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**AYURVEDIC INTERVENTION IN MANAGEMENT OF *VATASTHEELA* (BPH): A  
CASE STUDY**

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**ABSTRACT**

Benign Enlargement of prostate gland is known as Benign Prostatic Hyperplasia (BPH), in ageing males it is the most common condition, associated with Lower Tract Symptoms (LUTS). *Acharya Sushruta* have mentioned *Vatastheela* as a type of *Mutraghata* in *Uttartantra*. In *Ayurveda*, sign & symptoms of *Vatastheela* disease closely resemble with BPH in modern medicine. After the age of 50 years most of the men have symptoms like increased frequency, retention of urine, nocturia, incomplete voiding, incomplete emptying etc. in classical text books of *Ayurvedic* medicine many drugs are described for the treatment of *Mutraghata*, from those *Kushmand Beej Taila Uttar Basti* was taken to evaluate the efficacy on *Vatastheela* (BPH).

**Keywords:** Vatastheela, BPH, Uttar Basti, Kushmand Beej Taila, Mutraghata, etc.

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## Introduction

In modern world, Benign Prostatic Hyperplasia (BPH) is the 2nd most happening disorder to males after Hypertension after the age of 50 years. Detailed description of disease of Urinary Tract [1] is done by *Acharya Sushruta*. Obstructive uropathy which may be present with complete or partial retention of urine is termed as *Vatastheela* [2] The current study is concerned with the subject “*Vatastheela*, a disease affecting “*Mutravaha Srotsa* [3].

*Asthila/ Vatastheela* closely resemble to the Benign Prostatic Hyperplasia (BPH), therefore clinically this study deals with the management aspect of patient of Benign Prostatic Hyperplasia (BPH). BPH is widely regarded as an age-related physiological condition in elderly males [4]. 8 out of the 10 elderly men develops BPH. By the age of 40 years nearly 10% have histological evidence of BPH, where as 50% by the age 60 and 90% by the age of 80 years shows evidence of BPH [5]. The etiology of Benign Prostatic Hyperplasia (BPH) is not well understood. According to Modern Science mostly accepted etiology is the imbalance between the circulating androgen & estrogen [6]. Urethra gets squeezed due to the enlargement , where it runs through the Prostate & causes urinary symptoms referred to Lower Urinary Tract Symptoms (LUTS) [7].

According to *Ayurveda*, management of the disease affecting urinary system consist of *Ahara* (Food), *Vihara* (Behavior) and *Aushadha* (Medicine). Various *Aushadha Kalpanas* mentioned by *Sushruta* for the management of *Mutraghata* [8] are *Swarasa*, *Kalka*, *Arishta*, *Kshara*, etc. Prostatectomy the surgical procedure have its own complications such as Incontinence of urine, Hemorrhage, Urethral Stricture, etc [9]. To study the efficacy of *Kushmand Beej Taila Uttar Basti* in the management of *Vatastheela* with special reference to Benign Prostatic Hyperplasia. Place of Work: Clinical study done at Patanjali Ayurved Hospital

**Case Report:** A 62 years old male patient came at OPD of *Shalya Tantra* at Patanjali Ayurved Hospital, presenting complaint since 2 years.

### Complaints

- Urgency
- Increased frequency of micturition
- Nocturia
- Dribbling of micturition

### General Examination

BP – 110/76 mm Hg

PULSE – 86 beat/min

P/A –Mild tenderness present liver

### Investigation

Hb – 12.6 g/dl

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S.PSA – 4.20 ng/ml

Serum Creatinine – 0.78 mg/ml

Blood urea – 22.60 ml/dl

Urine R/M – Normal Study

Ultrasonography (USG) of abdomen (Pre and Post Void)

Prostate size volume – 38 cc Post voiding residual urine volume – 30 cc

### **Material and Method**

Dose : 24ml *Kushmand Beej Taila*

Regime : *Uttar Basti* for 12 Days

Duration of study : 3 months

Follow up : after 1 month

### **Procedure of Uttar Basti**

#### ***Poorva Karma*(Pre- Operative)**

Informed and written consent was obtained from the patient prior to the Uttar Basti procedure. The procedure was thoroughly explained to ensure patient understanding and cooperation. The patient was advised to take a light diet and was instructed to void urine and stool before the procedure. Local Abhyanga followed by Mridu Swedana was performed prior to the administration of Uttar Basti to prepare the patient. Kushmand Beej Taila (24 ml) was gently warmed to lukewarm temperature, and all necessary instruments, including a 50 ml syringe, a No. 10 feeding tube, and other required materials, were prepared and kept ready for the procedure.

#### ***Pradhan Karma*(Operative)**

The patient was kept in a supine position and exposed from the umbilicus to the mid-thigh in a well-lighted room. Antiseptic cleaning and proper draping were done to maintain aseptic conditions. Thereafter, 2% xylocaine jelly (10 ml) was instilled thoroughly into the urethral meatus to achieve adequate lubrication and local anaesthesia. Under all aseptic precautions, 24 ml of classically prepared, lukewarm sterilized Kushmand Beej Taila was filled in a 50 ml syringe. The nozzle of the syringe was attached to a No. 10 Fr infant feeding tube, which was then gently inserted into the external urethral meatus, and the oil was slowly instilled. Care was taken throughout the procedure to avoid the entry of air into the urethra.

#### ***Paschat Karma* (Post- Operative)**

The patient was kept in situ for the next 15 minutes. She was advised to avoid undue straining and unsafe intercourse. The patient was instructed not to pass urine for the next 2 hours following the procedure. The procedure was repeated for 3 consecutive days, followed by a 3-day gap, and this regimen was continued up to 21 days.

**Subjective Parameter:** The symptoms of BPH will be recorded on the basis of IPSS (International Prostate Symptom Score).

Total Score:

- 0-7 – Mildly symptomatic
- 8-19 – Moderately symptomatic
- 20-35 – Severely symptomatic

**Objective Parameter:**

**Table 1. Prostate size volume**

|         |                     |
|---------|---------------------|
| Grade 0 | Up to normal (20cc) |
| Grade 1 | >20 to 30cc         |
| Grade 2 | >30 to 40cc         |
| Grade 3 | >40 to 50cc         |
| Grade 4 | >50cc               |

**Table 2. Post voidal residual urine volume (PVRUV)**

|         |                     |
|---------|---------------------|
| Grade 0 | Up to normal (30cc) |
| Grade 1 | >30 to 60cc         |
| Grade 2 | >60 to 90cc         |
| Grade 3 | >90 to 120cc        |
| Grade 4 | >120cc              |

USG for assessment of weight, volume, size and residual urine.

**Results and Discussion**

On the basis IPSS (International Prostate Symptom Score) at the interval of 0,3,7,12 weeks assessment was done. After the therapy patient got significant relief in symptoms & while undergoing the therapy he didn't developed any other complication. The size of prostate was observed before treatment 38cc and after was 30cc.

**Table 3. Progress of patient at different time interval (IPSS)**

| Symptoms            | BT | F1 | F2 | F3 | AT |
|---------------------|----|----|----|----|----|
| Incomplete Emptying | 5  | 3  | 3  | 3  | 3  |
| Frequency           | 3  | 3  | 2  | 2  | 2  |
| Intermittency       | 3  | 3  | 1  | 0  | 0  |
| Urgency             | 2  | 2  | 1  | 1  | 1  |
| Weak Stream         | 5  | 5  | 4  | 3  | 3  |
| Nocturia            | 2  | 2  | 2  | 1  | 1  |
| Straining           | 1  | 1  | 1  | 0  | 0  |

|                  |    |    |    |    |    |
|------------------|----|----|----|----|----|
| Total IPSS Score | 21 | 19 | 14 | 10 | 10 |
|------------------|----|----|----|----|----|

**Table 4. Improvement in USG and S.PSA finding**

| Measurements         | BT        | AT        |
|----------------------|-----------|-----------|
| Prostate Size Volume | 38cc      | 30cc      |
| Post Void Volume     | 65ml      | 40ml      |
| S.PSA                | 4.20ng/ml | 2.12ng/ml |

In old age males, *Vatastheela* is a common disease, as in old age there is predominance of *Vata Dosh*a which affect patient physically as well as mentally. Due to advanced age patient decline the surgical interventions, hence this treatment is useful in this situation. *Basti* is the choice of treatment for *Vata Dosh*a according to *Ayurvedic* texts, as *Mutraghata* is caused due to the vitiated *Apana Vayu*, *Uttar Basti* helps in the proper functioning of *Apana Vayu* to remove obstruction & improve urinary function with this it provide *Basti Snayu* and improves Bladder tone. The *Kushmand Beej Taila* have properties like *Snehana*, *Lekhana*, *Srotoshodhana*, *Mrudukara*, etc. *Kushmand* also possesses a diuretic effect and smooth muscle relaxant activity.

### Conclusion

From the study conducted, it was observed that *Kushmand Beej Taila* was effective in reducing IPSS (International Prostate Symptom Score), prostate weight, post-void residual volume, and serum PSA levels in *Vatastheela* (Benign Prostatic Hyperplasia, BPH). According to Acharya Sushruta, *Uttar Basti* is recommended in all types of *Mutraghata*.

As per modern medical science, the primary treatment option is surgery, which carries a risk of complications that may affect the patient both physically and mentally. BPH is predominantly a disorder of old age, and elderly patients often decline surgical intervention and seek safer and more effective alternative treatments. Therefore, to avoid surgical risks and associated complications, this treatment approach was planned.

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