



ISSN:2456-9739

Available Online at <http://www.bjbmr.org>

BRITISH JOURNAL OF BIO-MEDICAL RESEARCH

Cross Ref DOI: <https://doi.org/10.24942/bjbmr.2021.803> Volume 05, Issue 01, March -April 2021

Case Report

Effect Of Laghupanchmooladi Kwatha With Avagaha Sweda In The Management Of Mootraghata WSR To BPH: A Case Report

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ARTICLE INFO

Article History:

Received on 09th March 2021

Peer Reviewed on 17th Mar 2021

Revised on 19th April 2021

Published on 27th April 2021

Keywords:

Mootraghata, BPH,
Laghupanchmooladi kwatha,
Avagaha Sweda.

ABSTRACT

Mootraghata is a most common obstructive urological condition of old age. In pathophysiology of *Mootraghata*, there is involvement of *Mootravaha* Srotasa. The term „*Mootraghata*’, is implied to the condition with obstruction (partial or complete) to the outflow of urine inspite of proper functioning of the kidney and ureters. - predominantly a disorder of “*Vata*”; especially “*Apana Vata*” with “*Kapha*”. In Ayurveda, *vataj Mutrakrichha*, *Mutragranthi* and *Vaathastheela* are the diseases of similarities with BPH on the the basis of the correspondence of the symptoms and signs. The prevalence of histological Benign Prostatic Hyperplasia increases from approximately 8% in the fourth decade of life to 90-100% in the ninth decade. Although surgery is the

choice of treatment for BPH, it is expensive and has unavoidable complications. It is evident that Ayurvedic approach towards any disease is comprehensive. Numerous therapies, modalities have been advocated by our Acharyas in the management of each and every disease, but their efficacy needs re-establishment by means of thorough and intensive researches. Keeping all these facts in mind a clinical study using *Laghupanchmooladi kwatha* with *Avagaha Sweda*(Sitz Bath) was designed on the lines of Bhavaprakasha in the management of *Mootraghata* WSR to BPH. The obtained results and primary observations have shown very encouraging outcomes. We hereby present the following case of *Mootraghata* which was successfully treated by using *Laghupanchmooladi kwatha* with *Avagaha Sweda*(Sitz Bath).

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INTRODUCTION

The prevalence of histological Benign Prostatic Hyperplasia increases from approximately 8% in the fourth decade of life to 90-100% in the ninth decade. Many people feel uncomfortable talking about the prostate, since the gland plays a role in both sex and urination. Still, prostate enlargement is as common part of aging as gray hair. As life expectancy rises, so does the occurrence of BPH.

Clinical entities representing with the cardinal feature of Retention of urine due to mechanical obstruction to the lower urinary tract or neural failure are widely described by various scholars of Ayurveda under the caption of *Mootraghata* or *Mutradosha*. (Su.U.58) (Cha. Si.9).

Acharya Vagbhata has classically divided the ailments of Mutra in to two categories viz. Mutra Atipravrittija and Mutra Apravrittija Rogas (A. S. Ni. 9/40). Group of diseases "Prameha" comes under the first category where as *Asmari*, *Mutrakricchra* and *Mootraghata* fall under the second. The symptom complex of both the *Mutrakricchra* and *Mootraghata* seems to be overlapping each other, but *Acharya Dalhana*, *Acharya Chakrapani*, and *Acharya Vijayarakshita* have categorically differentiated them. This difference is based on the intensity of "Vibhanda" or "Avarodha" i.e. Obstruction / Retention which is more pronounced in *Mootraghata* where as *kricchata* is predominated in *Mutrakriccha*. Hence, it may be considered that the *Mootraghata* is a condition in consequence with some kind of Obstructive Uropathy either mechanical or functional; related either to upper or lower urinary tract resulting in to either partial or complete retention of urine as well as Oliguria or Anuria.

Mootraghata is a most common obstructive urological condition of old age. In pathophysiology of *Mootraghata*, there is involvement of *Mootravaha Srotasa* especially Basti (bladder). It may occur due to complex phenomena such as Bladder outflow

obstruction, Lower urinary tract symptoms and Benign prostatic hyperplasia.

According to *Madhavakara Vayu* by their own aggravating factors get vitiated and accumulated in Basti and produces 13 types of *Mootraghata*. Due to voluntary suppression of urging towards micturation and bowel movements, the Bastigat Vayu dushti occurs and this vikrut Vayu suppressed the urine formation and decreased the urine output. (Ma. Ni. 9/1) (A.S. Ni. 9/19).

Most of the drugs from the compound drug i.e. *Laghupanchmooladi Kwatha* are *Shothahara*, *Mutrala*, *Mutrajanana*, *Bastishodhana*, *Vataghna*, *Pittashamana*, *Kaphamedoghna*, *Lekhana Mutravirechniya* properties which reduces obstructive shotha and also relieves the residual urine i.e. ultimately reduces frequency, nocturia, and urgency.

Avagaha sweda (Sitz bath) is different from just taking a hot bath. The heat causes increased circulation reduces prostatic pain and relieves other symptoms. Increased blood circulation removes toxins & other inflamed substances out of the prostate so it improves inflammation and infection in the swollen prostate. A sitz bath helps to relax the smooth muscles in the prostate which eases the pressure on the urethra & bladder.

As BPH is the disease of *Apana Vayu*, *Avagaha sweda* (Sitz bath) relieves the apana & obstruction of urine thus proves to be more effective to lessen the symptoms of BPH.

PRESENTATION OF CASE

A 65 yrs old patient presented to our institute hospital with chief complaint of increased frequency, weak stream, Intermittency, urgency, Straining, Nocturia since 1yr. For the above complaint he went to multiple institutes and took various medicaments.

On arrival, his general condition was good. The patient was systemically alright. No any history of medical or surgical illness. For the above said complaints he treated on the basis of OPD. Meanwhile initial and routine investigations were sent to the lab. His initial

haematological reports like CBC, Blood Sugar levels & urine investigations like Routine & microscopic were in normal limits. On the basis of clinical examination & per rectal examination, Ultrasonography for prostate gland performed. His serum PSA level was also in normal limits. On the basis of above said clinical examination & USG, clinical diagnosis of BPH was made. After getting confirmed diagnosis, Ayurvedic preparations like Laghupanchmooladi kwatha per oral route & Avagaha Sweda (Sitz bath) locally advised to take. Along with this the progress in the condition closely observed. Interestingly, the results were very encouraging & clearly suggest that this abovesaid

Laghupanchmooladi kwatha along with Sitz bath works as a best treatment of BPH.

MATERIAL AND METHODS-

Kwatha was prepared as per the classical text as taking 7.5 gm of panchanga bhārada of Laghupanchmoola. Taking 120 ml of water boiling it up to 30ml of it is remained. Then the decoction is ringed. Kwatha is taken 30 minutes before meal for two times a day.

Route of administration – Orally.

Anupana – Luke warm water.

Duration of therapy – 45 Days

Avagaha Sweda (Sitz bath) with lukewarm water 3 times a day.

Rasapanchaka Of Laghupanchmooladi Drugs

Drug	Latin name	Ras	Guna	Veerya	vipak	Doshakarma
Gokshura	<i>Tribulus terrestris</i>	Madhura	Guru, Snigdha	Sita	Madhura	Vata-pittashamaka
Shaliparni	<i>Desmodium gangeticum</i>	Madhura, Tikta.	Guru, Snigdha	Ushna.	Madhura	Tridoshasha maka
Prishniparni	<i>Uraria picta</i>	Madhura, Tikta	Laghu, Snigdha	Ushna.	Madhura	Tridoshasha maka
Bruhati	<i>Solanum indicum</i>	Katu, Tikta	Laghu, Ruksha, Teekshna	Ushna.	Katu	Kaphavatash amaka
kantakari	<i>Solanum Surattense</i>	Tikta, Katu.	Laghu, Ruksha, Teekshna.	Ushna.	Katu	Kaphavatash amaka

ASSESSMENT CRITERIA

Subjective criteria

Improvement in the symptoms of the disease was assessed using the International Prostate Symptom Score sheet (of the American Urologists Association).

Objective criteria: ultrasonographic study:

- 1) Size of the gland
- 2) Weight of the gland
- 3) Residual urine volume

International Prostate Symptom Score (IPSS)

Over the past month symptoms	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying	0	1	2	3	4	5
Frequency	0	1	2	3	4	5
Intermittency	0	1	2	3	4	5
Urgency	0	1	2	3	4	5
Weak Stream	0	1	2	3	4	5
Straining	0	1	2	3	4	5
Nocturia	0	1	2	3	4	5
Total IPSS Score						

Score	Correlation
0-7	Mildly symptomatic
8-19	Moderately symptomatic
20-35	Severely symptomatic

Gradation Of Residual Urine Volume

Sr No	Post void Residual Urine	Grade
1	Upto 30cc	0
2	30 -60 cc	1
3	60-90cc	2
4	90-120cc	3
5	More than 120cc	4

Gradation of prostate size

Sr no	Prostate Size	Grade
1	Normal 14-26cms	0
2	27-36 cms	1
3	37-46 cms	2
4	47-56cms	3
5	More than 57cms	4

Gradation of prostate weight

Sr no	Prostate Weight	Grade
1	Normal 14-25cumm	0
2	26-40cumm	1
3	41-60cumm	2
4	61-80cumm	3
5	More than 80cumm	4

Observation And Result

IPSS	BEFORE TREATMENT	AFTER TREATMENT
Incomplete emptying	2	1
Frequency	2	1
Intermittency	2	1
Urgency	3	1
Weak Stream	1	0
Straining	2	1
Nocturia	4	2
Total IPSS Score	16	7

OBSERVATION	BEFORE TREATMENT	AFTER TREATMENT
IPSS score	16	7
Size	60.6cms	56.2cms
Weight	68.36cumm	51.4cumm
Residual urine	92cc	64.8cc

DISCUSSION

Ayurvedic text has wide description of drugs and treatment modalities for the symptoms and disease identically similar to BPH. The specific cause of most of these symptoms is unknown although they may be related to hormonal changes brought on by ageing.

Drugs of Dashamoola is found enlisted under Shavyathuhara mahakashya in Charaka sutrasthana. In Laghupanchamoola, Gokshura is sheeta in veerya rest of the drugs are having Ushna veerya. Kantakari and Bruhati are having Katuvipaka while rest three drugs (Shaliparni, Prishniparni and Gokshura) possess Madhura vipak. The drug Gokshura is the prime content of Laghuanchmooladi Kwatha a possess the specific property of Bastishodhana (Bhavprakash) which corrects the urinary infection and affected mucosal lining of urinary tract. It is high in concentration of potassium salt and Alkaline property which possess strongly diuretic action(Kirtikar & Bassu).

As it contains beta-sitosterol which is sterol, protects the gland from swelling (known to be active against BPH. Gokshura is Shothghna (Anti-inflammatory) and combining with saponins protect prostate gland from cancer.), Anti-urolithic, Antimicrobial, Anti-oxidant and Anti aging. All these properties helps to relieve the symptoms of BPH and slows down the process of Aging. As Shalparni is a diuretic, it is used in dysuria; it gives strength to the urinary system.

Shalparni is an aphrodisiac.

Most of the drugs from the compound drug i.e. Laghupanchmooladi kwatha are Shothahara, Mutrala, Mutrajanana, Bastishodhana, Vataghna, Pittashamana, Kaphamedogha, Lekhana

Mutravirechniya properties which reduces obstructive shotha and also relieves the residual urine i.e. ultimately reduces frequency, nocturia, and urgency.

As BPH is the disease of Apana vayu, Avagaha sweda (Sitz bath) relieves the apana & obstruction of urine thus proves to be more effective to lessen the symptoms of BPH. Again advantage of Avagaha Sweda is that it is locally active that's why it is acts upon the autonomous nervous system. And as it is having Vatahara action, definitely have the significant result. In this way by all above properties of Laghupanchmooladi kwatha with Avagaha Sweda, it acts effectively for reducing sign and symptoms of BPH.

CONCLUSION

The exact aetiology of BPH is unknown, however, ageing process is an important causative factor for BPH. As BPH is the disease of Apana vayu, Avagaha sweda (Sitz bath) relieves the apana & obstruction of urine thus proves to be more effective to lessen the symptoms of BPH. Again advantage of Avagaha Sweda is that it is locally active that's why it is acts upon the autonomous nervous system. And as it is having Vatahara action, definitely have the significant result

In IPSS Score, 50% relief was observed in incomplete voiding, Frequency, Intermittency, straining, weak stream, & Nocturia followed by 66.6% relief in urgency. Patient treated with Laghupanchmooladi kwath and Sitz bath reveals that mild regression in the prostatic size weight. The residual urine volume was decreased from score of 92 cc to 64.8cc.

Therefore, there has been increasing interest in less invasive surgical techniques and pharmacological treatment alternatives to BPH. The study could be utilized in patients of mild to moderate BPH to avoid surgical expenses. This study is enough further to strengthen research promote the rational use of herbal medicine in BPH.

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How to cite this article:

Nirmala C. Apaturkar, Sandesh Santosh Khobragade, Prerna Karare, Prachi Sawsakade *Effect Of Laghupanchmooladi Kwatha With Avagaha Sweda In The Management Of Mootraghata WSR To BPH: A Case Report Br J Bio Med Res , Vol.05, Issue 02, Pg.1539 - 1544, March - April 2021. ISSN:2456-9739 Cross Ref DOI : <https://doi.org/10.24942/bjbmr.2021.803>*

Source of Support: Nil

Conflict of Interest: None declared.

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