

EVALUATION OF BASTI THERAPY IN CHRONIC PROSTATITIS

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Abstract

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is the most common of the prostatitis syndromes. Recent epidemiological studies have shown that CP/CPPS can affect men at any age, including those in their 80s. It is characterized by pelvic pain for more than 3 of the previous 6 months, urinary symptoms and painful ejaculation, with or without documented urinary tract infections from uro-pathogens. Present study was to assess the efficacy of Basti therapy in patients with chronic prostatitis/chronic pelvic pain syndrome. Twenty consecutive men diagnosed with CP/CPPS were screened and then asked to participate in chronic prostatitis treatment trial. Patients who agreed to be randomized were subsequently divided into two groups. In trial group Basti therapy with oral Ayurvedic drugs were given and in control group antibiotics were given. Patients were prospectively treated for 21 days. The changes in baseline uroflowmetry parameters were assessed. At the end of 21 days in trial group statistically significant changes occurred in maximum flow rate (Qmax) and Average flow rate (Aveg) compared with the control group. Twenty one days of Basti therapy for CP/CPPS is safe, well tolerated and results showed statistically significant improvement in the in Qmax flow rate and Aveg flow rate compared with standard anti microbial treatment.

Key words: Chronis prostatitis; Basti; Apana vayu;Uroflowmetry.

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INTRODUCTION

Prostatitis is the most common urologic diagnosis in men younger than 50 years and the third most common urologic diagnosis in men older than 50 years after benign prostatic hyperplasia (BPH) and prostate cancer.^[1] Recent epidemiological studies have shown that CP/CPPS can affect men at any age, including those in their 80s.^[2] The overall prevalence of symptoms suggestive of CP/CPPS is 6.3%.^[3] Chronic Prostatitis is characterized by pelvic or perineal pain lasting longer than 3 months without evidence of urinary tract infection. Symptoms may wax and wane and pain may radiate to the back and perineum, causing discomfort while sitting. Dysuria, frequency, urgency, arthralgia, myalgia, unexplained fatigue, abdominal pain, and burning sensation in the penis may be present. Post-ejaculatory pain, mediated by nerves and muscles, is a hallmark of the condition.^[4]

Pain is the dominant symptom in patients presenting with CP/CPPS, but a wide constellation of irritative and obstructive voiding symptoms are associated with this syndrome. Uroflowmetry is also useful to rule out the causes of persistent irritative and obstructive voiding symptoms such as detrusor vesical neck or external sphincter dyssynergia, proximal or distal urethral obstruction, and fibrosis or hypertrophy of the vesical neck. Decreased peak and mean urinary flow rates, a significantly elevated maximal urethral closing pressure, and incomplete funneling of the bladder neck accompanied by urethral narrowing at the level of the external urinary sphincter during voiding with urodynamic evaluation of men diagnosed with CP.^[5]

The most common treatments used by urologists for patients with CP/CPPS are antibiotics, alpha-blockers, anti-inflammatory agents, transurethral thermotherapy, and neuromodulatory treatments (acupuncture,

sacral nerve stimulation, etc.) are now being used to ameliorate symptoms in patients with CP/CPPS. However, many patients experience modest relief of pain and symptoms of CP/CPPS with above modalities. In Ayurveda numbers of diseases related to urological system have been described but no single disease as such can be compared with chronic prostatitis. But based on symptoms like dysuria, difficulty in micturition, frequency, urgency etc. chronic prostatitis can be vaguely compared with mutrakrichhra.^[6] Apana vayu is said to be responsible for normal micturition^[7] and its vitiation generally leads to urological ailments related to micturition.^[8] As per Ayurvedic principle of treatment Basti is main therapy for vitiated Vata so present study was designed to evaluate the efficacy of basti therapy in chronic prostatitis as compared to standard modern treatment on uroflowmetric parameters.

MATERIAL AND METHODS

Present study was undertaken in the Sir Sunderlal Hospital, Banaras Hindu University, Varanasi. Patients diagnosed as chronic prostatitis were selected and registered in the form of Mutraroga and in Shalya tantra OPD. In this study 20 men with chronic prostatitis were registered. These were randomly divided in two groups as trial group and control group. In this study, patients suffering from urethral stricture, neurogenic bladder, BPH grade 3rd and 4th, mechanical obstruction due to malignancy of prostate or bladder or urethra, urinary, diabetes mellitus, overt neuropathies, any other condition or any drug treatment possibly affecting bladder function, urine production rate, or voiding habits were excluded. Physical examination, digital rectal examination and uroflowmetry were done in all the 20 patients. The procedure was explained to all the patients before starting the therapy. Trial group patients were treated with Basti therapy, as per schedule along with oral drugs. (Table 1)

Table 1: Schedule of Basti Karma adopted trial group patients

Duration	Therapy	Medication	Dose
1 st to 3 rd day (3 days)	Kostha shudhhi	Shatshakara Churna	3-6 g HS.
4 th Day to 24 th day (21 days)	Sthanika snehana	Narayana taila	QS
4 th day to 24 th day (21 days)	Sthanika swedana	Dashamula kashaya	QS
First day and alternatively up to 18 th day. And on 19 th , 20 th and 21 st day.	Anuvasana basti	Narayana taila	100 ml
2 nd day and then alternatively up to 18 th day.	Asthapana basti	Dashamula kashaya and Narayana taila	200 ml 50 ml

Control group patients were treated with antibiotics according to culture and sensitivity in standard doses for 21 days. After 21 days, assessment was done before and after treatment in both groups. Statistical analysis was carried out.

Oral drugs

Patients of trial group also received Varuna Shigru Kashaya (decoction) in a dose of 50 ml two times a day and Gokshuradi Guggulu 2 tablet twice a day for 21 days.

OBSERVATIONS AND RESULTS

In the present study the minimum age of patient was 17 years and maximum age was 66 years. 70% patients were of below the 50 years of age. (Table 2)

Incidence of chronic prostatitis was found maximum in servicemen; nearly half of the patients of total number of patients were servicemen. (Table 3)

The incidence of disease was found maximum in urban areas 75% patients and rest 25% patients belonged to rural area. (Table 4)

In this study, the incidence of disease was found maximum (85%) in middle class income-groups patients followed by low/poor income groups (10%) patients. (Table 5)

In this study, 60% of patients were vegetarians and rest 40% patients were in mixed diet group (Table 6)

In this study, none of the patient belonged to Ekadoshaja prakriti and Samdosha Prakriti. Majority of them belonged to Dwandwaja Prakriti i.e. Vata-pittaja (35% patients) and Vata-kaphaja (35% patients) and remaining 30% patients were of Kapha-pittaja Prakriti. (Table 7)

Uroflowmetry

In trial group, the mean value of peak flow rate was 12.05 ml/sec before treatment and it became 20.22 ml/sec after treatment which was statistically significant ($P < 0.05$ (S)). In control group, the mean value of peak flow rate was 16.05 ml/sec before treatment and after treatment it became 14.10 ml/sec. Statistically it was not significant. But when mean change of trial group was compared with control group it was found statistically significant. (Table 8)

In trial group, the mean value of average flow rate was 5.37 ml/sec before treatment and it became 10.39 ml/sec after treatment which was statistically highly significant. In control group, the mean value of average flow rate was 7.46 ml/sec before treatment and after treatment it became 7.82 ml/sec. statistically it was found significant. When mean change of trial group was compared with control group, it was found statistically significant. (Table 9)

Table 2: Age incidence

Age (years)	Number of cases	Percentage
< 20	1	5%
21-30	4	20%
31-40	3	15%
41-50	6	30%
51-60	3	15%
> 60	3	15%
Total	20	100%

Table 3: Occupation

Occupation	Number of cases	Percentage
Service	9	45%
Business	1	5%
Farmer/Worker	7	35%
Students	3	15%
Other any	0	0%
Total	20	100%

Table 4: Habitat

Habitat	Number of cases	Percentage
Urban	15	75%
Rural	5	25%
Total	20	100%

Table 5: Socio-economic status

Socio-economic Status	Number of cases	Percentage
High	1	5%
Middle	17	85%
Low/Poor	2	10%
Total	20	100%

Table 6: Dietary habit

Habitat	Number of cases	Percentage
Vegetarian	12	60%
Mixed	8	40%
Total	20	100%

Table 7: Deha prakriti

Prakriti	Number of cases	Percentage
Vata – Pittaj	7	35%
Vata-Kaphaj	7	35%
Kapha-pittaj	6	30%
Total	20	100%

DISCUSSION

As mentioned earlier Chronic prostatitis occurs in men less than 50 yrs of age, BPH and prostate cancer are common in older age. It is third most common diagnosis in urology after BPH and prostate cancer. In present study also almost 70% patients were of age group less than 50 years which matches with the incidence of the disease. The disease chronic prostatitis is independent of occupation of the person. No previous data is available to support the relation between occupation and pathogenesis of chronic prostatitis but in this study majority of the patients were servicemen (45%). This may be due to sedentary life because of which pelvic congestion occurs. It is possible that congestion of prostate favors infection of prostate resulting in inflammation of prostate. The incidence of disease was found maximum in urban areas in 75% patients.

Urban peoples intake more fast food which is lack of vitamins and minerals which favors prostate infection and this may be the cause of high incidence in urban patients. In this study, disease was found maximum in middle class income group (85%), followed by Low/poor income group (10%). One of cause of chronic prostatitis is vitamin/mineral deficiency specially minerals as explained earlier. In this study majority of patients were vegetarians 60% patients. The incidence of diseases was found maximum in Vata dominated Prakriti i.e. Vata-Pittaja Prakriti, vata-Kaphaja Prakriti. According to Ayurveda diseases of Mutravaha srotas occurs due to vitiated Vata dosha. So incidence of this disease is high in Vata dominated Prakriti. Improvement in the peak and average flow rate in this study may be due to improved force of flow of urine. In this study both Qmax and Aveg were improved in both groups. After treatment, peak flow rate was nearer to normal in basti therapy and also average flow rate was markedly improved in basti therapy.

Table 8: Peak flow rate

Group	Mean ± SD (ml/sec.)		Within the groups Comparisons paired t-test) BT-AT	Between the groups comparison unpaired t-test
	BT	AT		
Trial	12.05 ± 5.81	20.22 ± 11.37	-8.17 ± 10.64 t = 2.43 P < 0.05 (S)	t = 2.13 P < 0.05 (S)
Control	16.05 ± 8.02	14.10 ± 15.17	1.95 ± 10.58 t = 0.58 P > 0.05 NS	

Table 9: Mean value of average flow rate of urine

Group	Mean ± SD (AFR) ml/sec		Within the groups Comparison paired t-test) BT-AT	Between the groups comparison unpaired t-test BT-AT
	BT	AT		
Trial	5.37 ± 3.50	10.39 ± 4.91	- 5.02 ± 5.10 t = 3.11 P < 0.05 (S)	t = 0.80 P < 0.05 (S)
Control	7.46 ± 2.40	7.82 ± 2.45	- 3.63 ± 2.03 t = 0.56 P > 0.05 (NS)	

CONCLUSION

It can be concluded that chronic prostatitis is not mentioned as separate entity in Ayurvedic texts but on the basis of symptoms it can be said to be vitiation of Apana vayu. Symptoms of this disease responded well by Ayurvedic therapy. This might be because of, according to Ayurveda, normalization of deranged Apanavayu, action of the active ingredients of the drugs along with local thermal effects of Swedana and Basti. As no effective treatment is available till date, there is need of further research work in this area. Statistically significant changes were observed in trial group as compared to control group.

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