



Yoga intervention for permanent healing of benign prostatic hyperplasia

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Abstract

Introduction: Clinical benign prostatic hyperplasia is one of the most common and default disease of aging males. Worldwide prevalence of BPH including USA, UK, Japan and Ghana, varies from 20 – 62% in men over 50 years. It is known to co-exist with prostate cancer at advance age of above 60 years or so. Most commonly medications in practice like Alpha blockers, Phosphodiesterase-5 (PDE5) inhibitors, and 5-alpha-reductase inhibitors can help to control the growth of the prostate and reduce the symptoms of BPH. Sometimes combination of two or more different types of medication is used for relief with burden of host of side effect diseases ranging from low blood pressure to increased risk of diabetes and prostate cancer. Sometime radical surgeries at a later stage become essential.

Methods: On clinical detection at the asymptomatic stage as also at the symptomatic stage, the subjects were advised innovative pelvic floor Yogic maneuvers supplementing ongoing medication.

Results: Effect of Yogic maneuvers on regression of benign prostate hyperplasia is very encouraging. At the asymptomatic stage benign prostate hyperplasia has been found to respond rapidly to these maneuvers and getting healed almost permanently.

Discussion: It is believed that these maneuvers help reducing quantum of blood circulation in prostate lobes that help in regression. Besides regression of BPH, it has been found to provide several other health benefits resulting from improved metabolism of various organs in pelvic and abdomen region and help correcting pelvic floor dysfunction for males as well as females.

Keywords: alpha-blockers, benign prostatic hyperplasia, BPH, Muladhara chakra asana, prostate, prostate cancer, yoga

Introduction

Worldwide prevalence of benign prostatic hyperplasia (BPH) varies from 20 – 62% in men over 50 years. BPH is one of the most common and default disease of adult male. Though not considered serious in the initial stages, it affects quality of life to large extent and at times embarrassment by bed wetting. BPH is the result of prostate enlargement of one or more prostate lobes. It is known to co-exist with prostate cancer at advance age of above 60 years. Currently, it is estimated that the disease progressively involves three fourths of the male population over 75 years of age [1]. Clinical manifestations range widely from minimally bothersome symptoms to total urinary retention and renal failure [2]. Some of the most common symptoms of BPH are:

- Waking up 2-3 times or even more at night to urinate (nocturia)
- 8-9 times urination during wakeup hours.
- Difficult to control urination or incontinence
- Difficulty in starting urination (hesitancy)
- More time to void bladder
- Bed wetting
- Dribbling after urination
- Weak or intermittent urine stream
- Feeling of obstruction during urination
- Blood in semen

Normal prostate measure about 20±6 grams in men between 21 and 30 years old, and this size remains constant with increasing age unless BPH develops [3]. The prevalence of pathological benign prostatic hyperplasia is only 8 per cent at 40 years of age; however, 50 per cent of the male population has pathological

BPH when they are in between 51 to 60 years. Only 4 per cent of more than 70 years old reportedly have larger than 100 grams prostate. Despite traditional treatments, some fall victim to prostate cancer leading to even removal of bladder thus seriously affecting quality of life. Reports from USA, UK and Japan and Ghana reveal moderate association of BPH with prostate cancer (PC). The co-existence of PC in patients being treated for BPH is 3–20% [4]. Different types of medications like Alpha blockers (most common), Phosphodiesterase-5 (PDE5) inhibitors, and 5-alpha-reductase inhibitors can help to control the growth of the prostate and reduce the symptoms of BPH. Sometimes combination of two or more different types of medication is used for relief with side effects like hypotension, increased heart rate, weakness, swelling of lower limbs and ankles or weight gain. Some of these medications are related with increased risk of diabetes and high-grade PC. However, all these medication provide symptomatic relief for some time with associated risks. Minimal invasive procedure is recommended after efficacy of oral medication stops to benefit. As age advances severity of symptoms like severe pain, increase hesitancy, total retention, recurrent urinary tract infection, and hematuria, require extensive surgery which may even involve *prostatectomy*. It is estimated that globally more than 32 million men have symptoms related to BPH that affects more than 50% of men over the age of 60 years and as many as 90% of men over the age of 70 years [5, 6]. According to the Urology Care Foundation, around 150,000 men in the U.S. undergo transurethral resection of the prostate (TURP) for BPH each year and is the most common type of surgery. Now several other surgical options like transurethral

incision of the prostate (TUIP), laser assisted surgery, and open prostatectomy are available [7]. Very few studies conducted in India suggest that BPH as the most common pathological condition with an incidence of 92.97% (n = 185) and 93.3% (n=200) [8-10].

Materials & Methods

It is known that there are various traditional treatments like alpha-blockers for regression of BPH without any permanent relief. The patient needs to take regular medication and may also require surgery at an advance age as time passes by. Yoga has been found to be very effective for healing of BPH at the asymptomatic as well as at the symptomatic stage. This is one of the Yoga exercises for pelvic floor supplementing ongoing medication and known as which is an innovation of original *Muladhara Chakra Asana* (MCA). The original *Muladhara Chakra Asana* is performed in the sitting vertical posture while its innovation *Kshaitij* (pronounced as shaitiz means horizontal) *Muladhara Chakra Asana* (KMCA) is done in horizontal position and is invented by the author. KMCA is more effective than MCA. It is much easier to perform even by aged and has several added health benefits. It has been observed that BPH in initial stages responds very well to KMCA and regress in a matter of 10-12 weeks with minimal or nil support of medication like alpha-blockers.

Following are simple steps for performing KMCA:

- Most suitable time is empty stomach in the morning though it can be performed with 3 hours empty stomach at any time

of the day.

- No tight clothing.
- Laying down on hard surface covered thick sheet like carpet.
- Keeping legs about 50 centimeters (cms) apart and both hands about 25 cms away from torso. Maintaining comfortable posture.
- Exhaling breath and pulling pelvic region towards sternum as maximum as possible, simultaneously abdomen must go down making a deep cusp; deeper is better. In the beginning it is advisable to go slow without strain.
- Holding this position for 8-10 seconds and release softly with inhaling breath.
- Taking 5-6 normal breath, and then repeating again.
- Do it 7-8 times.
- In case of severity of symptoms, it is better to repeat in the evening or before dinner.
- Medication can be tapered off after couple of days.
- It can be performed by females as well for pelvic floor dysfunctions. It is not advisable during pregnancy or menstruation.

Results

All subjects reported some additional relief within 4-5 days especially in the ease of urination and voiding. Some of the subjects also reported in reduction of urination frequency. Table-1 shows profiles and response of some typical patients over a decade.

Table 1: Profiles, symptoms and relief response of some typical patients

Age (Years)	Waist size (Centimeters)	Size of prostate (Grams)	Time to total Regression (Weeks)	Symptoms	Relief
30	115	40	09	Urinary hesitancy, weak stream, nocturia	Cured of all symptoms
48	142	50	25	Urinary hesitancy, weak stream, nocturia, hematospermia, after dribble	Cured of all symptoms
49	097	32	07	Nocturia	Cured
52	135	38	15	Urinary hesitancy, nocturia	Cured
53	096	42	12	Urinary hesitancy, weak stream, nocturia, hematospermia	Cured of all symptoms
56	120	32	06	Nocturia	Cured
60	140	55	36	Urinary hesitancy, weak stream, nocturia, hematospermia, after dribble	Cured of all symptoms
64	130	70	23	Urinary hesitancy Nocturia, <i>incontinence, after dribble</i>	Cured of all symptoms
66	142	42	15	Urinary hesitancy, weak stream, nocturia, after dribble	Cured of all symptoms
70	150	118	-	Prostate cancer	No feedback
76	082	107	42	Constant dripping, hematuria	Cured of all symptoms with support of medication

Effect of KMCA on regression and healing of BPH is very encouraging. At the asymptomatic stage benign prostate hyperplasia has been found to respond rapidly to KMCA and getting healed almost permanently. It may be attempted in co-existence with ongoing traditional medication like alpha-blockers or PDE5. On additional relief discernible by patient himself, traditional medication is tapered off to reduce burden of side effect diseases. Relapse is not observed if regular routine of maneuvers is maintained despite intermittent long breaks of

months together. In case of advance stage, time taken for complete relief is proportionately more.

Discussion

It is believed that KMCA improves metabolism of prostate gland and blood circulation in prostate tissues. It reduces and normalizes blood flow in prostate lobes [11] that results in regression and improves urine flow force. Various tissues and muscles in the pelvic floor also get strengthened.

Conclusions

Over a decade it has been experienced that KMCA accelerate regression and complete healing of BPH and does not have any adverse effect on subjects. It is found to help in rejuvenation of various abdomen and pelvic region tissues and muscles and improves metabolism. KMCA has benign effect on diaphragm which in turn helps heart and lungs as ascertained with regular monitoring of blood pressure and ease of breath in asthmatic patients. Excluding pregnancy and menstruation time, it helps female subjects also in various disorders in abdomen. Moreover, it has been found beneficial in pelvic floor dysfunction for males as well as females.

Conflict of Interests

None of the contributing authors have any conflicts of interest, including specific financial interests, relationships, and affiliations relevant to the subject matter or materials discussed in the manuscript.

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