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Review Article

ROLE OF AYURVEDIC DRUG IN INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS)

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ABSTRACT

BPH is a common age-related affliction of males and is the most common benign tumor in men. International prostate Symptom Score are the qualitative finding of subjective symptoms of LUTS. By Ayurvedic management (Basti Therapy along with kachnar, Shigru, Gokshura, andrakta punarnava) there was a mean decrease in International Prostate Symptom score (IPSS) by 13.13 ± 5.05. There was a significant improvement in Quality of Life Score in Ayurvedic Treatment Regime.

KEY WORDS:- Basti Therapy,LUTS,IPSS

INTRODUCTION

Sushruta Samhita and other classical texts of Ayurveda had enumerated the various urinary disorders like Ashmari (urinary stone), Mootrakrichchhra (painful micturition / Dysuria), and Mootraghata (suppression or obstruction of urine)etc. with their management. The disease Mootraghata, imitates the symptoms of urinary retention, incomplete voiding, dribbling of urine, hesitancy, and increased frequency of micturition etc. These symptoms basically represented the features related to the Lower Urinary Tract Symptoms (LUTS) and may be co-related with the disease Benign Prostatic Hyperplasia (BPH) and other obstructive uropathies in modern parlance. Vatasthila is a condition in which vitiated ApanaVayu produces mobile, elevated and intensely painful glandular swelling which obstructs the passage of urine and faces where as in Mootragranthi a small rounded and fixed glandular swelling develops all of sudden at the Vastimukha causing sudden obstruction to

urine and give rise to symptoms of Ashmari, on the basis of this description Vatasthila & Mootragranthi seems to be more closely related with benign Prostatic Hyperplasia.- kachnar (Bauhinia variegata), Shigru (Moringa oleifera), Gokshura (Tribulus terrestris) and Rakta Punarnava (Boerhavia diffusa). These drugs has been used in combination and formulated with help of modern techniques so as to make it compatible with present age. Basti therapy has been given, using Dashmool Kwatha (for Niruha basti) and Narayan Taila (for Anuvasan Basti)

AIM AND OBJECTIVES

- 1. The correlation of patient reported problem in terms of total International Prostatic Symptoms Score (IPSS)& Quality of life (QoL) score with improvement.
- 2. To assess the efficacy of Ayurvedic management

MATERIAL AND METHOD

Inclusion Criteria:-

In this study 30 men diagnosed with Benign Prostatic Hyperplasia are selected, on the basis of Patients with symptoms of LUTS (Lower Urinary tract Symptoms).

Exclusion Criteria:

Patients with other cause of lower urinary tract symptoms like Neurogenic bladder, Uretheral Stricture, Carcinoma Prostate, Pinhole meatus and Subjects with Uncontrolled Diabetes Mellitus, Subjects with CRF (Chronic Renal Failure) and Cardiac Problems, Subjects with Venereal Diseases, HIV Anti-HCV & HB_SAg positive subjects were excluded from the study.

Clinical Examination:

Carefully medical history was taken pertaining to the illness and scoring of the symptoms was done on the basis of International Prostate Symptom Score (IPSS) by asking specific questions (Table 1).

	स्वाल जिनका जवाब देना है	बिल्कुल	5बारमें1	आधे	क्रीब	आधे	लगभग
		नही	बारसे	समय	आधा	समय	हमेशा
			कम	से कम	सम	सेज्यादा	
					य		
1.	पिछले एक महीने में, कितनी बार आपको यह	0	1	2	3	4	5
	अहसास हुआ हैकि मूत्र त्यागने के बाद भी						
	आपका ब्लैडर पूरी तरह खाली नही हुआ है?						
2.	पिछले एक महीनेमें, मूत्र त्यागने के बाद से 2	0	1	2	3	4	5
	घंटे के अदर आपको कितनी बार आपकोदुबारा						
	मूत्र त्यागना पडा?						

3.	पिछले एक महीनेमें, कितनी बार अ	ापको यह	0	1	2	3	4	5
	अहसास हुआ ळे कि मूत्र त्यागने	के दौरान						
	आपको कई बार रूककर फिर दुबारा मू	त्र त्यागना						
	पडा हो ?							
4.	पिछले एक महीने में, मूत्र का रोकक	र उसेबाद	0	1	2	3	4	5
	मेंत्यागना आपकोकितनी बार मुश्किल	लगा है						
5.	पिछले एक महीनेमे, कितनी बार आपव	नी मूत्रधार	0	1	2	3	4	5
	कमजोर रही है ?							
6.	पिछले एक महीनेमें, कितनी बार	आपकोमूत्र	0	1	2	3	4	5
	त्यागने के लिए ताकत या धक्का लगा	ना पडा हैं						
	?							
7.	पिछले एक महीनेमें, आपकोरात म सो	ने के बाद	बिल्कुल	1बार	2बार	3बार	4 बार	5बार
7.	पिछले एक महीनेमें, आपकोरात म सो सेसुबह उठनेतक रात मेंमूत्र त्यागने		बिल्कुल नही	1बार	2बार	3बार	4 बार	5बार या
7.				1बार	2ৰাব	3बार	4 बार	
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने			1बार	2बार	3बार	4 बार	या
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने			1 बार	2 बार 2	3बार	4 बार	या उससे
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने		नही				4	या उससे अधिक
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने वास्तव मेंकितनी बार उठना पडा है?	के लिए	नहीं 0	1	2	3	4 नखुश	या उससे अधिक 5
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने वास्तव मेंकितनी बार उठना पडा है? मूत्रीय लक्षािं के कारिं जीवन की	के लिए बे हद	नहीं 0	1 ज्यादात	² थ्मला	3 ज्यादात	4 नखुश	या उससे अधिक 5
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने वास्तव मेंकितनी बार उठना पडा है? मूत्रीय लक्षािँ के कार्र जीवन की क्वालिटी, अगर आपको अपना बचा	के लिए बे हद	नहीं 0	1 ज्यादात	2 थ्मला जुलाअ	3 ज्यादात रअसंतुर	4 नखुश	या उससे अधिक 5
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने वास्तव मेंकितनी बार उठना पड़ा है? मूत्रीय लक्षािँ के कार्र जीवन की क्वालिटी, अगर आपको अपना बचा हुआ जीवन ऐसी ही मूत्रीय परिसिंति	के लिए बेहद खुश	नहीं 0 खुश	1 ज्यादात रसंतुष्ट	2 थ्मला जुलाअ हसास	3 ज्यादात रअसंतुष ट	4 नखुश	या जससे अधिक 5 दुखी
7.	सेसुबह उठनेतक रात मेंमूत्र त्यागने वास्तव मेंकितनी बार उठना पड़ा है? मूत्रीय लक्षािँ के कारिं जीवन की क्वालिटी, अगर आपको अपना बचा हुआ जीवन ऐसी ही मूत्रीय परिसिंति के सार्वितानापड़े, जैसी वह अब	के लिए बेहद खुश	नहीं 0 खुश	1 ज्यादात रसंतुष्ट	2 थ्मला जुलाअ हसास	3 ज्यादात रअसंतुष ट	4 नखुश	या उससे अधिक 5 दुखी

Table:-1 International Prostate Symptom Score(IPSS) Questionnaires Grading of Symptoms :-

The first seven questions of the I-PSS are identical to the questions appearing on the American Urological Association (AUA) Symptom Index which currently categorizes symptoms as follows:

- ❖ Mild (symptom score less than or equal to 7)
- ❖ Moderate (symptom score range 8-19)
- ❖ Severe (symptom score range 20-35)

The International Scientific Committee (SCI), under the patronage of the World Health Organization (WHO) and the International Union against Cancer (UICC), recommends the use of only a single question to assess the quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6.

Severity	SCORE
Mild	0-7
Moderate	8-19
Severe	20-35

Table 2:- Grading of Symptom on - IPSS

For present clinical study all 30 patients were selected.

30 patients will be treated with Ayurvedic Management – *kachnar, Gokhsura, Shigru & Rakta punarnava ghan for* oral administration → 21 days along with Basti *Therapy*.

Basti Therapy-By Narayan Taila and Dashamoola kwathaAfter Snehan and Swedana.

Schedule of Basti Karma adopted

Duration	Therapy	Medication	Dose
1 st , 2 nd , and 3 rd day (3 days)	Virechana	Haritiki Churna	3-6gms HS.
4 th Days onwards upto 24 th days (for 21 days)	Sthanika snehan	Narayan taila	QS
4 th days onwards upto 24 th day (for 21 days)	Sthanika swedana	Dashamula kashaya	QS
5 th , 7 th , 9 th ,11 th ,13 th ,15 th ,17 th , 19 th ,21 st ,23 rd and25 th day (for 11days)	Anuvasana basti	Narayana taila+1/4 tsf Saindhav lavan + ½ tsf Madhu.	50ml
6 th , 8 th , 10 th , 12 th ,14 th , 16 th , 18 th , 20 th , 22 nd , 24 th day (for 10 days)	Asthapana basti	Dashamoola kashaya and Narayana taila +1/4 tsf Saindhavlavan + ¹ / ₂ tsf Madhu.	150ml + 30ml

Samshamana Drugs (Oral Drugs):- Kachnar (Bauhinia variegata), Shigru (Moringa olerifera), Gokshura (Tribulus terrestris) & Rakta punarnava (Boerhavia diffusa)ghan (125mg each) in 500mg Capsule → 2 Capsule BD for 21 days.

Observation and result

Prevalence of Lower Urinary Tract Symptoms (LUTS):- The most common reported symptoms in the patients included in the study were- Increased frequency and Nocturia in all registered patients (100 %). Sensation of incomplete evacuation and Weak stream were observed in 93.3 % .Terminal dribing is 86.6 % of patients. Straining 83.3 %, urgency with or without urinary urge incontinence and intermittency were found in 63.3 % and 80 % respectively. Burning sensation in 60% and Hesistancy in 53.3 % of cases.

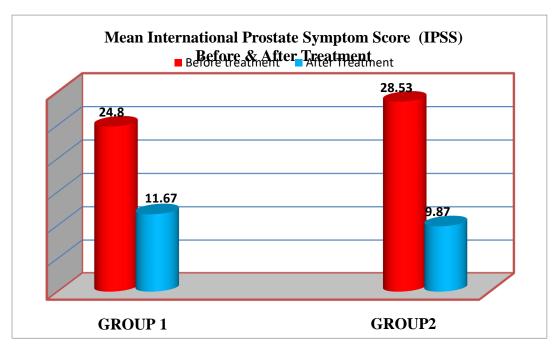
Distribution of patients according to severity of symptoms (IPSS)

Symptom score	No. of patients	
Mild (IPSS <7)	0	
Moderate (IPSS 8 – 19)	6	
Severe (IPSS 20 – 35)	24	

Majority of patients were severely symptomatic while none of the patients could be categorized in mild symptoms category

Changes in Mean IPSS, before and after treatment.

GROUP	International Pr	ostate Symptom	Within The Group
	ScoreMean ± SD		Comparison BT - AT
	Before Treatment	After Treatment	Paired t Test
GROUP1	24.80± 4.663	11.67 ± 5.851	13.13 ± 5.069
			t= 10.034 p= 0.000
GROUP2	28.53 ± 1.922	9.87 ± 2.924	18.667 ± 3.922
Between	t = 2.867	t = 1.066	t= 18.434 p= 0.000
A & B	0.000	0.206	
Comparison	p = 0.008	p= 0.296	
Unpaired t			
Test			



The mean symptom score is reduced in both the groups with both the treatment regime. In Group 1; there is a significant change in mean IPSS of 24.80 and 11.67 respectively after therapy.

InGroup 2; there is a significant change in mean IPSS of 28.53 and 9.87 respectively after treatment.

It suggests that both Ayurvedic therapy (Basti and oral drugs) nearly equally effective in reducing the complains of LUTS.

SUMMERY AND CONCLUSION i

BPH is a common age-related affliction of males and is the most common benign tumor in men. The clinical manifestations of BPH include a spectrum of symptoms and the complications of urinary obstruction.BPH represents a significant burden in ageing men due to frequently associated (LUTS), which may impair quality of life including a loss of self-esteem, sleep deprivation, symptoms of depression or anxiety, embarrassment, financial distress and may resign themselves to coping and restricted activities. Vatasthila and Mootragranthi are condition mentioned under mootraghata much resembles obstructive uropathy due to enlarged Prostate on the basis of symptomatology

By Ayurvedic management (Basti Therapy along with kachnar, Shigru,Gokshura,andrakta punarnava) there was a mean decrease in International Prostate Symptom score (IPSS) by 13.13 ± 5.05 (group1)while by Group2 decrease was of 18.667 ± 3.922 , these are statistically having high significance in patients with BPH. There was a significant improvement in Quality of Life Score in Ayurvedic Treatment Regime. So, Both the therapies are effective in BPH patients treatment.

The Ayurvedic Regime (BastiTheapy with Narayan Taila and DashmoolKwath along with oral administration of kachnar, Shigru,Gokhsura and rakta punarnava ghan) are more effective and safe, non invasive medical therapy, without any or minimal adverse effect and a good alternate to those elderly males who are worried about their Symptoms.

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