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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 *mutraghata*.[3] *Vatashtheela* is a condition of Obstructive uropathy (mechanical) which may present with, either partial or complete retention of urine.[4] The vitiated *Vata Dosh* is accumulated or get *sthaanaanshraya* 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

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 Ayurvedic medicine for the management of *Mutraghata*. 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 emptying. 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. TRANSRECTAL 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*, *Unnata* (elevated) *Astheelavat* (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 *Vatashtheela*(BPH). The contents of the drugs had different type of mechanism of action which subsides the symptoms of *Vatashtheela*(BPH). *Kanchnaar Guggulu* contains *Kanchanar* (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.[7] *Kanchanar* bark is brewed into a decoction and gets mixed with guggulu and other items to make it into a tablet.

Majority of ingredients of *Kanchnar* Guggulu comprises *Tikta*, *Madhur* & Kashaya rasa. They are *Ushana* in *veerya*, *Katu* in *Vipaka* and holds *Laghu*, *Tikshana*, Tridosha*shamak* and *Vatahar*a properties. The *Tikta*, *Kshaya* Rasas & *Laghu*, *Ruksha* guna of *Kanchnaar* guggulu alleviates *Kapha dosha*. The *Ushana veerya* alleviate Vata and *Kapha dosha*s. Pitta *dosha* is alleviated by its *Madhur* and *Kashaya 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, *Kanchnar* is considered as a drug of choice *for* Granthi vikar.[8] Clinical studies have proved *Guggulu* to be an anti-inflammatory drug[9] thus effective in BPH like conditions.

Chandraprabhavati comprises 32 parts of *Guggulu* (Commiphora Mukul), 32 parts of *Shilajit* (Asphaltum),16 parts of *Sharkara*, 1 part of Kapoor (Cinnamomum camphora), *Ativisha* (Aconitum heterophyllium), Haridra (Curcuma longa), *Vacha* (Acorus calamus), *Mustak* (Cyprus rotundus), *Amalaki* (Emblica officinalis), *Haritaki* (Terminalia bellirica), *Bibhitaki* (Terminalia chebula), *Chavya* (Piper Chaba), Bhunimba (Andrographis paniculata), Vidanga (Embelia 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*, *Swarnamakshika bhashma* (Copper pyrite) each, 4 parts of *Trivrit* (Operculina 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).[10]

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.[11] 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.[12]

CONCLUSION

This case study shows *Kanchnaar Guggulu* and *Chandraprabhavati* is found quite effective in management of *Vatashtheela* (BPH). So, we hope that with increasing duration of treatment upto 3 months for Kachnar *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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Conflict of Interest: Nil

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Table 1 Treatment Given

S.no.	T/t Given	Dose	Duration
1	*Kanchnaar Guggulu*	2 x 250mg B.D.	60 days
2	*Chandraprabhavati*	1 x 250mg B.D.	60 days

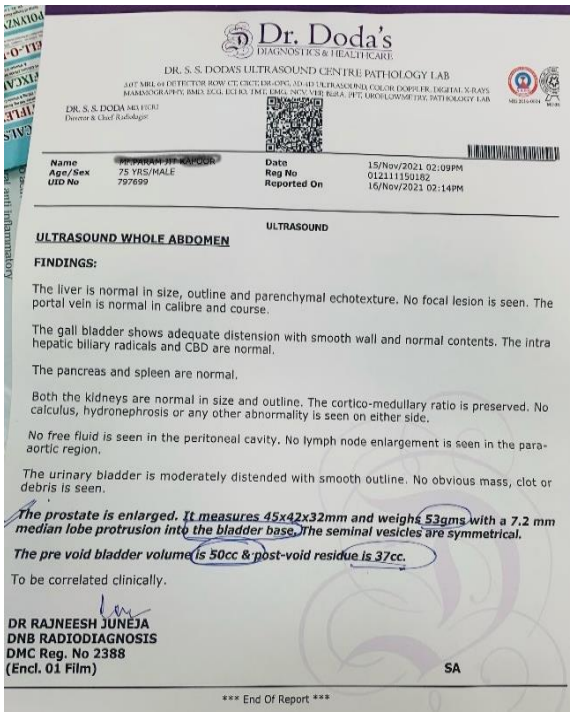
Table 2: Improvement in USG findings.

Measurements	BT	AT
Size (in mm)	45x42x32	42x42x39
Weight (in gms)	53	37.5
Pre Void Urine Volume (in cc)	50	172
Post Void Urine Volume (in cc)	37	92

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

Test Name	BT	AT
Free PSA (in ng/mL)	0.49	0.24

USG Before Treatment



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DR. S. S. DODA MD, FICRI
Director & Chief Radiologist

Name [redacted] KAPOOR
Age/Sex 75 YRS/MALE
UID No 797699
Date 15/Nov/2021 02:09PM
Reg No 012111150182
Reported On 16/Nov/2021 02:14PM

ULTRASOUND

ULTRASOUND WHOLE ABDOMEN

FINDINGS:

The liver is normal in size, outline and parenchymal echotexture. No focal lesion is seen. The portal vein is normal in calibre and course.

The gall bladder shows adequate distension with smooth wall and normal contents. The intra hepatic biliary radicals and CBD are normal.

The pancreas and spleen are normal.

Both the kidneys are normal in size and outline. The cortico-medullary ratio is preserved. No calculus, hydronephrosis or any other abnormality is seen on either side.

No free fluid is seen in the peritoneal cavity. No lymph node enlargement is seen in the para-aortic region.

The urinary bladder is moderately distended with smooth outline. No obvious mass, clot or debris is seen.

The prostate is enlarged. It measures 45x42x32mm and weighs 53gms with a 7.2 mm median lobe protrusion into the bladder base. The seminal vesicles are symmetrical.

The pre void bladder volume is 50cc & post-void residue is 37cc.

To be correlated clinically.

DR RAJNEESH JUNEJA
DNB RADIODIAGNOSIS
DMC Reg. No 2388
(Encl. 01 Film)

SA

*** End Of Report ***

USG After Treatment

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Director & Chief Radiologist

Name [redacted]
Age/Sex 76 YRS/MALE
UID No 877739
Date 07/Mar/2022 10:32AM
Reg No 012203070120
Reported On

ULTRASOUND

ULTRASOUND WHOLE ABDOMEN

FINDINGS:

The liver is normal in size, outline and parenchymal echotexture. No focal lesion is seen. The portal vein is normal in calibre and course.

The gall bladder shows adequate distension with smooth wall and normal contents. The intra hepatic biliary radicals and CBD are normal.

The pancreas and spleen are normal.

Both the kidneys are normal in size and outline. The cortico-medullary ratio is preserved. No calculus, hydronephrosis or any other abnormality is seen on either side.

The right kidney measures 77x46mm. The left kidney measures 86x50mm.

No free fluid is seen in the peritoneal cavity. No lymph node enlargement is seen in the para-aortic region.

The urinary bladder is moderately distended with smooth outline. No obvious mass, clot or debris is seen.

The prostate is enlarged and measures 42x42x39mm and weighs 37.5gms. There is median lobe hypertrophy into the bladder base, measuring 8.9x7.0 mm. The seminal vesicles are symmetrical.

The pre void bladder volume is 172 cc & post-void residue is 92 cc.

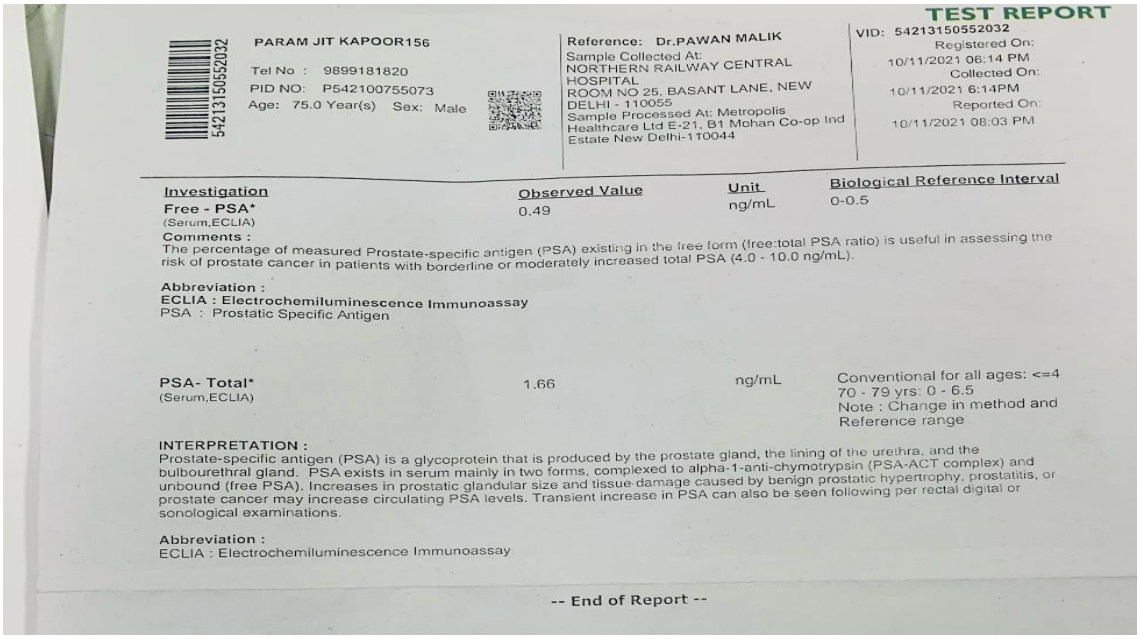
To be correlated clinically.

DR. SARIKA JAIN
MD, DNB, RADIODIAGNOSIS
DMC Reg. No-37062
(Encl. 1 film)

DN

*** End Of Report ***

Before Treatment



TEST REPORT

PARAM JIT KAPOOR156
Tel No : 9899181820
PID NO: P542100755073
Age: 75.0 Year(s) Sex: Male

Reference: Dr.PAWAN MALIK
Sample Collected At: NORTHERN RAILWAY CENTRAL HOSPITAL ROOM NO 25, BASANT LANE, NEW DELHI - 110055
Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 54213150552032
Registered On: 10/11/2021 06:14 PM
Collected On: 10/11/2021 6:14PM
Reported On: 10/11/2021 08:03 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Free - PSA* (Serum,ECLIA)	0.49	ng/mL	0-0.5

Comments :
The percentage of measured Prostate-specific antigen (PSA) existing in the free form (free:total PSA ratio) is useful in assessing the risk of prostate cancer in patients with borderline or moderately increased total PSA (4.0 - 10.0 ng/mL).

Abbreviation :
ECLIA : Electrochemiluminescence Immunoassay
PSA : Prostatic Specific Antigen

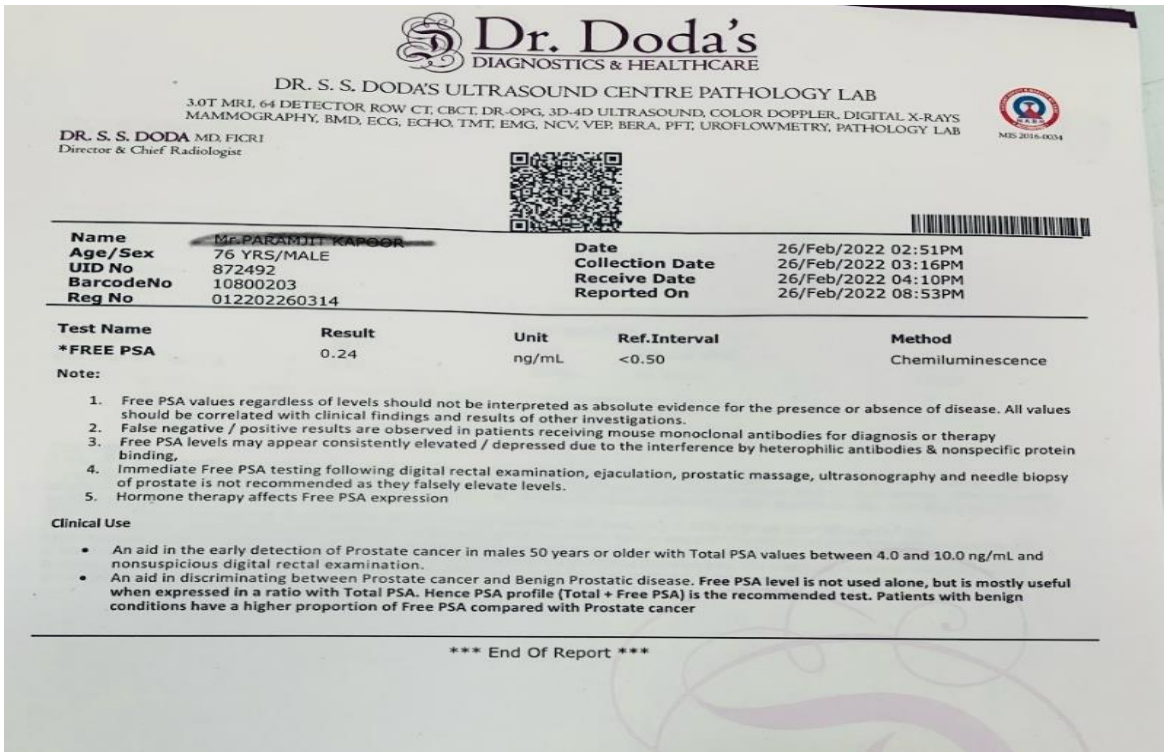
PSA- Total* (Serum,ECLIA)	1.66	ng/mL	Conventional for all ages: <=4 70 - 79 yrs: 0 - 6.5 Note : Change in method and Reference range

INTERPRETATION :
Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Abbreviation :
ECLIA : Electrochemiluminescence Immunoassay

-- End of Report --

After Treatment



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DR. S. S. DODA MD, FICRI
Director & Chief Radiologist

MIS 2016-0034

Name	Mr.PARAMJIT KAPOOR	Date	26/Feb/2022 02:51PM
Age/Sex	76 YRS/MALE	Collection Date	26/Feb/2022 03:16PM
UID No	872492	Receive Date	26/Feb/2022 04:10PM
BarcodeNo	10800203	Reported On	26/Feb/2022 08:53PM
Reg No	012202260314		

Test Name	Result	Unit	Ref.Interval	Method
*FREE PSA	0.24	ng/mL	<0.50	Chemiluminescence

Note:

1. Free PSA values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. Free PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
4. Immediate Free PSA testing following digital rectal examination, ejaculation, prostatic massage, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
5. Hormone therapy affects Free PSA expression

Clinical Use

- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease. **Free PSA level is not used alone, but is mostly useful when expressed in a ratio with Total PSA. Hence PSA profile (Total + Free PSA) is the recommended test. Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer**

*** End Of Report ***