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AN EVIDENCE-BASED CLINICAL STUDY ON THE EFFICACY OF UTTAR BASTI IN THE MANAGEMENT OF VATASTHILA (BENIGN PROSTATIC HYPERPLASIA)

Dr Shubham Nargave[1], Dr Nripendra Mishra[2], Dr Rachana Patidar[3], Dr Rahul dev Malviya[4], Dr Abhideep Chandel[5], Dr Aparna Pachori[6], Dr.Anurag Pandey[7]

[1,3,4,5,6]PG Scholar, Department of Panchakarma, Govt. Dhanwantari Ayurvedic College and Hospital, Ujjain, MP, India
[2]Professor – In charge and HOD, Department of Panchakarma, Govt. Dhanwantari Ayurvedic College and Hospital, Ujjain, MP, India
[7]Assistant Professor, Department of Vikriti Vigyaan, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India
*Corresponding Author – Anurag Pandey,

ABSTRACT
Benign Prostatic Hyperplasia (BPH) is a common urological disorder affecting men in advancing age, particularly after the fifth decade of life. The condition is characterized by a non-malignant enlargement of the prostate gland, which may obstruct the urinary passage and lead to symptoms such as difficulty in micturition, increased urinary frequency, poor urinary flow, nocturia, and incomplete bladder emptying. These symptoms can significantly impair the quality of life and daily functioning of affected individuals.
In Ayurveda, the clinical features of BPH can be correlated with Vatashthila, a condition described under Mutraghata, where obstruction to the urinary pathway occurs due to the vitiation of Vata Dosha. Management of BPH in contemporary medicine primarily involves pharmacological therapy and surgical interventions, including Transurethral Resection of the Prostate (TURP). Although surgery is often effective in relieving obstruction, it may be associated with complications and postoperative morbidity, especially in elderly patients.
Considering the limitations of conventional treatment, there is a need for therapeutic approaches that are safe, cost-effective, and minimally invasive. Ayurveda offers a holistic management strategy for urinary disorders through the use of classical formulations and specialized treatment procedures. Uttarbasti Chikitsa is regarded as an important therapeutic measure for diseases of the Mutravaha Srotas, helping to alleviate urinary obstruction and improve urinary function. Traditional Ayurvedic formulations such as Chandraprabha Vati, Gokshuradi Guggulu, and Punarnavasava are commonly employed to support urinary health and reduce lower urinary tract symptoms. Thus, Ayurvedic management may provide a beneficial alternative approach for improving the clinical condition and quality of life of patients with BPH.

KEYWORDS: Vatashthila, Benign Prostatic Hyperplasia (BPH), Ayurveda, Uttar Basti, Mutraghata

1. INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is a noncancerous enlargement of the prostate gland that occurs in almost half of men aged 50 and above. Histologic studies indicate a prevalence of around 20% in their 40s, 50-60% in their 60s, and 80-90% in men above 70 years of age.[1]
In Ayurveda, BPH can be correlated with Vatashthila, a condition described by Acharya Sushruta under Mutraghata. It is characterized by a hard, stone-like swelling near the urinary bladder that obstructs the normal flow of urine due to the aggravation of Apana Vata. Factors such as improper diet, unhealthy lifestyle habits, excessive physical exertion, and the natural aging process are considered important causes of this condition. Descriptions of Vritta Granthi (round swelling) and Unnata Granthi (raised or palpable mass) mentioned in Ayurvedic texts closely resemble the features of an enlarged prostate gland. For the management of such disorders, Ayurveda recommends various Shamana Chikitsa (conservative treatment) measures, including herbal decoctions (Kwatha), medicated ghee preparations (Ghrita), and other classical formulations. These therapies help reduce urinary symptoms, balance the disturbed Doshas, and support the normal functioning of the affected tissues. This case study highlights the role of Ayurvedic treatment in the management of BPH and evaluates its effectiveness based on the classical concept of Vatashthila.[2] Risk factors for BPH include family history, obesity, type II diabetes mellitus, lack of physical exercise, and erectile dysfunction.[3]
In advanced cases, surgical procedures such as transurethral resection of the prostate (TURP) or prostatectomy are performed. These procedures are invasive, expensive, and may be associated with complications such as retrograde ejaculation and urinary incontinence.[4]

AIMS AND OBJECTIVES:

To evaluate the efficacy of Uttar Basti Karma in the management of Vatashthila (BPH)

CASE REPORT

Name: Mr. X

Age: 52 years
Gender: Male
Date of Admission: 07 March 2026

Chief Complaints:

- Increased urinary frequency for the past 2 year
- Nocturia (4–5 times/night)
- Difficulty in initiating urination
- Reduced force of urinary stream
- Feeling of incomplete bladder evacuation after urination
- Burning sensation during urination

History of Present Illness

A 52-year-old male presented with a history of lower urinary tract symptoms of approximately two years duration. His complaints included increased urinary frequency, urgency, hesitancy during urination, weak urinary flow, and burning sensation while passing urine. After clinical evaluation, he was diagnosed with Benign Prostatic Hyperplasia (BPH). The patient had previously undergone conventional medical treatment, which provided temporary symptomatic relief. However, the symptoms gradually reappeared after cessation of the medication, prompting him to seek further management. As his urinary symptoms persisted and significantly impacted his quality of life, he visited our Ayurvedic outpatient department for further evaluation and therapeutic management.

Past Medical History

- No history of Hypertension
- No history of diabetes mellitus
- No previous urological surgery
- No known drug allergies

Personal history:

- Diet – Normal diet (vegetarian)
- Appetite – Loss of appetite
- Bowel habit – bowel not proper clear (Hard stools and passing 2-3 times/day.)
- Micturition – Frequent urination
- Sleep – adequate (6-7 hours night sleep)
- Addiction – Nil

Digestion

- Abhyavaran Shakti - Normal
- Jaran Shakti - Poor
- Occupational History –
- He is a businessman.

General Examination

- Body built – Normal shape and size
- Decubitus - Nil
- Pallor - Nil
- Icterus - Nil
- Cyanosis - Cyanosis is not present
- Clubbing – No Cubbing
- Lymphadenopathy - Nil
- Oedema - Nil
- JVP - Normal
- BP – 128/84mmhg
- Pulse – 84/min.

Systemic Examination

CNS, CVS, RS, and abdomen within normal limit.

Diagnosis:

Subjective parameters: Increased frequency of urination
Objective parameters: USG Whole Abdomen
After recording the patient's symptoms during the initial assessment, a USG of the whole abdomen was advised. Ultrasonographic evaluation demonstrated enlargement of the prostate gland (prostatomegaly).

Treatment Plan And Follow-Up:

The treatment protocol included six sittings of Uttara Basti with Sahacharadi Taila and Kshara Taila. Internal palliative Ayurvedic therapy (Shamana Chikitsa) was carried out for one month.

Table no. 1 The Patient was given Shaman Chikitsa.

Follow up date	Patient Details	Treatment Given
07/03/2026	Intermittent pain in the suprapubic region, frequent micturition, urgency, dysuria, nocturia and disturbed sleep	Tab Vangsheel - 2BD Tab Fortage - 1BD Gokshuradi Guggulu – 3BD Chandraprabha Vati – 2BD Punarnava Aasava – 5 tsp BD Triphala Choorna – 1 tsp HS
25/03/2026	Improvement in the signs and symptoms, decreased urgency, dysuria	Tab Vangsheel - 2BD Tab Fortage - 1BD Gokshuradi Guggulu – 3BD Chandraprabha Vati – 2BD Punarnava Aasava – 5 tsp BD Triphala Choorna – 1 tsp HS
15/04/2026	Improvement in the signs and symptoms	Tab Vangsheel - 2BD Tab Fortage - 1BD Gokshuradi Guggulu – 3BD Chandraprabha Vati – 2BD Punarnava Aasava – 5 tsp BD Triphala Choorna – 1 tsp HS

Table no. 2 Uttara Basti therapy was administered to the patient.

Date of administered	Medicated oil / Dose	Procedure
12/03/2026	Sahacharadi Tail [9] 15ml, Kshara Tail [10] 2ml	Purva Karma: Patient assessed and found fit for the procedure. Informed consent obtained. Bladder and bowel evacuated. Local part cleaned and aseptic precautions maintained. One day before the Uttara Basti procedure, the patient was administered castor oil and shunthi choorna for bowel purification (Koshtha Shodhana). Pradhana Karma: Under strict aseptic precautions, Uttara Basti was administered with the prescribed medicated oil through the indicated route using a sterile catheter. The procedure was completed without any immediate complications. Paschat Karma: Patient was advised rest and observed for any discomfort or adverse reactions. Post-procedure instructions regarding diet, activity, and follow-up were explained
13/03/2026	Sahacharadi Tail 18ml, Kshara Tail 3ml	
14/03/2026	Sahacharadi Tail 20ml, Kshara Tail 5ml	
25/03/2026	Sahacharadi Tail 20ml, Kshara Tail 5ml	
26/03/2026	Sahacharadi Tail 25ml, Kshara Tail 5ml	
27/03/2026	Sahacharadi Tail 25ml, Kshara Tail 5ml	

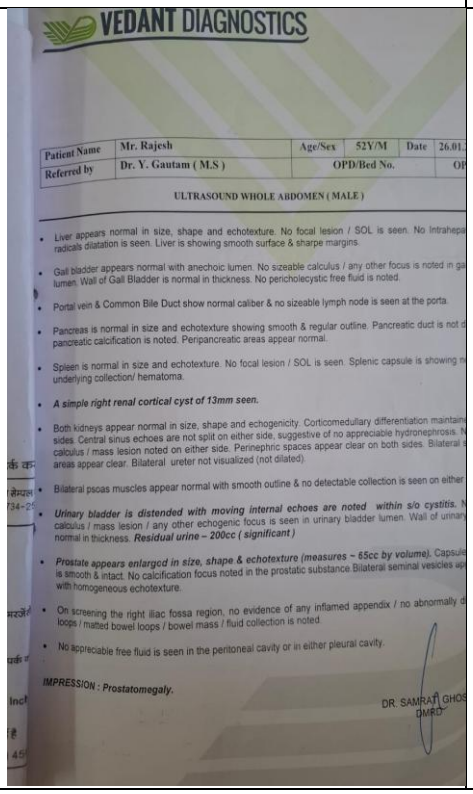
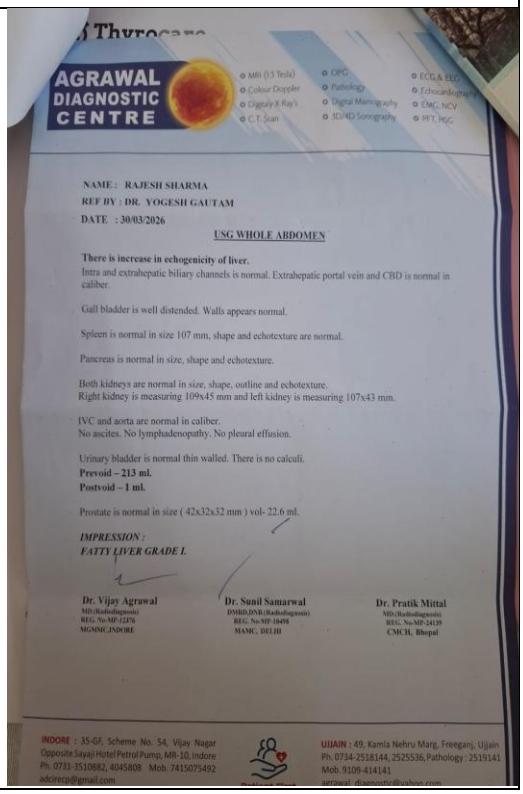
Table no. 3 Clinical Investigations and outcomes-

Investigations	Findings
Blood	Hb - 15.5g/dl RBCS - 5.52mill/cumm Total WBCS count - 12360/cumm Neurophils - 85% Lymphocytes - 12%,
Urine R/M	Appearance - Slightly Turbid Albumin - Present Urine Ketones (Acetone) - Positive Epithelial Cells - 2-4/HPF Pus Cells - 25-30/HPF RBCS - 8-10/HPF
RFT	S. Urea - 28.82mg/dl Creatinine - 1.04mg/dl
RBS	113mg/dl
HbA1c	5.6%

OBSERVATION AND RESULTS:

Following the treatment, the patient showed marked improvement in both clinical signs and symptoms. After one month of therapy, consisting of six sessions of Uttar Basti along with one month of Shamana Chikitsa, ultrasonography (USG) findings demonstrated significant improvement. The prostate, which was previously reported as enlarged (prostatomegaly), was observed to have returned to normal size and morphology.

Table 4

	BT	**AT**
Prostatomegaly Grade	Grade 3	Within Normal Limit
Pre voidal volume	Not mentioned	213ml
Post voidal volume	200cc	1cc
Volume of Prostate	65cc	22.6cc
Cortical cyst	13mm	Normal
Urinary bladder	Cystitis	Normal
USG		

DISCUSSION

Mootravirechaniya (diuretic) and Mutravishodhaniya (urinary cleansing) formulations are traditionally used in Ayurveda to support urinary health and help manage symptoms associated with benign prostatic hyperplasia (BPH).

Chandraprabha Vati [5] –

- Traditionally used for disorders of the urinary and reproductive systems.
- Supports normal bladder function and urinary flow.
- May help reduce urinary discomfort and difficulty in urination.
- It's diuretic action promotes increased urine output.
- Can assist in the elimination of urinary calculi by facilitating urine flow.
- Considered a Rasayana (rejuvenative formulation) in Ayurvedic literature.

Gokshuradi Guggulu [6] –

- Commonly used for urinary tract disorders and prostate-related complaints.
- Contains Gokshura, which is known for its diuretic properties.
- Helps improve urinary flow and may aid in the expulsion of urinary stones.
- Traditionally used to reduce inflammation and swelling in the urinary tract.
- May provide symptomatic relief in conditions such as cystitis and urinary obstruction.

Punarnavasava [7] –

- It is used to treat excessive water collection [8].
- Prepared primarily from Punarnava, a medicinal herb valued for its effects on the urinary system.
- Encourages proper urine formation and elimination.
- Helps in reducing edema and excess fluid accumulation in the body.
- Used to improve symptoms associated with urinary retention and impaired urination.
- Traditionally recommended for conditions involving urinary stones and other urinary tract complaints.
- Contributes to maintaining overall urinary tract health and function.

Triphala Churna [9] -

- Rejuvenates body (Rasayana effect).
- Relieving occasional constipation (mild natural laxative effect).
- Balances all three doshas (Tridosha balance).
- Supporting digestion and reducing bloating or gas.
- Promoting regular bowel movements.
- Supports eye health (Chakshushya).
- Improves digestion and appetite (Deepana).
- Supports reproductive health (Vrishya).
- Helpful in metabolic disorders like diabetes (Prameha).
- Used for skin-related conditions (Kustha).
- Helps in irregular fever conditions.
- Aids in reducing fat and cholesterol (Medohara) [10,11].

CONCLUSION

Ultrasonographic evaluation was carried out before and after the treatment of Vatastheela (Benign Prostatic Hyperplasia, BPH) to assess the therapeutic outcome. The findings demonstrated considerable improvement in the patient's condition following Ayurvedic intervention. The enlarged prostate, initially classified as Grade III BPH, returned to a normal size and morphology. A substantial reduction in prostate volume was observed, decreasing from 65 cc to 22.6 cc. Similarly, the post-void residual urine volume showed marked improvement, reducing from 200 cc to 1 cc.

These changes were associated with significant relief in the patient's urinary symptoms, indicating a positive response to Uttar Basti Chikitsa. The observed clinical and radiological improvements suggest that this Ayurvedic treatment modality may play an important role in the management of Vatastheela (BPH)

REFERENCES

1. Roehrborn CG. Benign prostatic hyperplasia: an overview. Rev Urol. 2005;7(Suppl 9): S3–14. PMID: 16985902; PMCID: PMC1477638 [Crossref] [PubMed] [Google Scholar]
2. Sushruta. Sushruta Samhita with Nibandhasangraha commentary of Dalhanacharya and Nyayachandrika Panjika of Gayadasacharya on Nidanasthana. Trikamji YT, Kavyatirtha NR, editors. Varanasi: Chaukhamba Surbharati Prakashan; p. 270. (Nidanasthana, Chapter 1, Vatavyadhi Nidana) [Crossref][PubMed] [Google Scholar]
3. National Institute of Diabetes and Digestive and Kidney Diseases. Enlarged prostate (benign prostatic hyper-plasia) [Internet]. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases; [cited2026 Mar 29]. Available from:https://www.niddk.nih.gov
4. Emberton M, Anson K. Surgical treatment of benign prostatic hyperplasia: complications and outcomes. BMJClin Evid. 2006;2006: 1801.
5. Rastantrasar evam Siddhaprayogsangraha Part 1, Krishna Gopal Ayurveda Bhavan, Gutika Prakaran, Pg no311
6. Shri Nagindas Chaganlal Shah Rasvaidhyen, Bharat-Bhaishjya-Ratnakar, Part 2, B. Jain Publishers, New Delhi, pg no 43
7. Rastantrasar evam Siddhaprayogsangraha Part 1, Krishna Gopal Ayurveda Bhavan, Asavadi Prakaran, Pg no381
8. Dr.Prakash L Hegde and Dr.Harini.A, Dravyaguna vijnana; Volume III: Chapter 76; New Delhi; Chaukhambha Publications, 2016; p no 418
9. Shri Nagindas Chaganlal Shah Rasvaidhyen, Bharat-Bhaishjya-Ratnakar, Part 2, B. Jain Publishers, New Delhi, pg no 342
10. Sri Sadanandasharma.Ksharavisheshadi Vigyaniya Chaturdasha Taranga. In: Kashinathshastri(Ed.) Rasatarangini. Motilal Banarasidas, Varanasi;1971: pp. 5-7.
11. Madan Pal Nighantu: Bhasha Tatwa Praksahini commentary by Vaidya Ram Prasad, 1998, Khem, Raj Sri Krishnadas, Bombay. Ma.P. Ni. Abhyadi varga, 32. p. 7