

COMPARATIVE EFFECT OF PASHANBHEDADI KWATH AND DASHMULADI KWATH IN THE MANAGEMENT OF PAURUSHA GRANTHI VRIDDHI W.S.R. TO BENIGN ENLARGEMENT OF PROSTATE

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Introduction :

Benign Enlargement of Prostate i.e. Paurush Granthi Vriddhi¹ is the geriatric problem by which most of male are affected. BPH occurs in men over 50 years of age; by the age of 60 years, 50% of men have histological evidence of BPH. It is a common cause of significant lower urinary tract symptoms in men and is the most common cause of bladder outflow obstruction in men > 70 years of age². Both, conservative and surgical lines of treatment are available for management of Benign Enlargement of Prostate and have various merits and demerits³. Current study is extension of previous study⁴ and is comparison of Pashanbhedadi Kwath⁵ and Dashmuladi Kwath⁶, which are equally effective in treatment of Benign enlargement of prostate is done selecting different demography using A.U.A. score⁷ irrespective of its gradation.

Aim and objectives :

Aim

To compare the effect of Pashanbhedadi Kwath and Dashmuladi Kwath, on AUA Score in the management of Benign Enlargement of Prostate.

Objective

To find out better choice of treatment from Pashanbhedadi Kwath and Dashmuladi Kwath in Management of Benign enlargement of Prostate irrespective of gradation of disease.

Method and Material :

Patients suffering from Paurusha Granthi Vriddhi attaining O.P.D. in

Amravati district were selected irrespective of religion, economical status, education, occupation.

Inclusion criteria :

Patients having textual symptoms of Paurusha Granthi Vriddhi¹ (B.E.P.) were taken as a subject to study.

- Age – 45-75 years
- Patients presenting either of symptoms. Viz. - Sense of incomplete void, Frequency, Intermittency, Urgency, Poor flow, Straining, Nocturia and other associated complaints⁷.
- Patients with AUA symptom index for BEP score between 8 to 35⁷.

Exclusion Criteria :

- Patients with Benign Enlargement of Prostate having other disease like Diabetes mellitus, Nephrotic syndrome, Asthma, Renal Failure, etc.
- Neoplasm of Prostate.
- Acute retention of urine, etc.
- Patients with B.E.P. requiring other emergency treatment
- Patients on treatment from any other pathy for the same problem during clinical trials.

Withdrawal Criteria :

The patient were withdrawn from the trial if -

- a) Occurrence of serious adverse events, regarding given treatment, also other than it needing emergency management.
- b) The investigator feels that the protocol has been violated or a patient has become uncooperative.
- c) Further continuation of the study is likely to be detrimental to health of the patient.
- d) The patient is not willing to continue the trial or to follow the assessment schedule.

The study was completed in two groups
a) 30 patients in each group

Treatment of Subjects :

Period of treatment – 45 days
Dosage **Group A** – 25 ml of Dashmuladi Kwath⁸
12 gm of Sharkara and

250 mg of Shuddha shilajit.
Group B – 40 ml of Pashanbhedadi Kwath⁹
Time 30 mins before meal i.e. Apan kal¹⁰
Kwath¹¹ was prepared according to textual reference

Parameters of study :

AUA - 7 symptom index score for Benign Enlargement of Prostate

Observation and Statistical Analysis

The observations noted according to Special Case Record Form at Regular Interval. The confidence limit was fixed at 95% and the level of significance was at 5%. Paired and unpaired ‘t’ test was applied for objective parameter and chi square test was applied for subjective parameter. Analysis of A.U. A. Score in each group was done by applying ‘t’ test¹² between each follow up and then before and after treatment.

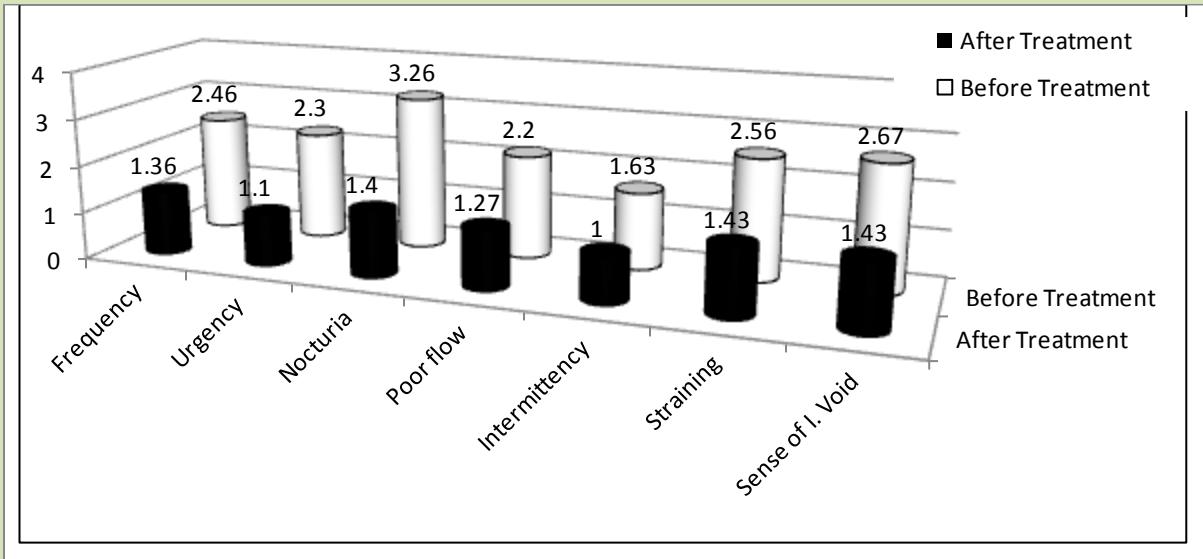
I) Table showing Incidences Observed During Study

Parameter	χ^2	P
Age wise	0.099	P > 0.05
Diet wise	0.5769,	P > 0.05
A.U.A.Score wise	0.1442	P > 0.05

Above table shows that both group were statistically equal at baseline and hence comparable.

I) Table showing effect of treatment after 45 days in Group A

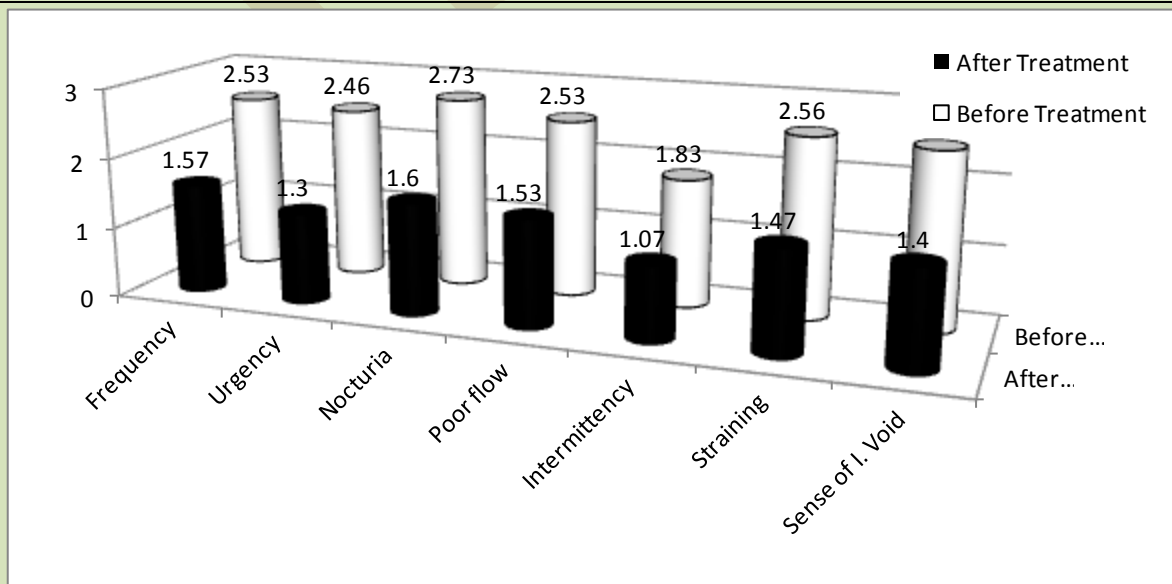
Parameter	X_{BT}	S.D. _{BT}	X_{AT}	S.D. _{AT}	t	CI
Frequency	2.46	0.89	1.36	0.72	7.93	0.82 1.38
Urgency	2.3	0.53	1.1	0.61	9.89	0.95 1.44
Nocturia	3.26	0.58	1.4	0.50	20.14	1.68 2.06
Poor flow	2.2	0.48	1.27	0.45	8.76	0.72 1.15
Intermittency	1.63	0.85	1	0.45	4.28	0.33 0.93
Straining	2.56	0.82	1.43	0.62	8.50	0.86 1.40
Sense of I. Void	2.67	0.84	1.43	0.56	10.79	0.99 1.47
Total A.U.A. Score	17.1	3.07	9	2.11	17.77	7.17 9.03



Above table shows that Group A i.e. Dashamuladi Kwath is significantly effective in reducing weight of prostate, frequency, urgency, nocturia, poor flow, intermittency, straining, sense of incomplete void and finally total A.U.A. score. observed.

Table showing effect of treatment after 45 days in Group B

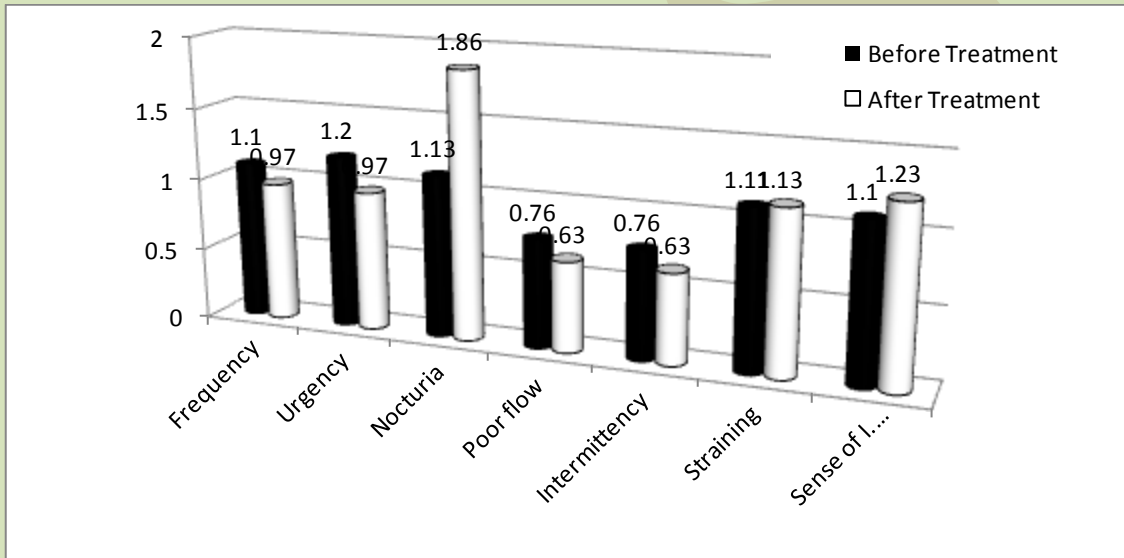
Parameter	X _{BT}	S.D. _{BT}	X _{AT}	S.D. _{AT}	t	CI
Frequency	2.53	0.90	1.57	0.73	7.37	0.70 1.23
Urgency	2.46	0.81	1.3	0.75	8.55	0.89 1.44
Nocturia	2.73	0.98	1.6	0.62	7.22	0.81 1.46
Poor flow	2.53	0.73	1.53	0.63	6.29	0.67 1.32
Intermittency	1.83	0.70	1.07	0.58	6.70	0.53 1.00
Straining	2.56	0.72	1.47	0.63	9.10	0.85 1.34
Sense of I. Void	2.5	0.63	1.40	0.49	9.92	0.87 1.33
Total A.U.A. Score	17.16	3.37	9.93	2.33	17.11	6.36 8.09



Above table shows that Group B i.e. Pashanbhedadi Kwath is significantly effective in reducing weight of prostate, frequency, urgency, nocturia, poor flow, intermittency, straining, sense of incomplete void and finally total A.U.A. score. Reduction in size also observed significantly.

II) Table showing comparative effect of Group A and Group B

Parameter	X _A	S.D. _A	X _B	S.D. _B	t	CI
Frequency	1.1	0.76	0.97	0.72	0.70	-0.25 0.51
Urgency	1.2	0.66	0.97	0.71	1.30	-0.12 0.59
Nocturia	1.13	0.86	1.86	0.51	-4.02	-1.10 -0.37
Poor flow	0.76	0.63	0.63	0.80	0.71	-0.24 0.50
Intermittency	0.76	0.63	0.63	0.80	0.71	-0.24 0.50
Straining	1.11	0.66	1.13	0.73	-0.18	-0.39 0.32
Sense of I. Void	1.10	0.61	1.23	0.62	-0.94	-0.42 0.16
Total A.U.A. Score	7.23	2.31	8.1	2.50	-1.39	-2.11 0.38



Both the group seems equally significant in reducing frequency, urgency, nocturia, poor flow, intermittency, straining, sense of incomplete void, A.U.A. Score, observed in patients of Group A and Group B and there was not any significant difference.

Discussion:

Both groups were equal and comparable at baseline in respect of age, diet, AUA score. Both the group seems equally significant in reducing Frequency of maturation, Urgency, Nocturia, Poor flow, Intermittency, Straining, Sense of incomplete void, A.U.A. Score reduced significantly in Group A and Group B

each. And there was not any significant difference except that in nocturia. These results were similar to results in previous study⁴. In management of nocturia group B has edge over Group A. This result is different than previous study.

According to Ayurvedic view pathology behind symptoms due to benign enlargement of prostate is mostly based upon **vitiation of Vata pradhan Tridosha and obstruction in the Mutravaha srotas**¹⁴. Hence the treatment should be aimed at maintenance of Dosha samya and srotoshodhan. Dosha samya is achieved by means of combination therapy as 'Vardhanen ek doshasya.....'

In reduction of mutrvegavarodha, 'Diuretic' activity must be needed. Drugs which are used in treatment of Mutraghat are specially Aapya, Srotoshodhaka drugs and Bhedana drugs¹³

Probable mode of action:-

Dashmuladi Kwath:

Dashmuladi Kwath is compound medicinal preparation. It contains 7 Madhur, 4 Katu, 10 Tikta and 6 Kashaya dravya. Out of 12 drug 4 are having Madhur vipak and 8 are with Katu vipak. 10 drugs are with Ushna Virya and 2 are Sheet virya. Ultimately 10 drugs are Vatashamak, 6 are Pittashamak and 10 are Kaphashamak. Hence drug is **Tridosha shamak**. Also Kwath kalpana from Panchavidha kashay kalpana is Tridosha shamak.

Dashmuladi kwath is best drug for **Shothahar** action according to Argyasangrah. It maintains the normal action of Vata. It helps in normalizing path of urine flow by action on (**regularizing**) **apan Vayu**. Reduction in size of prostate and reducing mutramargavarodha was achieved by combined action of drugs in Dashmuladi Kwath. Dashmuladi Kwath contains Ikshu (in the form of Sugar candy i.e. Sita) and Gokshura from **aapya** group of Mutral drugs. Shilajatu is stated as **best drug in treating diseases related to mutravaha srotas**. Shilajatu is **srotoshodhak** in nature and is Yogavahi and helps in action of Dashmuladi Kwath.

Combined action of this drug is **Antiinflammatory, Antimicrobial, Analgesic, Diuretic, Smooth muscle relaxant, Hormonal action.**

Pashanbhedadi Kwath:

Pashanbhedadi Kwath contains drugs which are mostly Tikta, Kashay and Madhur Ras pradhan. It has two drugs with Sheet Virya and one having Ushna Virya. Eventhough opposing in nature

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seem to work separately without neutralizing each other and helps in maintaining Tridosha samya action of combination by its Tridosha shamak effect. Kwath Kalpana from Panchavidha Kashay Kalpana is **Tridosha shamak**.

Pashanbhedadi and Varun have Prabhav Ashmari bhedan and Punarnava is **Mutravirechaniya**. Hence ultimately it **relieves the mutravarodha** (obstruction to urinary flow) . Punarnava is the drug from srotoshodhak category of Mutral group. And Pashanbhedadi and Varuna are drugs from Bhedana category of mutral drugs.

Effect of the drug is due to their combined action as Mutral, Shothahar, Srotoshodhan and Apunarbhav Chikitsa.

Comparison with previous work:-

Previous study⁴ was conducted in Nanded i.e. Marathwada region of Maharashtra, whilst current study was conducted in Amravati i.e. Vidarbha region of Maharashtra. In both studies parameter used were International Prostate Specific Score (IPSS or AUA Score). Results from both studies are mimicking each other with slight difference in Nocturia. Overall **Dashmuladi Kwath and Pashanbhedadi Kwath** were equally effective in management of Benign Enlargement of Prostate.

Conclusion

From above observation and analysis this may be concluded that **Both the drugs i.e. Dashmuladi Kwath and Pashanbhedadi Kwath are equally effective in management of Benign Enlargement of Prostate with respect to reduction in A.U.A. Score though demography is changed . and results are showing similar trends with previous study.**

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वायुरन्तरमाश्रिता।
अष्ठिलावद्घनं ग्रन्थिं
करोत्यचलमुन्नतम्।
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बस्तीश्चोत्तरसंश्रितान्।
विदद्यान्मतिमांस्तत्र विधिं
चाश्मरिनाशनम्॥

4) Comparative Effect Of
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enlargement of prostate)”

Conclusion : Both the drugs
has significantly reduced
the symptoms of the
patients of BEP. The results
obtained from Pashanbhed,
Varun and Punarnava
kwath has significantly
better than those by
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श्लोक ५

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२ श्लोक १

शारंगधर संहिता मध्यमखंड अध्याय
२ श्लोक ३

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वातष्ठिलेति
साऽऽध्मनर्विमूत्रनिलसंगकृत ।

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