

“Review of role of *Uttarbasti* in management of *Vatashtila* w. s. r. to Benign Prostate Hyperplasia.”

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ABSTRACT :

In *Ayurved Samhitas*, symptoms of benign prostate hyperplasia are described under *vatashtila*. The majority of men over the age of 50 years are considered to have urinary symptoms attributing to *vatashtila* (BPH). Although it is not as much life threatening, its clinical manifestations worsen the patient's quality of life. It is a senile disease and patient may not be fit for surgery due to cardio-respiratory problems. *Uttarbasti* has got definite contribution which encourages us to find solution for this burning problem of society. *Uttarbasti* is a prime approach for *vatashtila* so this topic was chosen for review.

KEYWORDS : *Vatashtila* , BPH , *Uttarbasti*

INTRODUCTION:

Benign prostate hyperplasia is an enlargement of prostate. Symptoms related to BPH is one of the most common problems in the older males. Histological evidence of BPH is found in more than 50% of men in their fifties & nearly 90% of men in their nineties age. As the prostate enlarges, it causes the

narrowing of urethra & subsequent partial emptying of bladder, results in many of the problems associated with BPH. In modern medicine the conservative treatment includes two classes of drugs which includes- α adrenergic blocking agent and 5 α reductase inhibitors. These drugs when taken for a year result in 20-25% shrinkage of the prostate gland. Also these drugs are expensive in comparison to their effectiveness and these drugs have also some side effects hypotension, headache, dizziness, abnormal ejaculation, decreased libido, impotency, etc. The fact about these drugs is a significant portion of men who try these drugs will subsequently undergo surgical intervention. Prostatectomy is primary approach to benign prostate hyperplasia. Even if the surgery is done, there are high chances of early complications (like hemorrhage, clot retention, bladder neck stenosis, erectile dysfunction etc.) and late complications (like secondary growth, urethral stricture, infection etc.) Considering the complications, recurrence & cost of surgery, it is the need of society to evaluate an alternative option for this most predominant senile

disease. There are 12 types of *mutraghata*; one of them is *Vatashthila*. In Sushrut *Samhita*, *vatasththila* is grouped under the title of *Mutraghata*. The general treatment for *mutraghata* is as follows as the reference *Kashay*, *kalka*, *Ghruta*, *leha*, *paya*, *kshar*, *madya*, *asava*, *sweda* and *uttarbasti* are the treatments of *mutraghata*.

Review Of Uttarbasti :

Basti, by the account of all of its contents, performs various functions such as restraining, cleansing, & pacification of *doshas* as well. It enhances the healthy life and prevents the invasion of the disease.

Classification : *Acharya* Charka has mentioned 3 types of *bastis* viz.

- *Anuwasan basti*
- *Niruha basti*
- *Uttar basti*

VYUTPATTI :

The term '*Uttarbasti*' is composed of two words '*Uttara*' and '*Basti*'.

Uttara : According to *Shabdikalpadruma*, the term *Uttra* is made of *Ut* + *Tara*. The prefix "*Ut*" & the suffix "*Tara*" are always used to denote the superior status of *Uttarbasti*.

According to various commentators, the term *Uttara* means there by signifying the route of administration.

Basti :

The term *Basti* is derived from the Verb "*Vas*" which has got following meaning, according to *Siddhanta Kaumudi*.

NIRUKTI :

The *Basti* which is given through *Uttaramarga* & also having superior qualities is termed as *Uttarabastit*. *Acharya* Vagbhata says that the one which is administered after (*Uttara*) the *Niruhabasti* procedure is known as

Uttarbasit. However the term "*Uttaramarga*" can be understood in two ways –

1. *Mutramarga* in males.
2. *Mutra* and *ApatyaMarga* in females.

CLASSIFICATION :

Uttarbasti comes under *Snehabasti* and is similar to *AnuvasanaBasti*.

APPARATUS :

Bastinetra and *Bastiputaka* are the two components used in the procedure of *Uttarbasti*.

Acharya Sushruta has stated to prepare *Bastiputaka* from the soft skin of the *Basti* (bladder) of pig, goat or sheep. If these; are unavailable then skin of various birds can be used.

Procedure of Uttarbasti:

The method of administration is different in both males and females but mainly the whole procedure can be divided into three parts.

- a. *Purva Karma*
- b. *Pradhana Karma*
- c. *Pashchata Karma*.

Purvakarma :

Prior to *Uttarabasti*, *Acharya* Vagbhata has told to give 2-3 *Asthanapana Bastis* in order to purify the *Malamarga*. The dose should be decided according to the condition of the patient. Prior to administration of *Uttarabasti*, the patient should have bathed; taken food mixed with meat juice or milk and should have voided his faeces and urine. *Acharya* Sushruta says that *Snehana*, *Swedana* should be performed and *Yavagu* mixed with *Ghruta* with *Kshira* be given to the patient.

Pradhana Karma :

The patient should then be seated on a knee high soft seat in a straight and comfortable position. Then his penis should be made erect and *Shalaka* (probe) smeared with *Ghruta* should be

inserted into the urethra. If it is passed without any obstruction, then the *Bastinetra* should be introduced as stated by *Acharyas*. If it penetrates too far, it may injure the bladder and if insufficiently inserted, the *Sneha* may not reach its destination. Then, the *Bastiputaka* is compressed without shaking it, the *Aushadhi Dravya* is inserted into bladder & the *Bastinetra* is withdrawn .

Pashchata Karma :

If the given *Sneha* returns, then *Dugdha*, *Yusha*&*Bhojana* mixed with *Mansarasa* should be given to the patient at the evening on the same day. If the given *Sneha* doesn't return, then observation should be done for one night. If it fails to return, then *Shodhanabasti* should be

administered or *Shodhanavarti* should be inserted into urethra or anus .

Duration : Two, three or four *Snehabasti* should be injected in the course of day and night. Such treatment should be done for three days with a gradual increase in the dosage. The procedure should be repeated after an interval or three days in the same manner.

Complication and Management: If excessive burning sensation is felt, then *Guda Basti* with *Kwatha* of *Sheetavirya Aushadis* should be given. All the other complications should be treated similar to the complications of *Sneha Basti*. The rest of the treatment should be followed like that of *Anuvasana Basti* .

Review Of Previous Work Done :

Sr. No.	Year	Name of dissertation	Place
1.	1998	Clinical evaluation of <i>kshara</i> and <i>Uttarabasti</i> in the management of <i>mootraghata</i> w.s.r. to BPH- Vd. A.S. Kembhavi	Jamnagar
2.	2001	Role of <i>Uttarabasti</i> in the management of BPH-Vd. Sarveshkumar	BHU
3.	2002	A clinical study on the role of <i>devadarvyadi kashay</i> and <i>dashamoolasiddha taila uttarabasti</i> in the management of <i>mootraghata</i> w.s.r. to BPH- Vd. N. H. Kulkarni.	Jamnagar
4.	2016	Randomised controlled clinical trial of <i>Narayan Taila Uttarabasti</i> in <i>vatashthila</i> with special reference to Benign prostatic Hyperplasia .	MUHS

DISCUSSION:

Besides many drugs has been used for the *uttarabasti* purpose , but media through which these drugs are administered by *uttarabasti* is common and i. e. *tilataila* , so we are describing here probable mode of action of *tilataila*

in *uttarabasti* .*Tilataila* possesses *vata-kapha shamak*, *mrudukara*, *sara*, *sukshma*, *vikasi* & *vranaropak* qualities. It softens the tissue, can penetrate upto the deeper cells & hence increases elasticity. It heals as well as promotes regeneration of the tissue. In benign prostatic hyperplasia, volume of prostate

gland is increased. It can be due to *shotha* induced by *kapha dosha* or *vyasa* induced by *vata dosha*. As *tilataila* is *vata-kapha shamak*, it pacifies them. In the act of *uttarbasti tila taila* is instilled in the vicinity of urinary bladder along with the urethra. The *taila* which is instilled in the urinary bladder, is absorbed by mucosa & detrussor muscles of urinary bladder. The poorana of *basti* is done by *tila taila* according to *Upasnehan Nyaya*. The detrussor muscles which become hypertrophied or atonic in case of benign prostatic hyperplasia, are nourished & rejuvenated by *tilataila*. Hence frequency & urgency of micturition are minimized. Also it helps to improve force of urine stream. The mechanism of detrussor muscles is regained, resulting in lower amount of residual urine volume. The *tilataila* possesses *ropan* quality i.e. wound healing property. Due to action of *tilataila*, the eroded prostatic mucous membrane is healed. It arrests dilatation of prostatic venous plexuses, thereby causes arrest of haematuria. different *taila*, *ghruta*, having different *ayurvedic* properties may be used in place of *tilataila* only and its action over BPH may be noted, so that better choice of drug can be use to cure BPH.

CONCLUSION:

From above review of *uttarbasti* on *vatasthila*, the conclusion can be drawn

as *Uttarbasti* is effective in reducing symptoms and post residual volume in *vatasthila* (benign prostate hyperplasia). But it will need further evaluation with different *ayurvedic* drugs, so that it may be worth in the management of Benign Prostatic Hyperplasia i.e. *Vatasthila*.

REFERENCES:

1. *Charaka Samhita* Part 2 publishers, *chauhamba Sanskrit pratishtan* Delhi, By Ravidatta Tripathi Acharya vidyadhar Shukla, reprint 2010, page no 953.
2. A Concise Textbook of Surgery, Dr. Somen Das, Published by Dr. S. Das, 7th edition, Kolkata, 2012, page no.1269.
3. Bailey & Love's Short Practice of Surgery, 26th edition, CRC press, New York, 2013, page no.1342.
4. *Sushruta Samhita chikitsasthan* Part 2 with *Ayurved Tattva* Sandeepika Commentary by Kaviraj Ambikadatta Shastri, *Chaukhambha Sanskrit Sansthan*, Reprint Edition 2012, page no 189.
5. *Astanga Hridayam* of *Srimadvagbhata* edited with *Nirmala hindi commentary* by Dr. *Brahmanand Tripathi*, Reprint Edition 2009, page no 491

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