

# आरोग्यमंदिर

पत्रिका

APRIL 2017

AROGYAMANDIR PATRIKA



ASHTHEELA VIKAR  
VISHESHANK

## Editorial



There are a number of diseases thus, they can be classified in many ways. Usually the diseases of the females are grouped differently and are called as 'Stree Roga' but, male disorders are not classified in this manner with the group getting a specific name.

Stree Roga are exclusively described in Ayurved Shastra, on the other hand disorders found in males are not clearly mentioned anywhere. But when we go through the treatises, we find that there are a few diseases that afflict only males and some of them make the life of the person very complicated. Charakacharyaji has described a disorder namely 'Ashtheela' in Charak Samhita which shows that male disorders are also appear differently and they need treatment also just like the diseases of females. One of them is, 'Ashtheela'. Ashtheela Granthi itself is not a disease, but when its size gets increased or it gets swollen or hard then this situation is termed as Ashtheela Vikar. While explaining the Sootra, विविधं दुःखं आदधाति इति व्याधि Charakacharyaji and Sushrutacharyaji have described in detail कायवाङ्ग मानसी पीडा along with पुरुषस्य दुःखाय संयोगो येषां ते दुःख संयोग व्याध्य उच्यते where Purusha is Shad Dhatvatmak Purusha.

We have selected this topic for the broad feedback received from you - the readers of Shree Dhootapapeshwar literature. We would be very happy if you could share your clinical experiences after going through this issue. As always, your feedback is essential, in fact that is what propel us in creative writing on Ayurved. We are also awaiting for your response regarding this issue of Arogya Mandir Ashtheela Vikar. Kindly request you to suggest the topics which would you like to read in the coming issues. Waiting for your suggestions.

Sincerely,

Vd. Shailesh Nadkarni

## Vishayapravesha

Even though all the human beings are composed of Saptadhatu, certain of the organs in the body differ in males and females as they are expected to go through different phases in their lives. Naturally, therefore the complications which are related to the different organs are also different as per the sex - males & females. Therefore, even though the males and females are composed of the same basic elements Dosha, Dhatu and Mala there is marked difference in the organs which are usually noticed after puberty stage which is common in males and females. Naturally, the problems that they both face can be different. e. g. females can have problems of Artavavaha Srotas, where as the men can have problems of Shukravaha Srotas.

In the same moment, a disorder which is characteristic of men and can never be expected to be in women is 'Ashtheela Vrudhi'. We will be discussing in detail about this specific gland which has the capacity to create disorder only in men.

In this Arogya Mandir Patrika April 2017, we will be discussing this unique gland that is found only in men and disorders related to the same.

## Introduction

Ashtheela Vyadhi has not been described in details in Ayurved texts as such. However, Samhita Grantha such as Charak and Sushrut Samhita have given brief description about Ashtheela Vyadhi. The Sootra from the Charak Samhita Sootrasthan explains the nomenclature method of the Vyadhi.

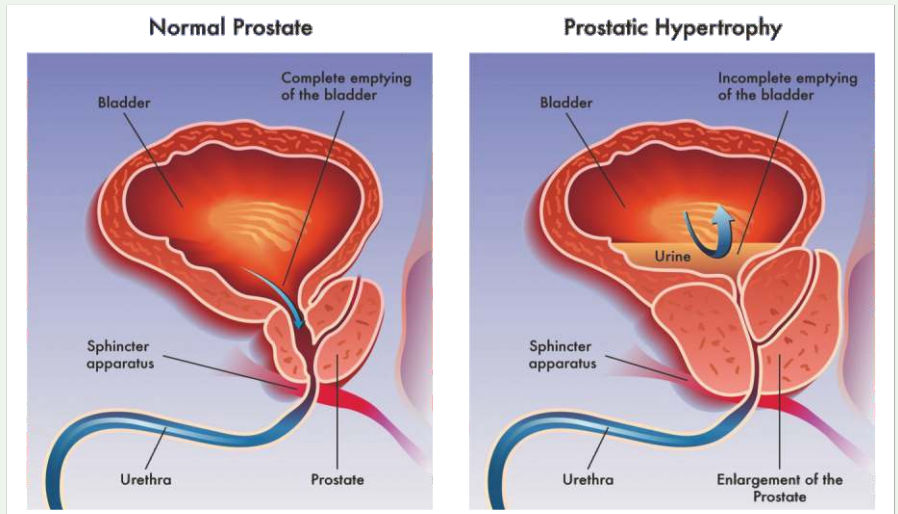
त एवापरिसङ्ख्येया भिद्यमाना भवन्ति हि।  
रुजावर्णसमुत्थानस्थानसंस्थाननामभिः।।

च.सू. १८/४२

explains the various method adopted by

seers to name a particular disorder or disease. The Vyadhi are named according to the exhibited Ruja (Shoola), Varna (Pandu, Haridra etc.), Samutthan (Nidan), Sthan (Amashaya, Parsha etc.), Sansthan (Akruti e. g. Gulma, Arbuda etc. - Tundikeri, Shalooka, Masoorika, Ashtheela etc.). These Vyadhi are innumerable depending upon the categorization and nomenclature.

The name 'Ashtheela' denotes something that is solid like stone, hard and resembles like Granthi. It is described in the Grantha by different Sootra.



### Ashtheela -

Ashtheela is described in different classics as follows:

For example in Sushrut Samhita :-

अष्ठीलाश्मेति अष्ठीला दीर्घवर्तुलपाषाणः अन्ये लौहकराणां लौही दीर्घवर्तुलभाण्डिकामाहुः तया तुल्योऽश्मा अष्ठीलाश्मा, सा चाष्ठीलाश्मा प्रसिद्धः। ड.सु.सू. ७/१५

#### Shilapravang (With Mouktik)

- Effective in Ashtheela
- Relieves Mootradaha by Dahashamak Karya
- Beneficial in Mootrakruchchhra by virtue of Mootrala Karya
- Useful in Shukrakshaya and Premature ejaculation



The word 'Ashtheela' literally means stone. A big, circular stone is termed as 'Ashtheela'. A big circular, iron sphere of a black smith is also called 'Ashtheela'. Ashtheela or Ashtheelashma is a Granthi found in the body which resembles with stone. Ashtheela is solid, hard Granthi developed in the body as described in the above Sootra.

Dalhanacharyaji while commenting on the Sootra 90<sup>th</sup> of the 1<sup>st</sup> chapter of Sushrut Nidansthan has explained it as, उत्तरापथे दीर्घवर्तुलपाषाणविशेष इत्येके, चर्मकाराणां वर्तुलदीर्घा लौही भाण्डिरित्यपरे घनः संहतावयवः। आयतो दीर्घः। बहिर्मागवरोधिनीम्, बहिर्मागिणि वातविष्मूत्राणि। ड.सु.नि. १/९० which states that in English as, big and spherical stones found in northern region are known as 'Ashtheela'. Large spheres of iron found with the cobbler or black smith are also termed as 'Ashtheela'. Ashtheela is solid and massive structure like a stone which can get developed in Bahirmarg (Male urinary system). It obstructs the Bahirmarg, Apan Vayu, Mala and Mootra. It is large and rectangular in shape.

Ashtheela has been described in Charaksamhita in the words,

तस्य प्लीहा कठिनीऽष्ठीलेवादौ। च.चि. १३/३७

Enlarged Pleea resembles like Ashtheela i. e. stone which has got formed like Granthi and is hard on palpation. Pleea resembles like spherical, flattened stone usually found in rivers.

अष्ठीला दीर्घा लोहमयो ग्रन्थिलोहकारेषु प्रसिद्धः। चक्रपाणि च.चि. १३/३७

As described in the above Sootra, Ashtheela is a big sphere of an iron found with the black smith.

Acharya Sharangadhar has described 'Vatashtheela' among the thirteen types of Mootraghata in the Teeka of Sharangadhar Samhita - Deepika as follows:

ततः परं द्वितीयं यत्रानिलः पाषाणग्रन्थिवद्वस्तौ वृत्तमुन्नतं मूत्रविष्मार्गरोधिनिं व्याधिं कुर्यात् सोऽष्ठीलाशद्ववाच्यः।

अयं तु वातरोगे पठिताष्ठीलायास्तु बस्तिगतत्वाद्भिन्नः। आढमल्लकृत दीपिका

As mentioned in the above Sootra, Ashtheela develops at Basti Pradesh due to Prakopa of Vata. Thus, the Vrutta, Unnat Granthi which is stony in structure and obstructs the Mootra and Purisha is termed as 'Ashtheela'.

Madhavnidankar has also described Ashtheela as one of the type of Mootraghata in the following Sootra.

आध्मापयन्बस्तिगुदं रुद्ध्वा वायुश्चलोन्नताम्।  
कुर्यात्तीव्रार्तिमष्ठीलां मूत्रविष्मार्गरोधिनीम्।। मा.नि. ३१/४

Prakupit Vayu creates Adhman in Basti and Guda Pradesh, as described in the earlier Sootra. It obstructs the Basti and Guda Marg. This obstructed Vayu develops a Chala and Unnat Granthi at the mid region of Basti and Guda Pradesh. This Granthi causes severe pain and obstructs the Marg of Mala and Mootra. This Granthi is known as 'Ashtheela'.

As described in all the above Sootra, Ashtheela is a Granthi which is developed in Purush Mootramarg (Male urinary system). It is solid and hard as well as obstructs the Mala, Mootra and Apan Vayu. This in modern science, is known as 'Prostate gland enlargement'. Acharya Sushrut has enlisted the Hetu of Ashtheela Vyadhi in Uttar Tantra in the words,

शकुन्मार्गस्य बस्तेश्च वायुरन्तरमाश्रितः।  
अष्ठीलावद् घनं ग्रन्थिं करोत्यचलमुन्नतम्।।७।।  
विष्मूत्रानिलसङ्गश्च तत्राध्मानं च जायते।  
वेदना च परा बस्तौ वाताष्ठीलेति तां विदुः।। सु.उ. ५८/७-८

Apan Vayu situated at Malamarg and Basti develops Ashtheela like solid Granthi which is Chala and Unnat. It causes Avarodha of Mala, Mootra and Adhovayu which further leads to Adhman. It also results in severe pain at Basti. This is termed as 'Vatashtheela'.

Vatashtheela is described by the below Sootra of Sushrut Nidansthan 1/90 as,

अष्ठीलावद् घनं ग्रन्थिमूर्ध्वमायतमुन्नतम्।  
वाताष्ठीलां विजानीयाद्बहिर्मागवरोधिनीम्। सु.नि. १/९०

Vatashtheela is an Ashtheela, which is solid (hard) like Granthi. It enlarges in upward direction and Unnat. It obstructs the Bahirmarg (External passages).

Ashtang Hrudayakar has described it in the words,

शकुन्मार्गस्य बस्तेश्च वायुरन्तरमाश्रितः।।२३।।  
अष्ठीलाभं घनं ग्रन्थिं करोत्यचलमुन्नतम्।  
वाताष्ठीलेति साऽध्मानविष्मूत्रानिलसङ्गकृत्।। अ.ह.नि. १/२३-२४

Vayu residing at Guda and Basti Marg develops a Granthi which is Ghana (solid) like an Ashtheela, Sthira and Unnata. This Granthi presents with the symptoms such as Adhman and Avarodha of Mala, Mootra and Vayu. This Granthi is termed as 'Vatashtheela'.

Pratyashtheela has been described in the Sootra No. 91<sup>st</sup> of first



chapter of Sushrut Nidansthan as follows,

एनामेव रुजायुक्तां वातविष्मूत्ररोधिनीम्।  
प्रत्यष्ठीलामिति वदेज्जठरे तिर्यगुत्थिताम्। सु.नि. १/९१

When Ashtheela is associated with pain and transversely enlarged, it is known as 'Pratyashtheela'. It creates Avarodha to the normal Gati of Adhovata, Mala and Mootra.

Ashtheela is a disease of Prostate gland. It is not described in the Grantha. But, we can see from all the above Sootra that, majority of the symptoms of Ashtheela Vyadhi are related to Mootramarg.

The Avayava namely Basti, Bastishira, Medhra, Kati, Vrushana and Guda are situated in Gudasthivivara (Pelvic inlet). These Avayava are related to each other. Vagbhatacharyaji has described it in the 1<sup>st</sup> Sootra of 9<sup>th</sup> chapter of Nidansthan.

बस्तिबस्तिशिरोमेढ्रकटीवृषणपायवः।  
एकसम्बन्धनाः प्रोक्ता गुदास्थिविवराश्रयाः॥ अ.ह.नि. ९/१

The same has been quoted in the 3<sup>rd</sup> Sootra of 19<sup>th</sup> chapter of Sushrut Nidansthan.

बस्तिर्बस्तिशिरश्चैव पौरुषं वृषणौ गुदम्।  
एकसम्बन्धिनो ह्येते गुदास्थिविवरस्थिताः॥ सु.नि. ३/१९

Basti, Bastishira, Pourusha Granthi, Vrushana and Guda are situated in Gudasthivivar and are related to each other.

Basti and Mootrashaya are described in the following Sootra of Asthang Hrudaya.

मूत्राशयो धनुर्वक्रो बस्तिरल्पासमांसगः॥  
एकाधोवदनो मध्ये कट्याः सद्यो निहन्यसून्। अ.ह.शा. ४/१०-११

#### Chandraprabha (With Loha-Shilajatu)

- Useful in Mootraghata by Mootrala Karya
- Relieves Mootrakruchchhra and Sadaha Mootrapravrutti
- Useful in Sarakta & Sapooya Mootrapravrutti
- Helpful in Mootrashmari by Bhedan Karya
- Effective in Shukradhatuvikruti and Artava related Vikar



'Mootrashaya' is the organ where Mootra is collected prior to being voided. It is inclined like a bow. It is constituted with Rakta and Mansa. It has a opening downwards and is situated in the middle of Kati and is known as Basti.

नाभिपृष्ठकटीमुष्कगुदवङ्क्षणशेषसाम्।  
एकद्वारस्तनुत्वक्को मध्ये बस्तिरधोमुखः॥ सु.नि.३/१८  
अलाब्बा इव रूपेण सिरास्नायुपग्रहः। सु.नि.३/२०

Basti is an organ situated in the Middle of Nabhi, Prushtha, Kati, Vrushana, Guda, Vankshana and Linga (Penis). It has thin skin and has an opening directed downwards. Shape of Basti resembles that of Alabu. It is surrounded by Sira and Snayu. Shape of Basti is like an inverted Alabu (Diagram No.1) in males. On the other hand, Basti has a shape of rounded Alabu in females (Diagram No. 2).

Diagram No. 1



Diagram No. 2



#### What is Bastisheersha?

Bastisheersha can be understood with the help of following Sootra.

Charakacharyaji has described Bastishira in the 11<sup>th</sup> Sootra of 7<sup>th</sup> chapter of Sharirasthan of Charak Samhita as follows.

एकं बस्तिशीर्षम्। च.शा. ७/११

There is a single Bastisheersha in the body. Acharya Chakrapani has commented on the above Sootra as, बस्तिशिरो नाभेरधः। चक्र. च.शा. ७/११ 'Bastishira' is the part below the Nabhi. Chakrapaniji has elaborated it in the Teeka of 12<sup>th</sup> Sootra of 10<sup>th</sup> chapter of Indriyasthan of Charak Samhita, where he writes, बस्तिशीर्षमिति बस्त्यूर्ध्वभागम्। चक्र. च.इ. १०/१२ As mentioned in the above Sootra, Bastisheersha is the upper part of Basti. By the Sootra, दशाङ्गुलं बस्तिशिरः। च.वि. ८/११७, Pramana (Measurement) of Bastishira is mentioned to be ten Angula. Dalhanacharyaji has explained Bastishira in words, बस्तिशिरः मूत्राशय उपरितनो भागः। सु.नि. ३/५ Dalhan Teeka. It means Bastishira is the upper part of the Mootrashaya. Bastishira is constituted with two Peshi. Acharya Sushrut has described it in the following Sootra द्वे बस्तिशिरसि - सु.शा. ५/३८

Basti is also mentioned in the symptoms present at Prasooti (delivery). The Sootra is सशूलेषु श्रोणिवङ्क्षण बस्तिशिरस्सु च प्रवाहेत्याः शनैः शनैः। सु.शा. १०/९ Asanna Prasava Stree should bear down slowly, only when the 'Shoola' gets developed in Shroni, Vankshana and Bastishira due to release of Garbhanadi. Bastishira is also mentioned in the description of 'Makkala' as नाभेरधः पार्श्वयोर्बस्तौ बस्तिशिरसि वा ग्रन्थिं करोति। सु.शा. १०/२४

Makkala Vyadhi gets exhibited in the Prasoota Stree having Ruksha Sharir. Makkala leads to development of a Granthi below the Nabhi, at Parshwa, Basti or Bastishira due to Vayu. There is Shoola at the Nabhi, Basti and Udara. The distance between Mehan i. e. Shishna (Penis) and center of Nabhi is 12 Anguli as described in मेहननाभ्योन्तरं द्वादशाङ्गुलम्। ड.सु.सू. ३५/१२



Bastisheersha can be correlated with Prostate gland.

All the above discussion clearly explains that Bastisheersha is distinct from the Prostate gland.

### Pourusha -

Pourusha can be understood as Sharirik Bala. चक्र. च.सू. ११/३. Acharya Chakrapaniji has mentioned the word 'Pourusha' while describing qualities of Vasa. Chakrapaniji has commented as 'पौरुषोपचयः शुक्रोपचयः।' चक्र. च.सू. १३/१७ Use of Vasa proves beneficial for Porusha Upachaya i. e. Vruddhi of the Shukra. 'Pourusha' can be considered as an excellent Karma (चक्र. च.सू. ३०/२४). The Avastha where Bala, Veerya, Pourusha, Parakrama, Grahana, Dharana, Smarana, Vachana and Vidnyana are present in appropriate measure, is the Madhyamavastha as described by Acharya Charak. In Madhyamavastha, the Sharir is full of all the Guna of the Dhatu and has the appropriate Bala as well as Manas Shakti. The Sharir Dhatu do not get depleted. Acharya Chakrapani in the Teeka of 32<sup>nd</sup> Sootra of 2<sup>nd</sup> chapter of Chikitsasthan has described 'Pourusha' as 'Shukra' in the importance of Vajeekaran Yoga. He writes 'पौरुषार्थिभिः - शुक्रार्थिभिः।' चक्र. च.चि. २.२/३२ Use of Vajeekar Yoga proves beneficial for the persons having Alpashukra and having desire of increasing the Shukra i. e. पौरुषार्थिभिः।

### Gokshuradi Guggul

- Useful in Sadaha and Sakashta Mootrapravrutti
- Relieves sensation of frequent micturition
- Beneficial in Alpa Mootranirmiti
- Effective in Mootrashmari and Sasharkara Mootrapravrutti
- Helpful in Niramavastha of Sandhigata Vata and Amavata virtue of Vatanashak Karya



Pourusha can be maintained with Madya consumed by the appropriate Vidhi. Acharya Chakrapaniji has described that Vidhipoorvak Madyasevan helps enhance Harsha (joy), Urja, Muda (Satisfaction), Pushti and Arogya. It also helps enhance Pourusha i. e. Vruddhi of Shukra as mentioned in पौरुषम् - शुक्रम्। चक्र. च.चि. २४/६१. By the Sootra बीजं यस्माद् व्यवाये तु हर्षयोनिसमुत्थितम्। शुक्रं पौरुषमित्युक्तं तस्माद्वक्ष्यामि तच्छृणु।। च.चि. ३०/१३३, Charakacharyaji has explained that during Maithun Purusha Beeja or Shukra gets collected from whole body part due to Harsha. Lakshana of Pourusha can be understood by the Shukra. This is explained in the words पौरुषम् - शुक्रम् पुरुषविहम्।

Sushrutacharyaji explained 'Pourusha' as Medhra or Vrushya. (सु.सू. ४५/२३, सु.सू.५/२९, सु.नि. ३/१९) Veerya is considered as Pourusha by Vagbhatacharyaji (अ.ह.सू. ५/१२). Vagbhatacharyaji has also explained that, excess consumption of Kashaya Rasa leads to Pourushabhhransha i. e. destruction of the Shukradhatu अ. ह. सू. १०/२९. Vagbhatacharyaji has explained Pourusha in अ. ह. उ. ३९/४८. Prabhrashta Pourusha can be considered as Nashtashukra.

The above discussion clears that, the meaning of the word 'Pourusha' is multifacious such as Shukra, Veerya, Medhra and Bala. Charakacharyaji in the 44<sup>th</sup> Sootra of fourth chapter of Sharirasthan has explained Pourusha as Karma (done) in the previous birth Cha. Sha. 4/44. Seventh Kala i. e. Shukradhara Kala is described in the Sootra No. 22-23 of Sushrut Sharirasthan as,

द्वयङ्गुले दक्षिणे पार्श्वे बस्तिद्वारस्य चाप्यधः।

मूत्रस्रोतः पथाच्छुक्रं पुरुषस्य प्रवर्तते।।

कृत्स्नदेहाश्रितं शुक्रं प्रसन्नमनस्तथा।

स्त्रीषु व्यायच्छतश्चापि हर्षात्तत् सम्प्रवर्तते।। सु.शा. ४/२२-२३

Pourusha - Shukra is ejaculated through the Mootravaha Marg which is situated below two Angula of Bastidwar. Shukra gets ejaculated during the coitus performed with pleasant mind.

Pourusha i. e. Semen is composed of Sperms, Secretion of Seminal Vesicle, Secretions of Prostate gland and mucous secretions. Secretions of Seminal Vesicles contains proteins, enzymes, fructose & Vitamin C. Regeneration of Sperms takes place in both of the testes. 'Pourusha' is a singular word, thus it should not be correlated with the word 'Vrushana' (Testes) which are two in numbers. Seminal Vesicles and their secretions can be included in Shukradhara Kala. Thus, Pourusha can be understood as secretions of Prostate gland. Thus, we can assume that Prostate gland is one that is situated at Bastimoola and Gudasthivara.

Gananath Senji has correlated Pourusha with Prostate Gland. Pourusha Granthi is situated at Bastimoola as described in the Sootra, पौरुषं तु बस्तिमूलस्थो ग्रन्थि विशेषः प्रत्यक्षदृष्टः स्यादिति प्रतीतिः शारीरविदाम्। न चात्र।

Prostate gland is a walnut shaped gland situated in between bladder and penis. The word, 'Prostate' means, 'One who stands before or Protector or Guardian'. It normally weighs up to 7 to 16 grams. It is anterior to rectum. Urethra traverses through the center of Prostate gland. After reaching the penis, urethra excretes the urine out of the body.

Prostate gland is divided as mentioned in the below table.

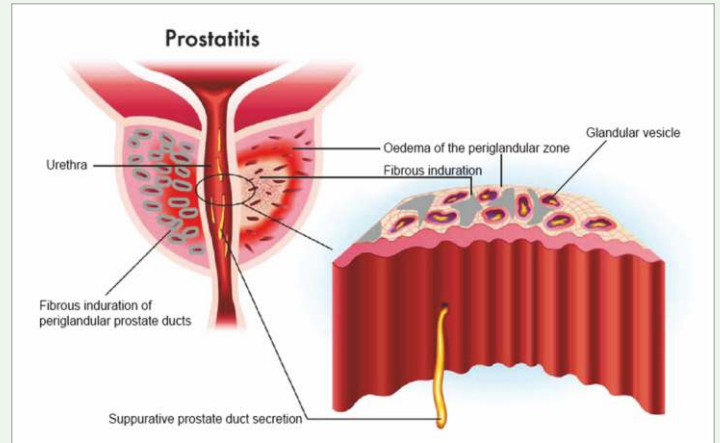
Name	Fraction of gland	Description
Peripheral Zone (PZ)	Up to 70% in young men	The sub capsular portion of the posterior aspect of prostate gland that surrounds the distal urethra. It is from portion of the this gland that 70-80% of prostatic cancers originate.
Central Zone (CZ)	Approximately 25% normally	This zone surrounds ejaculatory ducts. The central zone accounts for roughly 2.5% of prostate cancers although these cancers tend to be more aggressive and more likely

Prostate gland is divided as mentioned in the below table.

		to invade the seminal vesicles.
Transition Zone (TZ)	5% at puberty	10-20% of prostate cancers originate in this zone. The transition zone surrounds the proximal urethra and is the region of the prostate gland that grows throughout life and is responsible for the disease of benign prostatic enlargement
Anterior fibro-muscular Zone (or stroma)	Approximately 5%	This zone is usually devoid of glandular components and composed only as it's name suggests of muscle and fibrous tissue

2. Fibro muscular tissue – smooth muscle tissue and dense irregular connective tissue containing collagen fibers

1) Secretion of exocrine glandular tissue of Prostate gland forms the semen. The major part of Prostate gland is constituted of exocrine glandular tissue. Its main function is to form the semen.



2) Collagen fibers of the fibro muscular tissue give strength to the Prostate gland. Smooth muscles of it, help for contraction of the gland which results in excretion of the secretions. Fibro muscular tissue is most external part of Prostate gland situated near urethra.

### Secretions of Prostate Gland –

Secretions of the Prostate gland nourish and protect the sperms. During ejaculation, the secretions of Prostate gland mix up with sperm in Urethra and further get ejaculated. A 30% portion of the semen is composed of Prostate gland secretions, which is milky white in colour and contains sugar (e. g. fructose, glucose), enzyme and alkaline substances. The sugar part of this secretion helps nourish the sperm when it reaches in female body for fertilization. Enzymes present in the Prostate gland break the protein bond and release the sperm from viscous semen after ejaculation. The alkaline content helps protect sperm by neutralizing the acidic secretions of female vagina.

### Prostate Gland examination –

- Digital rectal examination – DRE** – Doctor inserts gloved index finger in the anus in order to examine the Prostate gland. The conditions like enlargement/Hypertrophy of Prostate gland, Prostate Cancer and Prostatitis can be diagnosed by the tenderness felt during the Digital rectal examination.
- Prostate Specific Antigen – PSA** – Prostate specific antigen is secreted by Prostate gland which can be examined through blood examination. Prostate Cancer can be diagnosed by increased quantity of PSA in the blood. It is also seen in the Hypertrophy of the Prostate gland which is not associated with the Prostate Cancer.
- Trans rectal ultrasound for Prostate gland examination** – Ultrasound probe is inserted through anus for the examination of Prostate gland. Trans rectal ultrasound and biopsy can be done for diagnosing the Prostate Cancer.

### Kanchanar Guggul

- Helpful in Ashtheela by Lekhan and Pachan of Mansa – Meda
- Effective in Galaganda and related Sthoulya
- Useful in Gandamala, Arbuda and Medoja Granthi
- Useful in Medadhatvagni Vikrutijanya Sthoulya by Medohar and Pachan Karya



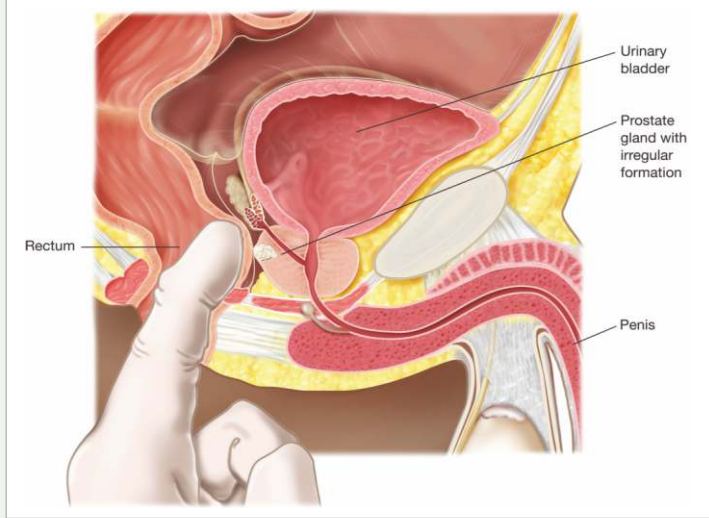
### Lobes -

Anterior lobe (or isthmus)	Roughly corresponds to part of transitional zone. A triangle of fibromuscular tissue just anterior to the urethra. The fibromuscular tissue of the anterior lobe contracts to expel semen during ejaculation
Posterior lobe	Roughly corresponds to peripheral zone. It forms a thin layer of tissue posterior to the median lobe and lateral lobes
Lateral lobe	Spans all zones. The lateral lobes are the largest lobes and meet at the mid line of the prostate
Median lobe (or middle lobe)	Roughly corresponds to part of central zone. The median lobe is found just posterior to the urethra along the mid line of the prostate. The median lobe contains the ejaculatory ducts of the prostate

Prostate gland is composed of the two types of tissues as mentioned below.

1. Exocrine glandular tissue – epithelial tissue

**4. Prostate Biopsy** – A tissue from the Prostate gland is picked up with the needle for the diagnosis of Prostate Cancer. It is performed through anus.



#### Diseases of Prostate -

**1. Ashtheela** is related to Prostate gland. It is described in Sushrut Nidansthan 3/27 by the following Sootra.

मारुते प्रगुणे बस्तौ मूत्रं सम्यक् प्रवर्तते।

विकारा विविधाश्चापि प्रतिलोमे भवन्ति हि।।

मूत्राघाताः प्रमेहाश्च शुक्रदोषास्तथैव च।

मूत्रदोषाश्च ये केचित् बस्तावेव भवन्ति हि। सु.नि. ३/२७-२८

Prakrutistha Vata helps in appropriate voiding of bladder while the Viruddha (Pratilom) Vata develops different types of diseases. Basti is prone to Mootraghata, Prameha, Shukradosha and different types of Mootradosha.

Apan Vayu get vitiated due to the factors such as, Ruksha Annasevan, Vegavidharan, Vegodirana, excessive travelling & walking along with keeping late in the nights. The Prakupit Vayu develops a Chala, Unnat, painful Granthi in between the Basti and Gudapradesh. This resembles with Ashtheela and obstructs the Mala and Mootra Marg.

#### Heeraka Bhasma

- Effective in treatment of Cancer
- Useful in Napunsakata and Vandhyatva by Vajeekaran property
- Helpful in Rajayakshma being Saptadhatuposhak
- Beneficial in improving Raktasamavahan in Hrudaya and related Raktavahini
- Helpful in improving Sharirik and Manasik Bala



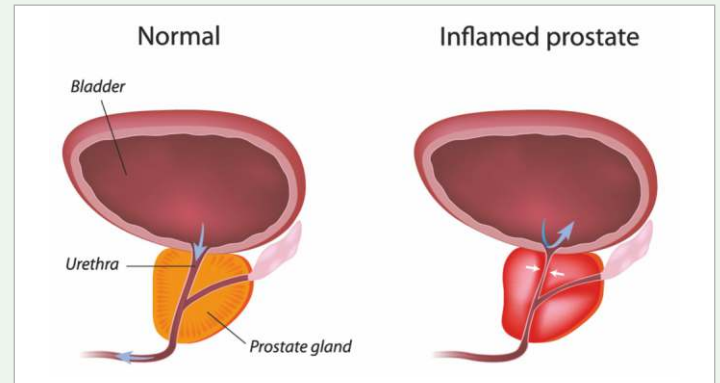
In Benign Prostatic hyperplasia, there is hyperplasia of stromal and epithelial cells of the Prostate gland. An increased number of cells is the reason of the enlargement of Prostate gland. This is non cancerous growth.

The enlarged gland creates pressure on the urethra and thereby obstructs the micturition. Bladder has to work more than normal for voiding the urine in such situation. This can lead to hypertrophy, unsteadiness and weakness in muscles of bladder. The Benign prostatic hyperplasia presents with the symptoms such as improper micturition, frequent micturition, dribbling after micturition, Haematuria, Pyuria, painful micturition etc. It can be associated with the other symptoms like urinary incontinence, urinary hesitancy, urgency, weak urinary stream and straining for voiding etc.

Few opinions of modern scientists, say that Androgens (Testosterone and related hormones) may be considered as responsible for Benign Prostatic hyperplasia.

#### 2. Prostatitis -

An inflammation of Prostate gland is known as 'Prostatitis'. It can affect men of all ages. It is of three types.



**I. Acute Bacterial Prostatitis** – It develops due to acute bacterial infection of Prostate gland. The presenting symptoms are - frequent micturition, urgency, nocturia and pain at bladder region as well as genitalia. Fever, nausea, vomiting and burning micturition can be developed. Long standing bacterial infection of Prostate gland may lead to symptoms such as bacterial infection of bladder, abscess in Prostate gland and Mootraghata (Anuria). If it remains untreated, it may develop the giddiness and hypotension.

**II. Chronic Bacterial Prostatitis** – Recurrent urine infection can result in chronic bacterial infection. The symptoms are similar to the symptoms of acute bacterial prostatitis which are mentioned earlier.

**III. Chronic non - bacterial Prostatitis** – Generally 90% of the people may get affected by this condition. Pain in bladder region and genitalia is an important symptom.

Urine examination may not reveal the infection, but the other symptoms of inflammation can be seen.

Prostatitis may get developed due to the other disease conditions and the treatment method like –

- Urinary catheterization done in any treatment
- Abnormal urinary tract
- Acute bladder infection



iv) Prostate hypertrophy

v) Auto immune diseases (An abnormal reaction of the body to the prostate tissue)

Prostatitis can be diagnosed with digital rectal examination, Prostate fluid analysis, Trans rectal ultrasound and Biopsy.

**3. Prostate Cancer** - Pourusha Granthi becomes Kathin, Sthir and Unnat due to its Vruddhi. The symptoms are Adhman, Avarodha of Mala, Mootra and Vayu etc. This condition is termed as 'Karkaroga' of Pourusha Granthi. (A. Hru. Ni 9/23-24)

Prostate Cancer progresses very slowly, so that it may remain symptomless in its initial stage.

Causes of Prostate cancer are –

- Age** – The chances of Prostate Cancer increases with the advancing age.
- Heredity** – Heredity is one of the cause of Prostate Cancer
- Diet** – Vataprakopak Ahar like Ruksha, Laghu, Ati Ushna, Ati Teekshna and Ati Sheeta Ahar in excess quantity increase the risk of the Prostate Cancer.
- Vihar** – Vata Prakopa exhibits due to excessive Chankraman, excessive travelling, Sheeta Vayu Sevan, Sheeta Vatavarana may increase the possibility of Prostate Cancer.

The symptoms of 'Prostate Cancer' are frequent micturition at day as well as night time, painful micturition, haematuria, painful micturition and painful ejaculation. Osteopenia (specifically vertebrae, pelvic bones, ribs), pain at proximal part of femur, weakness in lower limb, urinary incontinence and fecal incontinence etc. may get associated with Prostate Cancer. These symptoms are specifically seen when the cancer spreads to spinal cord and spine.

#### Chandanasava

- Effective in Mootramarg Daha and Sadaha Mootrapravrutti being Sheeta and Pittashamak
- Useful in Mootraghata by Mootrala Karya
- Beneficial in Raktapitta, Raktapradar and Shwetapradar due to Stambhan Guna of Usheera and Chandan
- Effective in Sarvangadaha, Amlapitta and Sheetapitta



Biopsy of Prostate helps for diagnosing Prostate Cancer. Prostate related other diseases are spotted with digital rectal examination. Ultrasound and magnetic resonance imaging help in diagnosis of Prostate Cancer. Presence of Tumour marker like Prostate specific antigen and other Tumour marker in blood can suggest Prostate Cancer.

**4. Tuberculosis of the Prostate** – It is not so common. The presenting symptoms are dysuria, burning micturition, painful micturition and hematuria etc.



#### 5. Prostate – Rectal fistula –

Prostate – Rectal fistula may develop after operative procedure of prostate. This gives rise to chronic urinary tract infection, expulsion of food particles or feces through urine, loose motions, urination through anus and pain at bladder region and anal region.

#### Chikitsa -

- The Sootra of Sushrut Samhita अष्टीलाप्रत्यष्टीलयोर्गुल्माभ्यन्तरविद्राधिवत् सु.चि. ५/२७, explains that Vidradhi Chikitsa should be followed in Chikitsa of Ashtheela Vyadhi. Pratyashtheela can be treated with the Chikitsa of Vidradhi.
- Use of Prakshepa of Ushakadi Gana along with the Varunadi Gana proves beneficial in the Chikitsa of Apakva Antarvidradhi. Siddha Ghruta by using Varunadi, Ushakadi and Virechak Dravya proves effective when consumed at early in the morning. Kwath of the Varunadi, Ushakadi and Virechak Gana along with the Taila can be used effectively for Asthapan as well as Anuvasan Basti in the Chikitsa of Vidradhi. In addition to this use of Pana, Alepa and consumption of Tvak Choorna of Shigru proves very helpful. (Su. Chi. 16/28-31)
- Charakacharyaji has explained that Basti or Uttarbasti prove very effective in the Chikitsa of the Vikar related to Basti. He says that, बस्तिमुत्तरबस्ति च सर्वेषामेव दापयेत्। च.सि. ९/४९ This Basti can be prepared by using Mootrakruchchhahar Aushadhi for added benefits.
- Acharya Sushrut has explained qualities of 'Sheernavrunta' in the Sootrasthan 46/220 in the words,

सक्षारं मधुरं चैव शीर्णवृन्त कफापहम्।

भेदनं दीपनं हृद्यमानाहाष्टीलानुल्लघु।। सु.सू. ४६/२२०

Sheernavrunta is Ksharayukta, Madhur, Kaphanashak, Bhedan, Agnideepak and Hrudya. It is effective in Anaha and Ashtheela. Dalhanaji has commented in the Teeka of above Sootra as,

अष्टीला मूत्राष्टीला न, पुनरनिलाष्टीला,

शीर्णवृन्तस्य मूत्रविकारहारित्वादवस्थात्रयेऽपि;

आनाहश्चाष्टीला चानाहाष्टीलं, तन्नुदतीति।। इल्हण सु.सू. ४६/२२०

Use of Sheernavrunta proves effective in relieving the Lakshana like Anaha associated with Ashtheela, Mootrashtheela and Vatashtheela.

### Punarnavasava

- Helpful in improving Mootrotpatti by Mootrajanan Karya
- Effective in Mootraghata and Mootrakruchchhra by virtue of Mootrala Karya
- Effective on Yakrut, Pleea and Hrudaya
- Beneficial in Vrukka Vikrutijanya, Hrudaya Vikrutijanya and Yakrut - Pleea Vikrutijanya Shotha



4. Chandraprabha (With Loha-Shilajatu) helps relieve the symptoms associated with Benign Prostatic hyperplasia such as, inappropriate and frequent micturition, dribbling after micturition, haematuria, pus in the urine and painful micturition etc. In Sapooaya Mootrapravrutti, use of Chandraprabha (With Loha-Shilajatu) with Suvarnarajvangeshwar (Svarnavanga) proves very effective.
5. Use of Gokshuradi Guggul proves beneficial in Mootrakruchchhra, Mootraghata and Sadaha Mootrapravrutti associated with Benign Prostatic Hyperplasia. For added benefits Gokshuradi Guggul can be given with Sheetasudha, Ushirasava or Chandanasava in the treatment of Sadaha Mootrapravrutti.
6. Kanchanar Guggul can be used very effectively in the Benign Prostatic Hyperplasia.
7. The conditions such as, severe Benign Prostatic Hyperplasia associated with obstructed urination can be treated with surgery.
8. Ashtheela becomes Asadhya, when it is Sannipatik Ashtheela, Ghana like Ashtheela, there is Vinmootravatasanga i. e. obstruction to the Mala, Mootra and Vata Pravrutti or developed due to Aupasargic Hetu. After one year Astheela reaches to Asadhyatva.
9. Prostatic Hyperplasia can also get developed due to absence of ejaculation in old age. This situation can be treated with the use of Choorna of Bruhatiphala in the dosage of 1 gm thrice a day with milk or lukewarm water.
10. Use of Sookshma Triphala, Triphala Guggul, Punarnavadi Guggul, Vanga Bhasma or Shuddha Shilajit proves beneficial in relieving the symptoms of Prostatic hyperplasia such as, Sashoola - Sadaha Mootrapravrutti, increased frequency of micturition, Katishoola, Jwar and Sheetapoorvak Jwar etc.
11. Rasasindoor, Sookshma Triphala or Kaishor Guggul proves effective in relieving Jeerna Jantusansarga, Vedana at Gudapradesha and Bastipradesha associated with Prostate - Rectal fistula.

12. Prostatic massage can prove helpful in Prostatic hyperplasia or Prostatitis. This results in eliminating the Sanchit Drava from the Prostate.

### Is it not necessary to think?

By virtue of the modern amenities, the life expectancy is increasing day by day which is now 66.8 years in India. As per the data of Ferri's Clinical Advisor 2016 E- Book, almost 50% of the male get diseased due to Prostatitis in their lifetime. Prevalence of Prostatitis is higher as compared to rate of IHD & Diabetes as well.

Benign Prostatic Hypertrophy (BPH) is another increasing problem related to the old age. Older age is the risk factor for onset of BPH. Prevalence of BPH rises with age. Histological study showed that in the 9<sup>th</sup> decade of the age, prevalence is highest i. e. 80%.

Is it not necessary for us to make the life of elders more comfortable?

According to modern science, the chances of BPH getting converted into cancer are very high. Being a Vaidya, is it not our duty to prevent this prognosis?

In today's time, people are blindly using the medicament to prolong the ejaculation time which are not been time-tested. These medicines are creating a havoc today with the increased prevalence of carcinoma or similar diseases of prostate which are very difficult to treat or to get cure.

People are also using the medicines for maintenance of their libido. Is it really wise? Is it not our duty to make them aware of the harmful effects of these medicines on body?

Ayurved always advice to follow the Ahar, Vihar along with keeping the mind stable in every condition. Is it not necessary to think about and act regarding the changed lifestyle?

Should concerted efforts by way of real time study be not undertaken at all India level to collect and correlate the data and try to find out lasting solution? Being Vaidya, is it not our duty to make aware our patients about the factors harmful to the body? Is it not necessary to think?



For more details please contact:  
Health Care Services

**Shree Dhootapapeshwar Limited**

135, Nanubhai Desai Rd., Khetwadi, Mumbai - 400 004  
Tel. No: 91-22-3003 6300 Fax: 91-22-2388 1308  
e-mail: [healthcare@sdindia.com](mailto:healthcare@sdindia.com)  
website: [www.sdindia.com](http://www.sdindia.com)