.±	't' value	'p' value	Remark
			B.T.	A.T.							
A	PVRU	20	1.650	1.050	0.60	36.36	0.5026	0.1124	5.339	<0.0001	ES
B	PVRU	20	1.80	1.30	0.50	27.77	0.5130	0.1147	4.359	0.0002	ES

To concise the group B treated with *Dugdhikadi Yog* showed maximum result in reducing the urge of incontinence compared with group A treated with *Parpatadhyarista*. The group B treated with *Dugdhikadi Yog* showed Second maximum result in urgency compared with group A treated with *Parpatadhyarista*. Strangury and Nocturia were reduced significantly in both the groups. The response over incomplete emptying of bladder was encouraging in group A in comparison with Group B. The response over straining and frequency of micturition was encouraging in group A in comparison with Group B. All of the symptoms listed above are included in the American Urological Association score (AUA) questioners. Over all the statistical significance of these questionnaires was found to be satisfactory.

CONCLUSION

1. All of the patients in groups 'A' and 'B' showed statistically significant improvements in the evaluation criteria of bladder emptying, urge of incontinence, urgency, nocturia and straining etc.
2. The reduction in symptom score (AUA), Post void Residual urine, enhanced the quality of life of BPH patient.
3. Oral administration of *Parpatadhyarista* and *Dugdhikadi Yog* can make a considerable change to improve the sufferer's lifestyle.

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Conflict of Interest: Nil

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