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**A CLINICAL STUDY ON *PAATALADI KASHAYA PAAN* IN THE
MANAGEMENT OF *VATASTHILA W.S.R* TO BENIGN PROSTATIC
HYPERPLASIA**

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ABSTRACT

Benign prostatic hyperplasia is common in older male. It occurs after the age of 40 years old. Benign prostatic hyperplasia includes irritation and voiding symptoms like urgency of micturition, increase frequency of micturition, hesitancy of micturition, Dribbling of micturition, nocturia, weak stream, incomplete voiding of urine. It is correlated with *Mutraghata* in *Ayurveda*.

In this case report 75 years old male patient was presented with complaint of increased frequency of micturition, Hesitancy, urgency and dribbling of micturition since 5-6 years.

Diagnosis is done with help of Digital rectal examination, ultrasound of abdomen and pelvis (for prostate size, pre and post voiding urine) and uroflometry. Patient was treated with *paataladi Kashaya* 48ml BD before food for 28 days by orally (P/O).

Treatment showed relief in IPSS and subjective and objective assessment. This case report demonstrates that Benign prostatic hyperplasia is managed with *Paataladi Kashaya paan*

Keywords: *Paataladi Kashaya*, Benign prostatic hyperplasia, *Mutraghata*

INTRODUCTION

Benign prostatic hyperplasia is also called BPE (Benign prostate enlargement). Benign prostatic hyperplasia is more common symptoms like frequency micturition, urgency, nocturia, weak stream, intermittency, straining, straining. Enlarged prostate causes narrowing of urethral passage, and patient micturate with difficulty and emptying of bladder is not completed. pt daily routine is hampers. In modern medicine the conservative management is very costly and it has some side effects. Surgical removal is primary approach to Benign prostatic hyperplasia. But if surgery is performed, there may be risk of complications. Considering complications like recurrence, retrograde ejaculation, hemorrhage, & cost of surgery, so need of society to evaluate an alternative option for this senile disease. In Ayurveda Acharya sushruta has told there are 12 types of Mutraghata, one of them is *Vatashthila*. General treatment of *mutraghata* is includes *Kashaya paan* also. For the above reason and treatment indication his topic is taken for case study.

Aims and objectives

To study the effect of *paataladi Kashaya paan* in the management of *vatashthila* w.s.r. to Benign prostatic hyperplasia.

Place of work

Clinical study done at Parul Ayurvedic hospital

Case Report

A 75 year old male came at OPD of *shalya tantra* at PAH, presenting complaint since 5-6 years.

C/O-

- Increase frequency of micturition
- Urgency of micturition
- Hesitancy of micturition
- Dribbling of micturition
- Nocturia

Present illness

Pt was apparently normal before 5 years, he developed gradually frequency of micturition, urgency, hesitancy, Nocturia and dribbling micturition. He took some medication from modern doctor, got some relief again same complaining, then he came to our hospital for further investigation and management.

Past history

No h/o DM Type2 & HTN

On examination

- General condition was moderate
- Pt afebrile
- Guit –normal
- Pallor –absent
- Icterus- absent
- Cyanosis- absent

- Clubbing-absent
- Oedema-absent
- Lymph nodes –not palpable

VITAL

BP 140/90mmHg

Pulse 78/minuts

Temp. Afebrile

Spo2 98%

Systemic examination

CNS –Conscious and oriented

CVS –S1S2 heard normal ,no added sound

RS –B/L AE+,No Added sound

P/A – soft, BS+, No organomegally, No tender.

Ashtavidh pariksha

- *Nadi – 78/min*
- *Mala -vivandha*
- *Mutra - ashamyaka*
- *Jihwa - nirama*
- *Druka -samyak*
- *Shabda -samyak*
- *Sparsha -anushna*
- *Akruti –madhayam*

LOCAL EXAMINATION

External Urethral meatus- normal

P/R Digital- prostatomegaly, non tender, oval, free from mucosa,

INVESTIGATION

- CBC –HB –14gm/dl
- RBS-107mg/dl
- SR.creatinine-1.3mg/dl
- blood urea-20mg/dl
- urine R/M- wnl
- Uroflometry- PVR 127ml
- USG- 99gms

DIAGNOSIS

The condition was diagnosed as a benign prostatic hyperplasia (*Vatasthila*).

MATERIALS AND METHODS

- Drug- *Paataladi Kashaya*
- Dose- 48ml BD Before food
- *Kashaya paan* daily for 28 days
- Duration of study 28 days
- Follow- weekly for 4 wks
- F/U after 15days completion of medication.
- How to make decoction: take 24gm yawkuta chrna + (16th part water) 384water and reduced 1/8 th part = 48ml

Criteria for assessment of therapy

Subjective Criteria

IPSS	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 Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5
Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5
Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
Nocturia Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5
Total IPSS score 1-7 mild, 8-19 moderate, 20-35 severe.						

Objective criteria

USG with pelvis before and after treatment
are observed for

1. weight of prostate

2. post voidal residual volume

RESULTS

Table 2: IPSS

Symptoms	1 st day	7 nd days	14 th day	21th day	28days	15days after treatment
1 Frequency	5	5	4	4	3	2
2 Urgency	5	4	3	2	2	1
3 Intermittency	2	2	2	1	1	0
4 Weak stream	4	3	3	2	1	1
5 Nocturia	0	0	0	0	0	0
6 Straining	0	0	0	0	0	0
7 Incomplete emptying of bladder	0	0	0	0	0	0
Total IPSS Score	16	14	12	09	07	04

Table 3: Objective criteria

Sr. No.	USG Findings	0 th day(Before treatment)	28 days(After treatment)
1	Weight of prostate	99 gm	75gm
2	Post voidal urine	127 ml	52ml

DISCUSSION

Pataladi Kashaya reduce the weight of prostate due to shothahar and lekhan karma and its *Ushna* and *Tikshna guna*. Causing *Lekhna* of *Mamsa vaha srotash* so that prostate size reduced and helps the emptying of bladder easily. post voidal residual volume is also decreased and it reduces the increase frequency of micturation, urgency, weak stream, straining and nocturia. It acts on the bladder muscles and sphincter muscles and gives strength to them so that patient can hold the urgency, frequency etc.

Pataladi kashaya having *Vatakaphhar Shothaha*, *Mutrala*, *Bastishodhana* and *Rasayan* action so symptoms were reduced. It was observed that response was after after 28 days of trial and after the follow up period maximum results are obtained.

Patients selected for trial has 50 percent relief symptoms even the appetite and digestive capacity of the patient got improved and symptoms like *Angamarda* and *Vivandha* also relief due to it contains *Triphla* especially *Haritiki*.

Pharmacodynamic properties of *pataladi Kashaya*

Rasa : *Tikta, Kashaya, Madhura*

Guna : *Laghu, Ruksha*

Veerya : *Ushna*

Vipaka : *Katu*

Karma : *Tridoshahara, Kapha-vatahara, Mutrala, Rasayana, Deepana, Pachana.*

CONCLUSION

The *pataladi kashaya* was proved to reduce the symptoms as well as size of the prostate and PVRU.

In *Ayurveda* it is mentioned that *kashaya paan* is choice of treatment in controlling the vata dosha in the type of *Mutraghata*. *pataladi kashaya* has *Mutrala* drugs like *Gokhur*. It is diuretics and has Diosgenin which has anti proliferative activity against the prostate cancer cell and relief the symptoms of BPH that is frequency of micturation, urgency and nocturia etc.

Hence it is proved to these drugs played important role in the symptomatic relief in the BPH.

The cardinal symptoms of the BPH like increased frequency of micturation, urgency, nocturia, weak stream, incomplete voiding were relief in this patient. The average urine flow rate is increased. The size of prostate and post voidal residual urine volume were decreased, so we considered the medicine having some effects on Benign prostatic hyperplasia.

REFERENCES

- [1] SRB' Manual of surgery 26th chapter urology 6 Edition page no.1033
- [2] Davisons's principal & practice of medicine urology benign prostatic enlargement 21th Edition 2014
- [3] Harita samhita chikitsa adhyaya 13 mutarodha chikitsha sloka no.16, 17, page no.410.
- [4] Priyavrat Sharma dravyagunavigyana, chaukhambha bharti academy vanarasi page no.651.
- [5] Charak samhita by acharya vidhadhar sukla and ravidat sukla sidhithana trimarniya adhyaya sloka number 35, page number 950
- [6] Sushruta samhita by kaviraj ambikadat shastry chaukhambha orientaliya vanarshi chapter 58 uttarantra.
- [7] Internal prostate symptom score (IPSS) at Urological Sciences Research Foundation Retrieved November 2011
- [8] Sushruta samhita by kaviraj ambikadat shastry chaukhambha orientaliya vanarshi chapter 58 uttarantra.
- [9] http://www.who.int/gho/publications/world_health_statistics/2006/en/index

 **PARUL SEVASHRAM HOSPITAL**
(Parul Institute of Medical Sciences & Research)
RADIOLOGY DEPARTMENT
USG REPORT

Name : Bhoratlal Jaiswal
Date : 8/9/21 Age / Sex : 75/M

Abdominal and Pelvic Ultrasound

Liver : Liver size : (N). The hepatic parenchymal echo texture- (N). Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.

GB : Well distended. No calculus/sludge is seen. The wall thickness is normal. No pericholecystic fluid.

BD : Normal in diameter.

Spleen : Size- (N). Normal Echopattern. No focal lesion is seen.

Pancreas : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated.

Kidneys : Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation. No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.

Para aortic region : Aorta and the IVC appear normal. No lymph node enlargement is seen.

Others : There is no ascites.

Bladder : Minimally full
Prostate : 52 x 59 x 60 = ~~60~~ = 99 gms enlarged

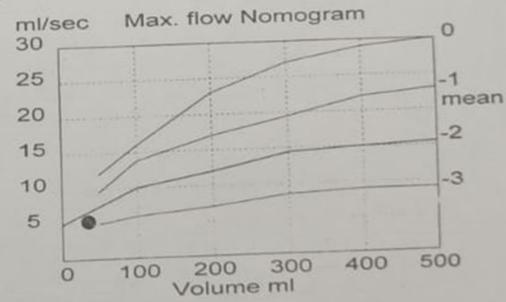
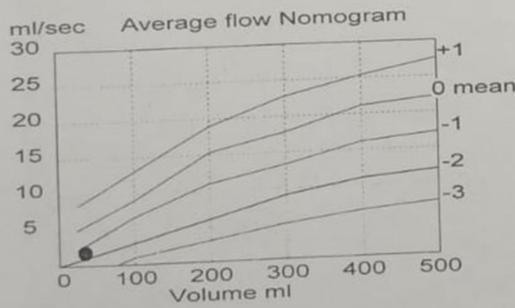
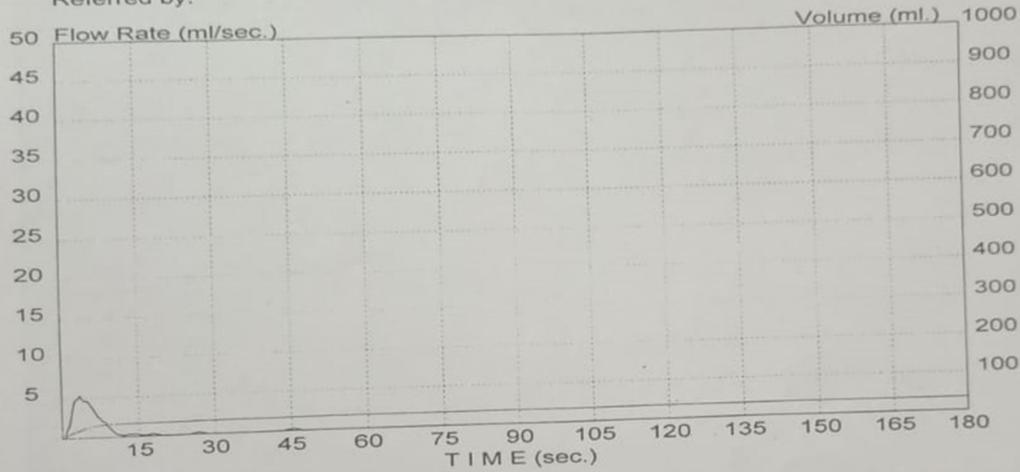
Conclusion : hypoechoic
- cystitis, grossly enlarged
hypoechoic prostate
- Left intrarenal 4mm mid Pole,
3mm lower Pole calculus
- Umbilical hernia with omentum
herniation through 1.4 cm size
defect

Dr. Dharmesh
Consultant Radiologist

P.O. Limda, Ta. Waghodia, Dist. Vadodara. Phone : 02668 - 265000, 7574895900. Mob.: 98791 85000, 98791 86000
E-mail : parulsevashram@gmail.com / Website : www.parulsevashramhospital.com
788774618

UROFLOWMETRY REPORT

Ref. No: PSH-13168 Test No: 01 Date: 08/09/2021 Time: 04:03:40
 Name: BHARATLAL JAISWAL Age: 75 Sex: M
 Address: SAHADA VADODARA
 Symptom:
 Referred by:



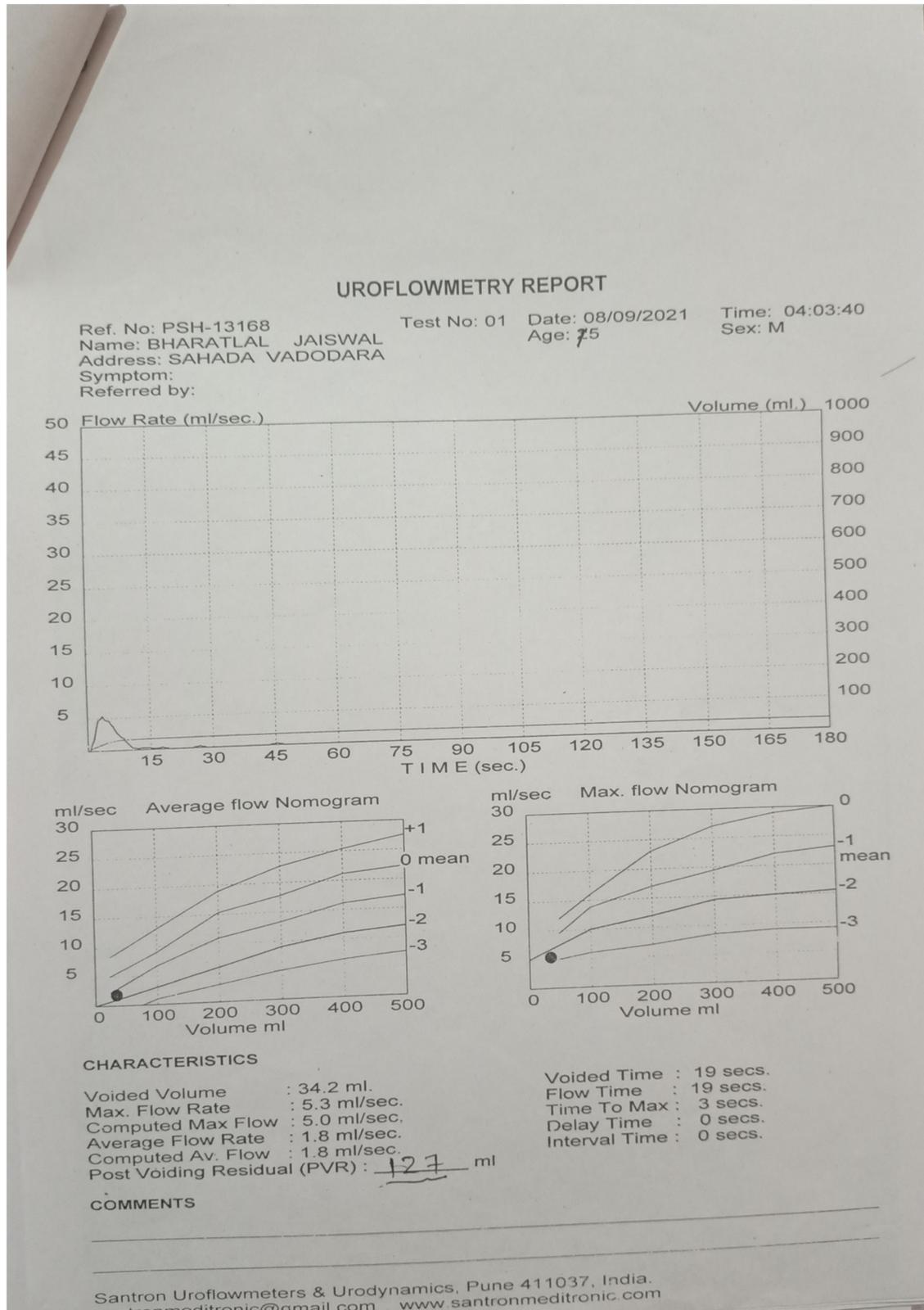
CHARACTERISTICS

Voided Volume : 34.2 ml.
 Max. Flow Rate : 5.3 ml/sec.
 Computed Max Flow : 5.0 ml/sec.
 Average Flow Rate : 1.8 ml/sec.
 Computed Av. Flow : 1.8 ml/sec.
 Post Voiding Residual (PVR) : 127 ml

Voided Time : 19 secs.
 Flow Time : 19 secs.
 Time To Max : 3 secs.
 Delay Time : 0 secs.
 Interval Time : 0 secs.

COMMENTS

Santron Uroflowmeters & Urodynamics, Pune 411037, India.
 santronmeditronic@gmail.com www.santronmeditronic.com





PARUL SEVASHRAM HOSPITAL

(Parul Institute of Medical Sciences & Research)

RADIOLOGY DEPARTMENT

USG REPORT

Name : Bharatlal Jaiswal

Date : 25/10/21 Age / Sex : 75 / M

Abdominal and Pelvic Ultrasound

Liver : Liver size : (N). The hepatic parenchymal echo texture- (N). Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.

GB : Well distended. No calculus/sludge is seen. The wall thickness is normal. No pericholecystic fluid.

CBD : Normal in diameter.

Spleen : Size- (N). Normal Echopattern. No focal lesion is seen.

Pancreas : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated.

Kidneys : Right renal simple cortical cyst - 26 x 21 mm
Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation.
No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.

Para aortic region : Aorta and the IVC appear normal. No lymph node enlargement is seen.

Others : There is no ascites.

Bladder : Minimally full

Conclusion : prostate - 75 gms enlarged
→ left intrarenal 5 mm upper pole and 4mm mid pole calculus
→ Moderate prostatic enlargement.
→ Unilateral hernia with omental herniation through 1.2 cm defect
→ Cystitis

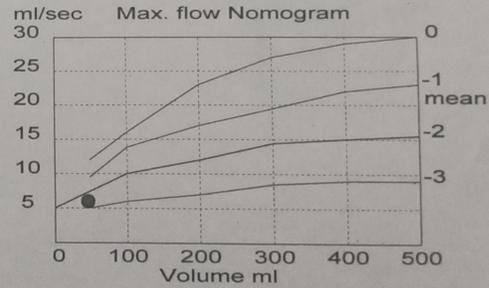
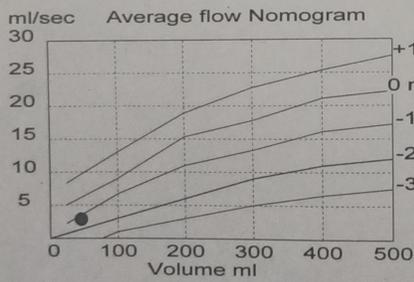
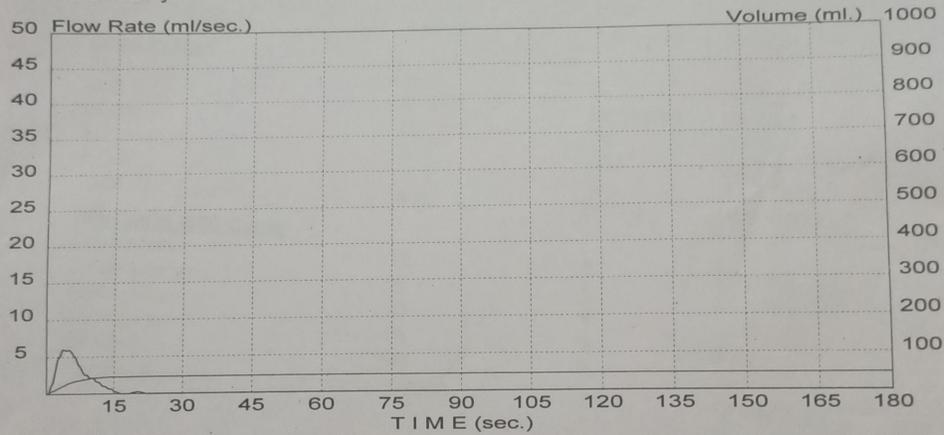
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PSH/Radiology/4/2021

UROFLOWMETRY REPORT

Ref. No: psh-28618 Test No: 01 Date: 25/10/2021 Time: 12:45:18
 Name: Mr. BHARATLAL Age: 75 Sex: M
 Address: SAHADA, VADODARA, GUJRAT, INDIA
 Symptom:
 Referred by:



CHARACTERISTICS

Voided Volume	: 45.6 ml.	Voided Time	: 16 secs.
Max. Flow Rate	: 6.0 ml/sec.	Flow Time	: 16 secs.
Computed Max Flow	: 5.7 ml/sec.	Time To Max	: 3 secs.
Average Flow Rate	: 2.9 ml/sec.	Delay Time	: 0 secs.
Computed Av. Flow	: 2.9 ml/sec.	Interval Time	: 0 secs.
Post Voiding Residual (PVR)	: <u>52</u> ml		

COMMENTS

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 santronmeditronic@gmail.com www.santronmeditronic.com