



CASE REPORT

## Role of *Avagaha sveda* in benign prostatic hyperplasia: A single case study

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### Abstract

Benign prostatic hyperplasia (BPH) is one of the most common obstructive uropathies in persons over the age of 50. It affects around half of the men in their fifties and 90% of men over the age of 80. BPH is a disorder in which the prostate grows larger inside its capsule, putting pressure on the urethra and obstructing urine flow. The clinical features of BPH include frequency, intermittency, weak stream, straining, and nocturia. BPH is one among the *mutraghata*. Signs and symptoms are closely related to *Mutraghata*. In this case study on a diagnosed case of BPH, *Avagaha sveda* was done for one month with *Maharasnadi Kashaya*. *Avagaha sveda*, a *bahir parimarjana chikitsa* is one among the *drava sveda* mentioned in the context of *mutra vega rodha*. Here the *vayu* involved is *apana vayu*. *Maharasnadi Kashaya* is mainly *vatahara*. Changes in subjective criteria (ie, IPSS index) only were recorded before and after treatment. *Avagaha sveda* with *Maharasnadi Kashaya* shows considerably significant relief in signs and symptoms. This proves that *avagaha sveda* is highly useful in the management of BPH. Further studies are required to generalize the findings.

### Introduction

Benign prostatic hyperplasia (BPH) is an enlargement of the prostate gland. As a man gets older, his prostate goes through two distinct growth stages. The first is when the prostate doubles in size throughout puberty. The second stage of development begins at the age of 25 and lasts for the rest of a person's life. BPH is very common during the second growth phase<sup>1</sup>. The prostate gland presses against and compresses the urethra as it grows. The bladder will thicken as time goes on. The bladder may eventually weaken and lose its ability to completely empty itself, leaving some urine in the bladder. The intensity of symptoms in patients with enlarged prostate glands varies, but they tend to get worse over time. Frequent or urgent desire to urinate, increased frequency of urination at night (nocturia), trouble commencing urination, weak urine stream or stream that stops and starts, dribbling at the end of urination, and incomplete urination are all common indications and symptoms of BPH<sup>2</sup>.

The exact etiology of benign prostatic hyperplasia is unknown. Aging-related changes in male sex hormones could be an issue. Family history, obesity, type II diabetes, lack of exercise, and erectile dysfunction are all risk factors<sup>3</sup>. Anticholinergics, calcium channel blockers, and pseudoephedrine may exacerbate symptoms. Lifestyle modifications, medication, and surgery are all options for treatment. Many difficulties can arise from surgical procedures, such as post-operative morbidity, impotency, retrograde ejaculation, and so on<sup>4</sup>.

According to Ayurveda, *vatashteela*, a type of *mutraghata* can be correlated with BPH based on anatomical position and signs and symptoms. *Vata* gets localized between *vasti* and *guda* and produces a glandular swelling called *vatashteela* producing *vinmutrasangha*, *adhmana*, and *ruja*. Also, *ahara* and *vihara* which vitiate *kapha* and *vata dosha* can lead to symptoms resembling BPH. It may also be considered *granthi* and *shopham* due to *kapha* and *vata dosha*. Here a single case study was done to prove the effect of *avagaha sveda* with *Maharasnadi Kashaya*<sup>5</sup>. As BPH is the disease caused by the *apana vaigunya*, *avagahasveda* relieves the *apana* and obstruction of urine, thus reducing the signs and symptoms<sup>6</sup>.

## Case History

A 64-year male patient who worked as a nursing assistant with no H/O type 2 diabetes mellitus, hypertension, and dyslipidemia was admitted to Government Ayurveda College and Hospital, Tripunithura with cerebellar ataxia. He was also diagnosed case of BPH with complaints of increased frequency, intermittency, weak stream, and incomplete voiding of urine. He had allopathic and homeopathic treatment, but no significant relief and suggested surgery. Hematological and urine investigations (routine and microscopy) were within normal limits. Ultra-sonography for the prostate gland was also done. Post void bladder shows 157 ml of residual urine and prostate volume is 31.31 ml. On digital rectal examination, there was no spasm and tenderness, and the prostate was moderately hard.

## Materials and Methods

### Materials required

Bathtub, *Maharasnadi Kashaya* (10 to 15 liters), *sahacharadi tailam* for *adho nabhi abhyangam*, towel, and vessels.

### Procedure

The patient was instructed to sit in the *Maharasnadi*

*Kashaya*-containing tub. The *Kashaya*'s level was maintained at the patient's umbilicus. Whenever necessary, the temperature was maintained by switching from cold to warm *Kashaya*. For around 45 minutes, the patient is made to sit one time a day. *Rasnadi choorna* was applied on the vertex after the process was completed. Using a dry towel, wiped the body. Allow the patient to relax for approximately one hour in a non-windy room with his body covered<sup>7</sup>.

## Assessment criteria

### Subjective criteria

The American Urologist Association's international prostate symptom score (IPSS index) was used to assess improvement in disease symptoms<sup>8</sup>.

Table 1. Assessment of patient

Sl. no	Symptoms	Before treatment	After treatment
1	Incomplete voiding	5	0
2	Frequency	3	0
3	Intermittency	3	0
4	Urgency	4	0
5	Weak stream	1	0
6	Straining	0	0
7	Nocturia	1	1
	Total score	17	1

## Results

Significant relief was recorded in chief complaints like increased frequency, incomplete voiding, intermittency, urgency, weak stream, and straining.

## Discussion

In Ayurveda, *mutraghata* is the broad term as it covers most of the obstructive pathological conditions of the urological system. *Vatashteela* is one among them. In old age, there is a deranged function of *vata dosha* especially *apana vata* which is the main causative factor of BPH. So *avagaha sveda* with *Maharasnadi Kashaya* relieves the obstruction of urine due to *apana vata vaigunya*. It also relieves inflammation of the prostate gland and discomfort during urination by improving the urine flow. The heat causes increased circulation and reduces prostatic inflammation and other symptoms. It helps to relax the smooth muscles in the prostate which relieves the pressure on the urethra and bladder. Only *mridu* or mild *sveda* should be done in testicles. *Avagaha sveda* is one among the *drava sveda* mentioned in the

context of *mutravegarodha*. When compared to other types of *sveda*, *avagaha sveda* is more suitable in this case than *nadi*, *prasthara*, *sankara* etc types of *sveda*. As *mridu sveda* must be done in that area, *avagaha* is more applicable and the temperature of the *drava* can be maintained manually. *Maharasnadi Kashaya* is mainly *vatahara*. It is *mutrala*, *shoolaghna*, and *shothahara*. In this case study, incomplete voiding, frequency, intermittency, urgency, weak stream, and nocturia were observed which reduced considerably after the treatment. Hence it relieves the obstruction present in BPH.

### Conclusion

The effect of *avagaha sveda* with *Maharasnadi Kashaya* has provided considerably significant relief in measures with the subjective criteria. It is simple, easily manageable, and cost-effective. Also, the complications are very less. OP-based management is possible with this. Adding internal medicine also will accelerate and maintain the effect of *avagaha*. Further studies are required to generalize the treatment.

### Limitations of the study

The study is only based on subjective criteria (IPSS score). The duration of the study was not sufficient to see PSA and Ultrasonological changes.

### Patient perspective

The patient was pleased with his improved health. He was pleased with the major reduction of symptoms as well as the improved quality of his sleep.

### Patient consent

The patient had given written consent for this case study to be published.

### Source(s) of funding

None

### Compliance with ethical standards

**Conflict of interest:** Non

**Ethical issues:** None.

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