A Case Study on Role of Kanchnaar Guggulu and Chandraprabhavati in the Management of Vatashtheela (BPH)

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ABSTRACT:

Benign Prostatic Hyperplasia (BPH) is a burning senile problem of elderly men, associated with lower urinary tract symptoms (LUTS). The prevalence figures vary from about 10-30% for men between 50-60 years of age to 25-45% in the age group of 70-80 years. BPH is a progressive disease that is presented as common symptoms such as frequent urination, urgency, nocturia, decreased and intermittent force of stream, and the sensation of incomplete bladder emptying. In Ayurveda, Vatashtheela disease closely resembles with Benign Prostatic Hyperplasia of modern medicine in its signs and symptoms. It is manifested due to improper function of Apana Vaat along with the vitiation of Kapha and Pitta Doshas. In this case study, the patient was administered Chandraprabha Vati & Kanchnaar Guggulu, at a dose of 1tab twice a day and 2tab twice a day respectively for two months. The irritative and obstructive symptoms of BPH (Vatashtheela) like frequency, urgency, staining, weak stream, incomplete emptying, nocturia, residual urine and size & weight of prostate were observed over the treatment. Analysis of result showed improvement in Vatashtheela (BPH). Finally study concluded that given treatment is found effective in management of Vatashtheela (BPH).

Keywords: Ayurveda, Benign prostatic hyperplasia (BPH), Vatashtheela, Mutraghat.

INTRODUCTION

Ayurveda deals with healthy life of human beings.1 Acharya Sushruta in Sushruta Samhita (one among brihatrayee) describes in detail about the diseases of urinary tract.2 Acharya Sushruta describes twelve type of mutraghatana.3 Vatashtheela is a condition of Obstructive uropathy (mechanical) which may present with, either partial or complete retention of urine.4 The vitiated Vata Dosha is accumulated or get sthahaannshraya in mutravaha strotas resulting in swelling or hyperplasia of prostate gland. This hard mass obstructs the urinary outflow. BPH is a part of the normal ageing process in elderly males.5 Overall, nearly 80% of elderly men develop BPH.10% of men have histologic evidence of BPH by 40 years of age, 50% of men shows evidence by age 60 & 90% of men in their 80’s.6 For this rising problem there is no concrete conservative management available as of the present scenario. The scope for medical therapy is still high because of the limitations of surgical approaches due to
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greater morbidity and failure to consistently achieve a successful outcome. Therefore, to find out solutions through use of proper phyto therapeutic treatment as an alternative approach for BPH has been taken as a research problem in this particular field. There are many drugs described in classical text books of Ayurveded medicine for the management of Mutragnaha. Hence, this study aims to describe the plan of management of BPH or Vatashtheela with Ayurvedic medicines viz. Kanchnaar guggulu & Chandraprabhavati.

MATERIAL AND METHODS
Case Presentation
A 80-years-old, male was presented in the OPD (OPD No. 12539, CR-40973), Department of Kayachikitsa, A & U Tibbia College and Hospital, University of Delhi, on 22/12/2021. He was experiencing increased frequency of urine and difficulty in micturition since 2 months.

History of Present Illness
The patient was asymptomatic for any urinary complaints 4 months before his first visit in OPD of Kayachikitsa in A & U Tibbia College and Hospital, on 22/12/2021. Since September 2021, patient started to notice increased frequency of urine, urgency, nocturia, decreased force of stream, and the sensation of incomplete bladder empting. Then he had confirmed diagnosis for enlarged prostate measuring 45x42x32mm and weighing 53 gm by USG scan on 15/11/2021. Patient didn’t want to go for any allopathic treatment, so he came to Kayachikitsa OPD in A & U Tibbia College and Hospital for Ayurvedic management.

Past History of the Patient
There was no any relevant history. He was a non-smoker and used to work in an environment with no known exposure to fumes, dust, chemicals and other occupational allergens. He was having no known history of allergy to any drug. There was no significant family history found for such complain ever.

General Examination
The vitals showed blood pressure (BP) 132/84 mmHg, Temperature 98.6 F, Pulse rate 72 bpm. On systemic examination no abnormality was detected in the respiratory, cardiovascular, nervous and gastrointestinal system.

Criteria for Assessment
1. Subjective parameters: The symptoms like increased frequency of urine and difficulty in micturition were monitored for improvement during the course of treatment.

2. Objective Parameter
   A. TRANRECTAL ULTRASOUND for -
      1. Size and weight of Prostate Gland.
      2. Pre-void bladder volume & Post void residue.
   B. Free Prostate Specific Antigen test by Chemiluminescence Method.

Parameters of assessment:
The progress of therapeutic regimen was assessed on subjective and objective parameters. Improvement in clinical symptoms were taken for subjective assessment and USG and Free PSA were the objective parameters.

Assessment of total effect of therapy:
The overall assessment was calculated on the basis of average improvement in terms of percentage relief of scores.

1. Complete remission - 100%
2. Marked improvement – 76% to 100%
3. Improvement - 51% to 75%
4. Mild improvement – 25% TO 50%
5. Unchanged- 25%

Study Design
On the basis of symptoms, Kanchnaar Guggulu and Chandraprabhavati were used as the drug for the present case. The dose was decided as 2 tab B.D. and 1 tab B.D. for 2 months. The investigations of the patient were repeated after 2 months and observed for changes. Table 1

RESULTS
The assessment of the patient was done on the basis of Subjective and Objective Parameters. During treatment, the patient did not develop any other complaint. He reported gradual improvement in all symptoms. After treatment, the patient got marked improvement in the symptoms and investigation findings.(Table 2&3)

DISCUSSION
In Ayurvedic texts, it is found that the vitiation of Apana Vata in the space between Guda (rectum) and Basti (urinary bladder) produces Sthira, Umnata (elevated) Asheelavat (stone like growth). This growth leads to obstruction to urinary flow, with associated difficulty in micturition. This condition correlates to the symptomatology of the disease BPH.
In this study Kanchnaar Guggulu and Chandraprabhavati was taken for the treatment of Vatatshheela(BPH). The contents of the drugs have different types of mechanism of action which subsides the symptoms of Vatatshheela(BPH). Kanchnaar Guggulu contains Kanchnaar (Bauhinia variegata) bark, ginger, black pepper, long pepper, Haritaki, bibhitaki, amlaki (the combination of triphala), Varuna (Crateva nurvala) bark, cardamom, cinnamon, and Guggulu resin in equal amounts. Kanchnaar bark is brewed into a decoction and gets mixed with guggulu and other items to make it into a tablet.

Majority of ingredients of Kanchnaar Guggulu comprises Tikta, Madhur & Kashaya rasa. They are Ushana in veerya, Katu in Vipaka and holds Laghu, Tikshana, Tridoshashamak and Vatara properties. The Tikta, Kshaya Rasas & Laghu, Raksha guna of Kanchnaar guggulu alleviates Kapha dosha. The Ushana veerya alleviates Vata and Kapha doshas. Pitta dosha is alleviated by its Madhur and Kshaya rasas. The Ushana, Tikshna & laghu guna and Ushana veerya removes Strotorodh and thus leads to alleviation of Vata and Kapha doshas, the two important doshas for any granthi. Also, Kanchnaar is considered as a drug of choice for Granthi vikar. Clinical studies have proved Guggulu to be an anti-inflammatory drug thus effective in BPH like conditions.

Chandraprabhavati comprises 32 parts of Guggulu (Commiphora Mukul), 32 parts of Shilajit (Asphaltum),16 parts of Shankara, 1 part of Kapoor (Cinnamomum camphora), Ativisha (Aconitum heterophyllum), Haridra (Curcuma longa), Vacha (Acorus calamus), Mustak (Cyprus rotundus), Amalaki (Emlica officinalis), Haritaki (Terminalia bellirica), Bibhitaki (Terminalia chebula), Chavya (Piper Chaba), Bhuminiba (Andrographis paniculata), Vidanga (Emelia ribes), Devdaru (Cedrus deodara), Dhanya (Coriander sativum), Guduchi (Tinospora cordifolia), Chitraka (Plumbago zeylanica), Shunthi (Zingiber officinalis), Darvi (Berberis aristata), Maricha (Piper nigrum), Pippali (Piper longum), Pippali Mool (Piper longum), Gaja pippali (Piper Chaba), Sarjikshaar (Sodium carbonate), Yavkshaar (Potassium carbonate), SaIndhav Lavan, Suvarchal Lavan, Vida Lavan, Swarnmakshika bhashma (Copper pyrite) each, 4 parts of Trivrit (Opeculina turpethum), Danti mool (Baliospermum montanum), Dalchini (Cinnamomum zeylanicum), patra (Cinnamomum tamala), Ela (Elettaria cardamomum), Vankshalochana (Bambusa arundinacea) each and 8 parts of Lauha Bhashma (Ferric ash).

According to sharangdhara samhita, Chandraprabha vati acts on major system like urinary, reproductive, cardiovascular, nervous system. The drugs like Triphala, Gudduchi, which are proven anti-oxidant and anti-tumor agents as well as immune-modulatory action. It has multi-dimensional actions and effective for acute and chronic cases. Act as Broad spectrum antibiotic, tonic (Strengthen nerves) for urogenital system, anti-inflammatory, immunomodulator etc.

CONCLUSION
This case study shows Kanchnaar Guggulu and Chandraprabhavati is found quite effective in management of Vatatshheela (BPH). So, we hope that with increasing duration of treatment upto 3 months for Kanchnaar Guggulu and Chandraprabhavati, may get highly significant results. Though the results are good in treating the symptoms of disease and shows significant changes in size and weight of prostate, still further study with longer duration may lead to arrive at more definitive conclusion.

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Table 1: Treatment Given

<table>
<thead>
<tr>
<th>S.no.</th>
<th>T/t Given</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kanchnaar Guggulu</td>
<td>2 x 250mg B.D.</td>
<td>60 days</td>
</tr>
<tr>
<td>2</td>
<td>Chandraprabhavati</td>
<td>1 x 250mg B.D.</td>
<td>60 days</td>
</tr>
</tbody>
</table>

Table 2: Improvement in USG findings.

<table>
<thead>
<tr>
<th>Measurements</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size (in mm)</td>
<td>45x42x32</td>
<td>42x42x39</td>
</tr>
<tr>
<td>Weight (in gms)</td>
<td>53</td>
<td>37.5</td>
</tr>
<tr>
<td>Pre Void Urine Volume (in cc)</td>
<td>50</td>
<td>172</td>
</tr>
<tr>
<td>Post Void Urine Volume (in cc)</td>
<td>37</td>
<td>92</td>
</tr>
</tbody>
</table>

Table 3: Improvement in Free PSA (by Chemiluminescence method) findings.

<table>
<thead>
<tr>
<th>Test Name</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free PSA</td>
<td>0.49</td>
<td>0.24</td>
</tr>
</tbody>
</table>

USG Before Treatment

USG After Treatment
**Before Treatment**

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Observed Value</th>
<th>Unit</th>
<th>Biological Reference Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free PSA*</td>
<td>0.49</td>
<td>ng/mL</td>
<td>0.0 - 0.5</td>
</tr>
</tbody>
</table>

Comments:
- This percentage of measured Prostate-specific antigen (PSA) existing in the free form (the total PSA (total) is useful in assessing the development of prostate cancer in patients with borderline or moderately increased total PSA (0.0 - 0.6 ng/mL).
- PSA- Total* (Serum,ECLA) = 1.66 ng/mL
- Conventional for all ages: 40 - 70 yrs: 0 - 0.6
- Normal: Change in value and Reference range

**After Treatment**

**Dr. Doda’s Diagnostics & Healthcare**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Result</th>
<th>Unit</th>
<th>Ref. Interval</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>*FREE PSA</td>
<td>0.24</td>
<td>ng/mL</td>
<td>&lt;0.50</td>
<td>Chemiluminescence</td>
</tr>
</tbody>
</table>

**Clinical Use**

- An aid in the early detection of Prostate cancer in males 50 years of age or older with Total PSA values between 4.0 and 10.0 ng/mL and nonmalignant digital rectal examination.
- An aid in differentiating between Prostate cancer and BPH. Prostate specific antigen (Total + Free PSA) is the recommended test. Patients with benign conditions have a higher proportion of Free PSA compared to Prostate cancer.

*** End Of Report ***