



A SYSTEMIC REVIEW STUDY ON BENIGN PROSTATE HYPERPLASIA (BPH)

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ABSTRACT

Benign Among the elderly, prostate hyperplasia is a common disease. BPH is more likely to develop after age 45, with a prevalence rate of 8% – 60% at age 90, according to epidemiology. Studies have shown that Asians are less at danger than white individuals in the west. Here, a combination of lifestyle, diet, and genetics may be important. An enlarged prostate gland can lead to urinary symptoms such frequency, urgency, hesitancy, nocturia, decreased/intermittent force of urine stream, and the sensation of incomplete urination. In Ayurveda, Mutragranthi and Vatasthela are associated with BPH based on symptoms. The vitiation of Apanavayu as well as the Kapha and Pitta Doshas are the main contributors to the illness. Surgery may result in bleeding, urethral stricture, urine incontinence or leakage, erectile dysfunction, and retrograde ejaculations. By evaluating the current references in relation to Mutraghata, an effort has been made in this study to reduce such effects and to more thoroughly comprehend the illness.

KEYWORDS: Benign Prostrate hyperplasia, Mutravaha Srotas, etc.

INTRODUCTION

Mutraghata, or decreased urine output, is brought on by a blockage in the urine flow. It could be regarded as a disorder because it affects the majority of the urinary system's anatomy. The main symptom of urine retention (Mutraghata), a condition, is urinary retention. Urine retention may be brought on by urinary tract blockage or urinary channel irritation. A pathological state can be caused by damage, constriction/compressed stones, or other foreign substances. The organ that regulates metabolite and waste product excretion is crucial for

maintaining homeostasis (Dosha, Dhatu, and Mala). Vegavarodha, the repression of natural urges, is a key contributor to a number of diseases.

The main ideas of the original form have been communicated, and the literal meaning of the parts has been kept as much as feasible. According to Ayurveda, the Tridosha Principle preserves bodily physiology. The three doshas are vata, kapha, and pitta. One of Vayu's five forms, the Mutra vaha Srotas, is also under the control of Apana Vayu. Disorders of the urinary system are intrinsically linked to every Apana Vayu abnormality. As a result, the major objective of the therapy is to heal the vitiated Apana Vayu and return normal urine physiology. One Panchakarma procedure that is frequently used to calm Vayu is the basti therapy.

MATERIALS AND METHODS

Mutraghata examples have been gathered from thousands of years of Ayurvedic literature. All of the material is obtained, analysed, and disputed from books and other credible sources.

MUTRAGHATA

When the need to urinate is repressed in Udavarta, this results in urinary bladder distension and upward ejection of stored urine. Apana Vayu therefore causes abdominal distension, particularly above and below the umbilicus. Additionally, substantial abdominal pressure and blockages in the flow of urine and feces are both conceivable. It is analogous to Mutrateeta, except in this instance, a surgical or organic lesion is not mentioned as the source of the obstruction. The bladder is very compressed and swollen all the way to the umbilicus in this posture. Due to acute retention, this disease may be connected to a neurogenic bladder.

SAMPRAPTI GHATAKA

- Dosha - Apana Vayu
- Dushya - Rasa, Rakta, Sweda, Mutra,
- Adhithana - Basti Mukha
- Roga Marga – Madhyama
- Vyakti - During the act of micturition
- Agni – Jathragni
- Srotas – Mutravaha
- Sroto Dusti Prakara - Sanga, Vimarga Gamana, Siraja Granthi
- Udbhava Sthana – Pakvashaya

ETIOLOGY OF MUTRAGHATA (BPH)

Males who had their testicles removed before adolescence do not acquire BPH, which is believed to mostly afflict older men. As a result, some professionals argue that age and testicular factors may contribute to the onset of BPH. Men generate just little amounts of the female hormone oestrogen and the masculine hormone testosterone. As men age, the amount of testosterone in their blood decreases, leaving them with a higher

concentration of oestrogen. According to research, BPH is brought on by the gland producing more oestrogen, which stimulates the release of substances that increase cell growth. Another theory focuses on dihydrotestosterone, a substance generated from testosterone that is present in the prostate and may help to regulate its growth.

LAKSHANA OF MUTRAGHATA

- Shula
- Spandana
- Daharti
- Bindum sravatyapi
- Peeditastu srijeddham

DISCUSSION OF MUTRAGHATA

They are mentioned in the Charaka Samhita, Sushruta Samhita, Astanghridaya, Astangsamgraha, and modern urinary disorders. Past applications of Mutra Rogas include Atipravrittija Mutra and Apravrittija Rogas Mutra. Asmari, Mutrakricchra, and Mutraghata are included in the first group, while Prameha's illness is included in the second. Even though Mutrakricchra and Mutraghata's symptom complexes seem to be the same, Acharya Dalhana, Chakrapani, and Vijayarakshita have distinguished between them. The discrepancy is due to Mutraghata's "Vibhanda" or "Avarodha" (obstruction) being more severe.

As a result, the Mutraghata may be understood as a condition brought on by an obstructive uropathy of the upper or lower urinary tract that is mechanical or functional and causes partial or complete urine retention as well as oliguric or anuric conditions. Smooth muscle sphincter dyssynergy, an internal sphincter dyssynergy in which sphincter non-function has place, is linked to vatakundalika. Urine retention happens when the sphincter is shut. This syndrome has also been linked to a bladder collar occlusion.

When patients try to transfer urine, mutrateeta is associated with aberrant neurophysiological states of the bladder. Due to acute retention, mutrajathara is associated with a neurogenic bladder. Hematuria is rarely an indication of urethral stricture, despite the fact that mutrotsanga is occasionally connected to this condition. It suggested urethral obstruction brought on by an inflammatory disease, maybe urethritis brought on with or without gonococcal infection.

EXAMINATION OF MUTRAGHATA (BPH)

GENERAL EXAMINATION

Prior to the inspection, the doctor should watch the patient completely void in order to confirm a decrease in the volume and force of the urine stream. The following physical examination findings, such as weight loss, oedema of the hands and face, pallor, cardiomegaly, pulmonary oedema, and a mass in the lower abdomen, may point to the presence of severe blockage.

RECTAL EXAMINATION

If the prostate is larger than two fingerbreadths and has a smooth, firm consistency, and the patient has a low average flow rate, BPH may be indicated.

MANAGEMENT OF MUTRAGHATA

A. PREVENTIVE COMPLICATIONS OF MUTRAGHATA

1. Wheat, old rice, mudga (green grain) juice, kulattha (horse grain), yava (barley) water, rasona (garlic), ardraka (ginger), patola/Tikta patolika or chichinda (snake gourd), patola/Ti (drum stick), and mudga (green grain) juice.

2. Steer clear of foods that are extremely hot and spicy, such as peas, spinach, black gram, Jamuns, and mustard.

B. MEDICAL ADMINISTRATION OF MUTRAGHATA (BPH)

LINE OF MANAGEMENT

- Avapeeda Snehapana with a dose of 200-300 ml of Vastyamayantaka Ghrita;
- Avagaha Sveda or decoctions such as Pancha Valkala Kwatha, Triphala Kwatha, or Dashamula Kwatha for 15 days with warm water;
- Basti
- Varunadi Ghrita/ Satavaryadi Ghrita for three days with Uttara Basti 30–50 ml, followed by 14 days with Matra Basti 30–50 ml. Doctors should choose the dosage (per dose) based on the patient's health and the severity of the ailment.

ADVICE THE PATIENT FLOWING INSTRUCTIONS

- Attempt to void your bladder.
- Kegel exercises: 20–30 times each day, stabilize the pelvic floor for 3 seconds while tensing and relaxing the pubococcygeus muscles.
- Yoga is a great way to unwind and relax.
- Eat fewer meals that are heavy in fat and calories.
- Avoid consuming a lot of liquids at once, especially late at night.
- Steer clear of coffee and alcohol in particular after dinner.
- Stop drinking water two hours before to going to bed.

CONCLUSION

The clinical symptoms, etiology, pathophysiology, and therapeutic possibilities of diseases were well-understood by the Acharyas. Understanding the disease's development stage by stage with the Shatkriyakala is highly helpful for managing the condition early on. The disease brought on by Mithya Ahara and Vihara is mostly caused by vitiated Apana Vayu, hence it may be healed by adhering to the right Pathya and giving Vatanashaka Chikitsa. As a result, research into this condition utilizing references from a wealth of ancient Ayurvedic literature may result in the discovery of an all-natural, painless treatment.

CONFLICT OF INTEREST -NIL**SOURCE OF SUPPORT & FINANCE -NONE****REFERENCE**

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