# TO RULE OUT THE ROLE OF ALCOHOL AS A CONTRIBUTORY FACTOR IN BENIGN PROSTATIC HYPERPLASIA

## Dr. Mansi Gupta[1*] and Sumit Mahajan[2]

[1]Assistant Professor, Department of Roganidana Evam Vikriti Vigyana, Jammu Institute of Ayurveda & Research 181123.
[2]Senior Executive Quality Assurance Department, Emcure Pharmaceuticals Limited 181133.

**\*Corresponding Author: Dr. Mansi Gupta**
Assistant Professor, Department of Roganidana Evam Vikriti Vigyana, Jammu Institute of Ayurveda & Research 181123.

## AIM

To rule out the role of Alcohol as a contributory factor in Benign Prostatic Hyperplasia.

## INTRODUCTION

BPH affects quality of ageing process in male. Current medication on BPH can improve the symptoms but fail to control prostate development. This research work intends to find lifestyle (vyasan) related causative factors of BPH in Geriatric Patients.

## METHODOLOGY

TYPE OF STUDY- Retrospective observational study.
SOURCE OF DATA- Diagnosed patient of BPH by USG (Abdomen pelvis/prostate) with symptoms of BPH.

## METHOD OF COLLECTION OF DATA

• Male patients above 60 years of age, diagnosed with BPH by USG showing enlargement of prostate including prostate smooth & without nodules with clearly defined median sulcus along with LUTS attributed to prostate are included in the study.

• Male patients below 60 year of age following any of the criteria for prostatic carcinoma, prostate abscess, prostatic cyst, prostatitis & subjects with any major surgical illness especially related to prostate enlargement are excluded from the study.

• LUTS attributed to prostate problem is considered as a subjective parameter and IPSS score as objective parameter are used for the study.

### Observation Table
**Table 1: Division of Patients According To Age Distribution.**

| Age | Number Of Patients | % Of Patients |
|---|---|---|
| 60-70 | 24 | 48% |
| 70-80 | 14 | 28% |
| 80-and above | 12 | 24% |

**Table 2: Assessment of Symptoms By International Prostate Symptom Score.**

| Severity | Score | Number Of Patients | % Of Patients |
|---|---|---|---|
| SEVERE | 20-35 | 34 | 68% |
| MODERATE | 8-19 | 14 | 28% |
| MILD | 1-7 | 2 | 4% |

**Table 3: Assessment Of Symptoms By Prostate Volume.**

| Grade | Volume | Number Of Patients | % Of Patients |
|---|---|---|---|
| GRADE I | 21-30cc | 16 | 32 |
| GRADE II | 31-50cc | 24 | 48 |
| GRADE III | 51-80cc | 9 | 18 |
| GRADE IV | 80cc& above | 1 | 2 |

**Table 4. Assessment of Vyasan.**

| Vyasan | Number Of Patients | % Of Patients |
|---|---|---|
| ALCOHOL | 35 | 70% |
| TOBACCO | 26 | 52% |
| SMOKING | 11 | 22% |

## TABLE 1: DIVISION OF PATIENTS ACCORDING TO AGE DISTRIBUTION

Maximum number of patients i.e. 48% were found to be in the age group between 60-70 years while the patients in the age group 70-80 were 28%, indicates occurrence of BPH in Vata dosha dominance.

## TABLE 2: ASSESSMENT OF SYMPTOMS BY INTERNATIONAL PROSTATE SYMPTOM SCORE
## LOWER URINARY TRACT SYMPTOMS ATTRIBUTED TO PROSTATE

Symptoms observed in all BPH patients.
•   INCOMPLETE EMPTYING
•   FREQUENCY
•   INTERMITTENCY
•   URGENCY
•   WEAK STREAM
•   STRAINING
•   NOCTURIA
•   QUALITY OF LIFE

All observed BPH Symptoms are graded as per severity given in scale. It has been observed that 68% patients are having severe grade, 28% were having moderate grade, & 4% were having mild grade BPH as per IPSS. This indicates the severity of disease.

## TABLE 3. ASSESSMENT OF SYMPTOMS BY PROSTATE VOLUME

As per USG reports of BPH patients, Prostate volume between 31-50 cc was found in maximum number of patients i.e. 48% followed by Prostate volume 21-30 cc found in 32% patients.

## ALCOHOL- ASSESSMENT OF VYASAN

Alcohol consumption was found to be a major Hetu i.e. 70% in assessment of Vyasan category.

Excess consumption results in Oja Kshobha as follows-
•   Laghu, Ushna, Tikshna guna Srotogamitwa Of Madya causes Kshobha in Oja.[1]
•   Madya creates Mana Kshobha.
•   Madya sevan also creates Medovaha Srotas dushti.[2]
•   Madya Sevan leads to Rakta Dushti.[3]
•   Madya Sevan is one of the Hetu for Mutravaha Srotas Vyadhi.[4]

Thus Alcohol consumption is one of the important contributing factor in BPH. As per Modern science toxic effects of alcohol[5] on the gut & other body systems interfere with the body's ability to absorb & use dietary nutrients especially Vitamin B1 (thiamine).

Severe thiamine deficiency selectively damages muscle & nerve tissue. Thus Alcohol consumption is one of the important contributing factor in BPH.

## TOBACCO

Tobacco consumption was found in 52% patients. Most important & hazardous constituents of tobacco are Nicotine & Tar.
▪   Tampraparni-visha dravya, Kramuk-vikasi dravya, Khadir-nirvish dravya.

Combination of these substances exerts toxic effect after some interval & thus it acts as a Garvish. This Garavisha produces Dhatukshaya lakshanas in the body and results in diseases manifested by Vata prakop (A.S. Utt. 40/85). Thus consumption of Tobacco contributes in the BPH Samprapti.

## CONCLUSION

1.   Majority of BPH patients are found in age group of 60 to 70 yrs.
2.   Maximum number of patients are in the severe Grade as per IPSS scoring confirms disease severity in patients.
3.   Patients taking alcohol & chewing tobacco are at a higher risk of this disease.

## REFERENCES

1.   Caraka Samhita (by Agnivesa) Chikitsasthana Chapter 24, Verse 21.
2.   Caraka Samhita (by Agnivesa) Vimanasthana Chapter 5, Verse 16.
3.   Caraka Samhita (by Agnivesa) Chikitsasthana Chapter 24, Verse 28.
4.   Caraka Samhita (by Agnivesa) Vimanasthana Chapter 5, Verse 20.
5.   Toxic effects of alcohol, Guy's & St. Thomas',How Drinks Affect Your Bladder & Bowel, NHS Foundation Trust, pg 7.