

BANGSHIL AND FORTEGE IN PROSTATIC CONGESTION

by

Dr. M. K. Joseph, M.S., FFCS.,
Surgeon and Urologist, Associate Professor of Surgery,
T. D. Medical College and hospital, ALLEPPEY (Kerala)
(Present Address : City Hospital, COCHIN, 682011, Kerala)

Reprinted from CURRENT MEDICAL PRACTICE Vol. 24. No. 8. Aug. 1980 pp 311-315

INTRODUCTION

While Enlarged Prostate is given more attention, Prostatic Congestion, though a common occurrence is often overlooked. Prostatic congestion may occur in any age group, though most common between 20-40 years. On the other hand, benign prostatic enlargement is more commonly seen over 40 years and in the senile, its incidence increasing with advancing age. Many patients with vague urinary complaints are referred to this department. Urine examination and other tests do not show evidence of urinary disease in most of the cases. Modern medicine can offer proper antibiotic only when infection is present and combined with prostatic massage, it gives rewarding results in these cases. There is a tendency among surgeons to resort to prostatectomy more often and a time has come to see that prostatectomy is done selectively. The drawbacks of Prostatectomy are not brought to the notice of the patient before operation, such as post-prostatectomy syndrome, some loss of sexual vigour etc. With these in mind, we wanted to try Ayurvedic combination drugs and to evaluate their usefulness in cases of prostatic congestion.

Bangshil and Fortege :

Bangshil is described to have antiseptic and antibacterial properties; it increases body resistance. Fortege is described to tone up genito-urinary and neuroglandular systems. The combined therapy of Bangshil and Fortege is described to act synergistically and relieves prostatic congestion and associated urinary symptoms and particularly symptoms like burning micturition, frequent micturition, difficult micturition, etc.

MATERIALS AND METHODS

One hundred six cases that attended the Urology Department between January 1978 and June 1979 were included in this study. Cases were taken at random and those that could be followed-up regularly, such as their availability, nearness, etc. were included for the study. 2 cases were of diabetes with hypertension, and these were excluded from the study, that is only 104 cases were considered for the study. The trial period was of 6 weeks. Fortege and Bangshil together were given for six weeks in equal dosage. Urine examination and urine culture were done in all the cases. IVP was done in 72 cases. Cystourethroscopy was done in most of the cases. As culture for prostatic secretion was not very contributory, it was not pursued. Diagnosis was made after digital examination per rectum. VDRL was done in four cases where there was a history of exposure. However, VDRL was found negative in these cases. The results of Bangshil-Fortege therapy were analysed after 6 weeks of treatment., Repeat endoscopy was done where necessary. Repeat Urine Culture was done only in those cases where it was positive before the therapy. Repeat IVP was done in those cases where there was severe pain and spasm of lower end of the ureter before.

Age Group:

Prostatic Congestion appears to be nearly equally distributed among the age groups of 20-45 –years (Table 1).

TABLE 1

Age Group	No of cases	%
17-19 years	4	3.8
20-25	16	15.4
26-30	16	15.4
31-35	16	15.4
36-40	16	15.4
41-45	14	13.5
46-50	8	7.7
51-55	8	7.7
56-60	6	5.7
Total	104	100%

Urologic Symptoms :

Each patient had more than one symptom. Burning Micturition and frequent micturition were the most common symptoms with 67.3% of cases. There were 2 cases of urethral discharge. There were 20 cases of haematuria. Bleeding points could be seen during endoscopy. There was no case of scanty urine or retention of urine in this series. Next to burning micturition and Frequent Micturition, the common symptoms were of Painful Micturition (30.8%) and Difficult Micturition (13.5). Mean number of symptoms per patient was 2.1 (Table 2.)

TABLE 2 Symptoms : (N = 104)

Burning micturition	70	67.3
Painful micturition	32	30.8
Frequent- micturition	70	67.3
Haematuria	20	19.2
Difficult micturition	14	13.5
Frequency	4	3.8
Dribbling	2	1.9
Discharge	2	1.9
Scanty Urine	0	-
Retention of Urine		

Mean Symptoms
Per Patient: 2.1

Associated Complaints :

8 patients had pain in the hypogastrium, 8 had back-ache and 28 patients had low back-pain and 2 had pain in the loins and 2 had pain in the testicles (Table 3.)

TABLE 3
Associated Complaints: No. of cases 104

Complaint	No. of cases	%
Pain in hypogastrium	8	7.7
Back-ache	8	7.7
Low back-pain	28	26.9
Pain in Loins	2	1.9
Pain in both testicles	2	1.9

Urine Examination :

Urine examination showed that in 56 cases RBCs were seen ranging from 1-30 Id.P.F. and W,BC ranging from 1-

Urine	No. of cases (N = 104)	%
RBC (1-30 HPF)	.56	53.8
WBC (1-40 HPF)	56	53.8
Pus cells	10	9.6
,Albumin	2	1.9
Sperms	2	1.9
AFB	0	
NAD	34	32.7

Urine Culture :

Urine culture showed E. Coil in 14 Streptococci in 4 cases and culture was negative in 86 cases (Table 5.)

TABLE 5 Urine Culture

Culture	No. of cases	%
F, Coli	14	13.5
Streptococci	4	3.8
Negative	86	82.7
Total	104	100.0

IVP :

IVP was done in 72 cases. IVP was normal in 56 cases. 2 cases showed non-functioning kidney left, 2 cases showed 2-3 oz of residual urine, 2 cases showed small kidneys (both), 2 cases had Duplex Kidney left and 2 cases showed delayed secretion left. 4 cases showed. spasm at, lower end of the right ureter and 2 cases showed spasm at lower end of the left ureter (Table 6.).

TABLE 6 IVP

IVP	No. of cases	%
Non-functioning Kidney		
Left (Size normal)	2	1.9
Residual Urine! (2-3 oz)	2	1.9
Spasm in lower end of ureter.	4	
right	2	
left	6	5.8
Small Kidneys (both)	2	1.9
Duplex Kidney (Left)	2	1.9
Delayed secretion (Left)	2	1.9
NAD	56	53.9
Not Done	32	30.8
Total.	104	100%

Prostate :

Diagnosis was made by digital examination of the prostate; per rectum: While gross enlargement was seen only in 2 patients, majority of patients had prostatic Congestion (86 cases). Sixteen cases (15.4%) had congested as well as enlarged prostate, Prostatic congestion was severe in 46 cases. - Moderate in 38 cases and Slight in 2

TABLE 7 Condition of the Prostate.

Condition	No. of cases	%
Congested Prostate	46	
Severe	38	
Moderate	2	1.9
Slight	86	82.7
Enlarged Prostate	2	1.9
Congested and Enlarged	16	15.4
Total	104	100.0

Bangshil Plus Fortege Regimen :

Bangshil + Fortege were given each 2 lets, three times a day, for two weeks and then 1 tablet each, three times a day, for four weeks.

RESULTS AND DISCUSSION

Prostatic congestion completely disappear in 42 cases (40.4%). It was Fair (Much Improved) in 44 cases -(42.3%). That is, satisfactory improvement was 82.7%. There was slight improvement in 6 cases (5.8%) and no improvement in 12 cases (11.5%). : Symptomatic relief was evident in almost all the cases where symptoms of burning micturition etc. disappeared. Where haematuria was a presenting symptom, all the cases showed no haematuria after therapy. There was two cases with the presenting symptom of urethral discharge and the discharge stopped. Those suffering from associated back-ache, low back pain, etc. had remarkable relief of these and the patients were happy at this because these were affecting them; both physically and mentally. Improvement occurred in most of the cases within first 2 weeks. Only 2 cases came back with the symptom of dribbling after a few days of heavy drinking but with abstinence from drinking and repeat treatment, they again improved.

Those 4 cases who had history of exposure before, but whose VDRL was negative, also improved as the other cases. There was testicular pain in 2 cases which di-appeared with the therapy. There were 2 cases of loss of penile erection and these regained the power of erection with the relief of prostatic congestion and associated-symptoms. Urine. cultures that were positive before, were all negative on repeat urine culture: after Bangshil + Fortege therapy. Improvement in sperm count was obvious in cases with oligospermia (In four cases)(Table. 8.).

TABLE 8 Results

Result	No.of cases	%
Complete Relief (Cured)	42	40.4
Fair (Much Improved)	44	42.3
Slight Improvement	6	5.8
No Improvement	12	11.5
Total	104	100.0

CONCLUSIONS

Bangshil + Fortege treatment had definite effect in relieving prostatic congestion Where there was gross enlargement (in 2 cases), the prostatic symptoms disappeared. In those 16 cases where prostatic enlargement

Some cases were referred to the, author as ureteric colic, but IVP showed no stones, but only spasm- of lower end of the ureter, right or left was present. Even Baralgan did not give relief to these patients. It was good to see that the colicky pain disappeared and repeat IVP in these cases after Bangshil-}Fortege therapy revealed disappearance of the ureteric spasm. Repeat endoscopy in cases of haematuria showed disappearance of the bleeding points.

As cases of prostatic congestion are maie common and more numerous than it is believed, this condition is often overlooked.

Prompt diagnosis and treatment with Bangshil + Fortege will alleviate this condition in the majority of patients in about two weeks. Bangshil + Fortege therapy is found beneficial in this condition. No side or toxic effects were observed with the use of this Ayurvedic combination.

ACKNOWLEDGEMENT

I am thankful to M/s. Alarsin Pharmaceuticals, Bombay-400023, for their cooperation.

REFERENCES

1. Singh; T. B. and Chauhan, N. S.: Clinical study with Fortege and Bangshil in cases of Benign Enlargement of Prostate, National Medical Gazette, Gwalior, Vol. 13, No. 9, Sent. 1974.
2. Wahab, M.A., Tejwani, B. N., Fathak, L., and Surinder Singh. : Bangshil and Fortege in Benign Prostatic Hypertrophy, Current Med. Pract. 15:12, p 1078, Dec. 1971.