

**EFFECT OF *LAGHUPANCHMOOLADI KWATHA* WITH *AVAGAHA SWEDA* IN THE MANAGEMENT OF *MOOTRAGHATA* WSR TO BPH:  
A CASE REPORT**

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**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).

**KEYWORDS:** *Mootraghata*, BPH, *Laghupanchmooladi kwatha*, *Avagaha Sweda*.

## 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 *Moootraghata* 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 *kricchatwa* 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*, *Mutranjana*, *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 Sits 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 bharada* 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

& 2) *Avagaha Sweda (Sitz bath)* with lukewarm water 3 times a day.

#### RASAPANCHAKA OF LAGHUPANCHMOOLADI DRUGS

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

| <b>IPSS</b>         | <b>BEFORE TREATMENT</b> | <b>AFTER TREATMENT</b> |
|---------------------|-------------------------|------------------------|
| 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                      |

| <b>OBSERVATION</b>    | <b>BEFORE TREATMENT</b> | <b>AFTER TREATMENT</b> |
|-----------------------|-------------------------|------------------------|
| <b>IPSS score</b>     | <b>16</b>               | <b>7</b>               |
| <b>Size</b>           | <b>60.6cms</b>          | <b>56.2cms</b>         |
| <b>Weight</b>         | <b>68.36cumm</b>        | <b>51.4cumm</b>        |
| <b>Residual urine</b> | <b>92cc</b>             | <b>64.8cc</b>          |

**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 *Katu vipaka* 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*, *Mutranjana*, *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.

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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